

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 5
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0061	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2009 TIME 16:57

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:
DAVIESS COMMUNITY HOSPITAL 15-0061
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 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.

Brad Handcastle

OFFICER OR ADMINISTRATOR OF PROVIDER(S)
CFO

TITLE
5/27/09

DATE

ECR ENCRYPTION INFORMATION
DATE: 5/26/2009 TIME 16:57

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PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A	2	B	3	4
1	HOSPITAL	0	106,644	4,441	0	0
2	SUBPROVIDER	0	32,222	0	0	0
2 .01	SUBPROVIDER II	0	56,887	0	0	0
3	SWING BED - SNF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	-38	0	0
9	RHC	0	0	21,704	0	0
9 .01	RHC II	0	0	8,761	0	0
9 .02	RHC III	0	0	634	0	0
9 .04	RHC V	0	0	-19	0	0
9 .05	RHC VI	0	0	25,645	0	0
100	TOTAL	0	195,753	61,128	0	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.

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIIII SNF BEDS (DUAL CERTIFICATION)? Y
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMO DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 180,607
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

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

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILBLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.

IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN 0
THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR
"N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y,
ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING
PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC
YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

MULTI CAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 4/30/2009

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO:
15-0061

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/26/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	37	13,542				2,819	1,023
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	37	13,542				2,819	1,023
6 INTENSIVE CARE UNIT	5	1,830				637	67
11 NURSERY							422
12 TOTAL	42	15,372				3,456	1,512
13 RPCH VISITS							
14 SUBPROVIDER	12	4,392				2,137	105
14 01 SUBPROVIDER 2-PSYCH	20	7,320				4,013	295
18 HOME HEALTH AGENCY						5,338	
21 HOSPICE						2,903	24
24 DCHMC RHC						4,157	1,701
24 01 DAV NDMC RHC						2,596	1,151
24 02 PETERSBURG RHC						1,609	778
24 03 MONTGOMERY RHC							
24 04 PEDIATRICS RHC							
24 05 MARTIN RHC						1	2,315
25 TOTAL	74					1,436	528
26 OBSERVATION BED DAYS							188
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED NOT ADMITTED		O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED NOT ADMITTED		INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES 8	
	5.01	5.02	6	6.01	6.02	7	8
1 ADULTS & PEDIATRICS			5,405				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			5,405				
6 INTENSIVE CARE UNIT			994				
11 NURSERY			948				
12 TOTAL			7,347				
13 RPCH VISITS							
14 SUBPROVIDER			2,526				
14 01 SUBPROVIDER 2-PSYCH			4,795				
18 HOME HEALTH AGENCY			7,780				
21 HOSPICE			3,228				
24 DCHMC RHC			12,032				
24 01 DAV NDMC RHC			10,524				
24 02 PETERSBURG RHC			5,883				
24 03 MONTGOMERY RHC							
24 04 PEDIATRICS RHC			3,609				
24 05 MARTIN RHC			5,901				
25 TOTAL							
26 OBSERVATION BED DAYS	8	180	469	47	422		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			81				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES			
				TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					967	402	2,881
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		268.86			967	402	2,881
13 RPCH VISITS							
14 SUBPROVIDER		18.52			178	7	210
14 01 SUBPROVIDER 2-PSYCH		35.88			350	34	445
18 HOME HEALTH AGENCY		9.87					
21 HOSPICE		4.43					

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0061
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	20,942,814		20,942,814	996,340.00	21.02	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	5,393,071	-75,911	5,317,160	227,798.00	23.34	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	26,395		26,395	596.00	44.29	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	408,587		408,587	4,160.00	98.22	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,525,229		3,525,229			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,222,644		1,222,644			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	117,212		117,212	6,453.00	18.16	
22 ADMINISTRATIVE & GENERAL	1,563,941	-46,772	1,517,169	86,619.00	17.52	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	433,205		433,205	23,811.00	18.19	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	377,474		377,474	39,895.00	9.46	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	478,413	-370,669	107,744	9,736.00	11.07	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		273,573	273,573	24,722.00	11.07	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	577,415		577,415	21,126.00	27.33	
31 CENTRAL SERVICE AND SUPPLY	242,988		242,988	16,593.00	14.64	
32 PHARMACY	407,453		407,453	15,239.00	26.74	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	467,231		467,231	32,812.00	14.24	
34 SOCIAL SERVICE	57,709		57,709	2,253.00	25.61	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	20,942,814		20,942,814	996,340.00	21.02	
2 EXCLUDED AREA SALARIES	5,393,071	-75,911	5,317,160	227,798.00	23.34	
3 SUBTOTAL SALARIES	15,549,743	75,911	15,625,654	768,542.00	20.33	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	434,982		434,982	4,756.00	91.46	
5 SUBTOTAL WAGE-RELATED COSTS	3,525,229		3,525,229		22.56	
6 TOTAL	19,509,954	75,911	19,585,865	773,298.00	25.33	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET S-3
		PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13 TOTAL OVERHEAD COSTS	4,723,041	-143,868	4,579,173	279,259.00	16.40	

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

PROVIDER NO: 15-0061
 HHA NO: 15-7189
 COUNTY:
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET S-4

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,917	1,110	300
2 UNDUPLICATED CENSUS COUNT		247.00	25.00	92.00
TOTAL 5				

1 HOME HEALTH AIDE HOURS	3,327
2 UNDUPLICATED CENSUS COUNT	364.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	2.33		2.33
6 DIRECTING NURSING SERVICE	5.70		5.70
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.92		.92
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.43		.43
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.04		.04
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.98		1.98
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	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

	WITHOUT OUTLIERS 1	FULL EPI SODES WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	2,146	42	97	28
22 SKILLED NURSING VISIT CHARGES	200,415	3,922	8,299	2,683
23 PHYSICAL THERAPY VISITS	1,238	0	6	23
24 PHYSICAL THERAPY VISIT CHARGES	126,425	0	545	2,349
25 OCCUPATIONAL THERAPY VISITS	377	0	1	14
26 OCCUPATIONAL THERAPY VISIT CHARGES	38,756	0	92	1,439
27 SPEECH PATHOLOGY VISITS	22	0	0	4
28 SPEECH PATHOLOGY VISIT CHARGES	2,439	0	0	443
29 MEDICAL SOCIAL SERVICE VISITS	5	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	749	0	0	0
31 HOME HEALTH AIDE VISITS	1,245	0	4	20
32 HOME HEALTH AIDE VISIT CHARGES	52,664	0	151	846
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	5,033	42	108	89
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	421,448	3,922	9,087	7,760
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	280	0	43	8
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	6,094	263	92	101

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

PROVIDER NO: 15-0061
 HHA NO: 15-7189
 COUNTY:
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPI SODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,313
22 SKILLED NURSING VISIT CHARGES	0	0	215,319
23 PHYSICAL THERAPY VISITS	0	0	1,267
24 PHYSICAL THERAPY VISIT CHARGES	0	0	129,319
25 OCCUPATIONAL THERAPY VISITS	0	0	392
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	40,287
27 SPEECH PATHOLOGY VISITS	0	0	26
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,882
29 MEDICAL SOCIAL SERVICE VISITS	0	0	5
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	749
31 HOME HEALTH AIDE VISITS	0	0	1,269
32 HOME HEALTH AIDE VISIT CHARGES	0	0	53,661
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	5,272
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	442,217
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	0	0	331
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	6,550

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1402 GRAND AVENUE
 1.01 CITY: WASHINGTON STATE: IN ZIP CODE: 47501 COUNTY: DAVI ESS
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

PHYSICIAN NAME	BILLING NUMBER
PHYSICIAN NAME	HOURS OF SUPERVISION

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			800	1700	800	1700	800	1700	800	1700	800	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 202 NORTH ODOM STREET
 1.01 CITY: ODOM STATE: IN ZIP CODE: 47556 COUNTY: DAVI ESS
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

PHYSICIAN NAME	BILLING NUMBER
PHYSICIAN NAME	HOURS OF SUPERVISION

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			800	1700	800	1700	800	1700	800	1700	800	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RHC 3

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1314 GRAND AVENUE
 1.01 CITY: PETERSBURG STATE: IN ZIP CODE: 47501 COUNTY: DAVI ESS
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

PHYSICIAN NAME	BILLING NUMBER
PHYSICIAN NAME	HOURS OF SUPERVISION

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			800	1700	800	1700	800	1700	800	1700	800	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RHC 5

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1314 GRAND AVENUE
 1.01 CITY: WASHINGTON STATE: IN ZIP CODE: 47501 COUNTY: DAVI ESS
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

PHYSICIAN NAME	BILLING NUMBER
PHYSICIAN NAME	HOURS OF SUPERVISION

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			800	1700	800	1700	800	1700	800	1700	800	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RHC 6

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1314 GRAND AVENUE
 1.01 CITY: MARTIN STATE: IN ZIP CODE: 47501 COUNTY: MARTIN
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

PHYSICIAN NAME	BILLING NUMBER
PHYSICIAN NAME	HOURS OF SUPERVISION

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			800	1700	800	1700	800	1700	800	1700	800	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET S-9
15-1553		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICARE DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	2,903	24		
3 INPATIENT RESPIRE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	2,903	24		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	301	3,228
3 INPATIENT RESPIRE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	301	3,228

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				
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	53.00		2.00	
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)				
9 UNDUPLICATED CENSUS COUNT	53		2	

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		
9 UNDUPLICATED CENSUS COUNT	16	69

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) . 454377
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	10,648,030
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,838,220
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,020,340
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,826,750
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,838,220

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0061

PERIOD: FROM 1/1/2008 TO 12/31/2008

PREPARED 5/26/2009 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,604,449	1,604,449	647,840	2,252,289
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,735,783	1,735,783	37,219	1,773,002
5	0500 EMPLOYEE BENEFITS	117,212	4,856,002	4,973,214		4,973,214
6	0600 ADMINSTRATIVE & GENERAL	1,563,941	2,898,309	4,462,250	-476,237	3,986,013
7	0700 MAINTENANCE & REPAIRS	433,205	383,304	816,509		816,509
8	0800 OPERATION OF PLANT		716,424	716,424		716,424
9	0900 LAUNDRY & LINEN SERVICE		198,948	198,948		198,948
10	1000 HOUSEKEEPING	377,474	75,531	453,005		453,005
11	1100 DIETARY	478,413	471,801	950,214	-736,215	213,999
12	1200 CAFETERIA				543,365	543,365
14	1400 NURSING ADMINISTRATION	577,415	43,389	620,804		620,804
15	1500 CENTRAL SERVICES & SUPPLY	242,988	193,734	436,722		436,722
16	1600 PHARMACY	407,453	24,607	432,060		432,060
17	1700 MEDICAL RECORDS & LIBRARY	467,231	138,005	605,236		605,236
18	1800 SOCIAL SERVICE	57,709	596	58,305		58,305
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICES	2,101,192	166,617	2,267,809	-519,161	1,748,648
26	2600 INTENSIVE CARE UNIT	776,516	39,842	816,358		816,358
31	3100 SUBPROVIDER	869,403	569,105	1,438,508		1,438,508
31.01	3101 SUBPROVIDER 2-PSYCH	1,602,717	353,747	1,956,464		1,956,464
33	3300 NURSERY	59	12,902	12,961	277,203	290,164
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	743,203	1,304,812	2,048,015		2,048,015
38	3800 RECOVERY ROOM	45,578	1,920	47,498		47,498
39	3900 DELIVERY ROOM & LABOR ROOM	6,985		6,985	241,958	248,943
41	4100 RADIOLOGY-DIAGNOSTIC	769,244	520,396	1,289,640	67,665	1,357,305
43	4300 RADIOISOTOPE	376,827	114,077	490,904		490,904
44	4400 LABORATORY	1,057,163	1,199,811	2,256,974	79,619	2,336,593
47	4700 BLOOD STORING, PROCESSING & TRANS.		253,589	253,589		253,589
48	4800 INTRAVENOUS THERAPY		24,768	24,768		24,768
49	4900 RESPIRATORY THERAPY	460,745	138,165	598,910		598,910
50	5000 PHYSICAL THERAPY	441,900	106,162	548,062	64,081	612,143
51	5100 OCCUPATIONAL THERAPY	143,680	17,106	160,786	33,505	194,291
52	5200 SPEECH PATHOLOGY	50,310	21,028	71,338	2,574	73,912
53	5300 ELECTROCARDIOLOGY	98,745	29,338	128,083		128,083
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,461,399	1,461,399		1,461,399
56	5600 DRUGS CHARGED TO PATIENTS		1,258,419	1,258,419		1,258,419
59	3020 CARDIAC REHAB	25,804	3,818	29,622		29,622
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	144,886	103,092	247,978		247,978
61	6100 EMERGENCY	1,015,361	640,747	1,656,108		1,656,108
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER	425,613	421,978	847,591		847,591
63.50	6310 DCHMC RHC	585,220	344,620	929,840		929,840
63.51	6311 DAV NDMC RHC	552,293	124,058	676,351		676,351
63.52	6312 PETERSBURG RHC	352,183	87,272	439,455		439,455
63.53	6313 MONTGOMERY RHC					
63.54	6314 PEDIATRICAL RHC	216,583	40,967	257,550		257,550
63.55	6315 MARTIN RHC	436,612	62,694	499,306		499,306
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	514,021	92,451	606,472	-100,160	506,312
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,431,423	1,431,423	-603,247	828,176
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	193,643	158,714	352,357		352,357
95	SUBTOTALS	18,729,527	24,445,919	43,175,446	-439,991	42,735,455
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	2,213,287	686,264	2,899,551	439,991	3,339,542
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS				-0-	
101	TOTAL	20,942,814	25,132,183	46,074,997	-0-	46,074,997

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0061
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,252,289
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,773,002
5	0500 EMPLOYEE BENEFITS	-136,535	4,836,679
6	0600 ADMINISTRATIVE & GENERAL	-675,152	3,310,861
7	0700 MAINTENANCE & REPAIRS		816,509
8	0800 OPERATION OF PLANT		716,424
9	0900 LAUNDRY & LINEN SERVICE		198,948
10	1000 HOUSEKEEPING		453,005
11	1100 DIETARY		213,999
12	1200 CAFETERIA	-174,729	368,636
14	1400 NURSING ADMINISTRATION	-26	620,778
15	1500 CENTRAL SERVICES & SUPPLY	-79,791	356,931
16	1600 PHARMACY	-18,609	413,451
17	1700 MEDICAL RECORDS & LIBRARY	-16,053	589,183
18	1800 SOCIAL SERVICE		58,305
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICES		1,748,648
26	2600 INTENSIVE CARE UNIT		816,358
31	3100 SUBPROVIDER		1,438,508
31.01	3101 SUBPROVIDER 2-PSYCH	-234,792	1,721,672
33	3300 NURSERY		290,164
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-1,028,065	1,019,950
38	3800 RECOVERY ROOM		47,498
39	3900 DELIVERY ROOM & LABOR ROOM		248,943
41	4100 RADIOLOGY-DIAGNOSTIC		1,357,305
43	4300 RADIOISOTOPE	-10,440	480,464
44	4400 LABORATORY	-184,042	2,152,551
47	4700 BLOOD STORING, PROCESSING & TRANS.		253,589
48	4800 INTRAVENOUS THERAPY		24,768
49	4900 RESPIRATORY THERAPY	-67,387	531,523
50	5000 PHYSICAL THERAPY		612,143
51	5100 OCCUPATIONAL THERAPY		194,291
52	5200 SPEECH PATHOLOGY		73,912
53	5300 ELECTROCARDIOLOGY	-18,766	109,317
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,461,399
56	5600 DRUGS CHARGED TO PATIENTS		1,258,419
59	3020 CARDIAC REHAB		29,622
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-19,187	228,791
61	6100 EMERGENCY	-334,059	1,322,049
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER	-290,380	557,211
63.50	6310 DCHMC RHC		929,840
63.51	6311 DAV NDMC RHC		676,351
63.52	6312 PETERSBURG RHC		439,455
63.53	6313 MONTGOMERY RHC		
63.54	6314 PEDIATRICALS RHC		257,550
63.55	6315 MARTIN RHC		499,306
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		506,312
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-828,176	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-319	352,038
95	SUBTOTALS	-4,116,508	38,618,947
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS		3,339,542
101	TOTAL	-4,116,508	41,958,489

COST CENTERS USED IN COST REPORT

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	
7	MAINTENANCE & REPAIRS	0700	
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	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2-PSYCH	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIAC REHAB	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	DCHMC RHC	6310	RURAL HEALTH CLINIC #####
63.51	DAV NDMC RHC	6311	RURAL HEALTH CLINIC #####
63.52	PETERSBURG RHC	6312	RURAL HEALTH CLINIC #####
63.53	MONTGOMERY RHC	6313	RURAL HEALTH CLINIC #####
63.54	PEDIATRICS RHC	6314	RURAL HEALTH CLINIC #####
63.55	MARTIN RHC	6315	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150061

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/26/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DIETARY RECLASS	A	CAFETERIA	12	273,573	269,792
2		OTHER NONREIMBURSABLE COST CENTERS	100.01	97,096	95,754
3 INTEREST EXPENSE RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		579,118
4		NEW CAP REL COSTS-MVBLE EQUIP	4		24,129
5					
6 BILLING COSTS RECLASS	C	OTHER NONREIMBURSABLE COST CENTERS	100.01	46,772	35,928
7 LAB/XRAY RECLASS	D	LABORATORY	44	71,097	8,522
8		RADIOLOGY-DIAGNOSTIC	41	60,422	7,243
9 SHARED THERAPY RECLASS	E	PHYSICAL THERAPY	50	55,317	8,764
10		OCCUPATIONAL THERAPY	51	30,671	2,834
11		SPEECH PATHOLOGY	52	2,272	302
12 OBSTETRICS RECLASS	F	NURSERY	33	252,708	24,495
13		DELIVERY ROOM & LABOR ROOM	39	220,577	21,381
14 INSURANCE RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		68,722
15		NEW CAP REL COSTS-MVBLE EQUIP	4		13,090
16		OTHER NONREIMBURSABLE COST CENTERS	100.01		311,725
17					
36 TOTAL RECLASSIFICATIONS				1,110,505	1,471,799

(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.

RECLASSI FICATIONS

PROVI DER NO:
150061

PERI OD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/26/2009
WORKSHEET A-6

EXPLANATION OF RECLASSI FICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10
		LINE NO	SALARY	OTHER	
1 DIETARY RECLASS	A DIETARY	11	370,669	365,546	
2					
3 INTEREST EXPENSE RECLASS	B				11
4					11
5	INTEREST EXPENSE	88		603,247	
6 BILLING COSTS RECLASS	C ADMINI STRATI VE & GENERAL	6	46,772	35,928	
7 LAB/XRAY RECLASS	D OTHER NONREI MBURSABLE COST CENTERS	100.01	131,519	15,765	
8					
9 SHARED THERAPY RECLASS	E HOME HEALTH AGENCY	71	88,260	11,900	
10					
11					
12 OBSTETRICS RELCASS	F ADULTS & PEDI ATRICS	25	473,285	45,876	
13					
14 INSURANCE RECLASS	G				12
15					12
16					
17	ADMINI STRATI VE & GENERAL	6		393,537	12
36 TOTAL RECLASSI FICATIONS			1,110,505	1,471,799	

(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:
150061

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/26/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DIETARY RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	543,365	11	DIETARY	736,215
2.00	OTHER NONREIMBURSABLE COST CEN	192,850			0
	TOTAL RECLASSIFICATIONS FOR CODE A	736,215			736,215

RECLASS CODE: B
EXPLANATION : INTEREST EXPENSE RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	579,118			0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	24,129			0
3.00		0	88	INTEREST EXPENSE	603,247
	TOTAL RECLASSIFICATIONS FOR CODE B	603,247			603,247

RECLASS CODE: C
EXPLANATION : BILLING COSTS RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OTHER NONREIMBURSABLE COST CEN	82,700	6	ADMINISTRATIVE & GENERAL	82,700
	TOTAL RECLASSIFICATIONS FOR CODE C	82,700			82,700

RECLASS CODE: D
EXPLANATION : LAB/XRAY RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	LABORATORY	79,619	100.01	OTHER NONREIMBURSABLE COST CEN	147,284
2.00	RADIOLOGY-DIAGNOSTIC	67,665			0
	TOTAL RECLASSIFICATIONS FOR CODE D	147,284			147,284

RECLASS CODE: E
EXPLANATION : SHARED THERAPY RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	PHYSICAL THERAPY	64,081	71	HOME HEALTH AGENCY	100,160
2.00	OCCUPATIONAL THERAPY	33,505			0
3.00	SPEECH PATHOLOGY	2,574			0
	TOTAL RECLASSIFICATIONS FOR CODE E	100,160			100,160

RECLASS CODE: F
EXPLANATION : OBSTETRICS RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NURSERY	277,203	25	ADULTS & PEDIATRICS	519,161
2.00	DELIVERY ROOM & LABOR ROOM	241,958			0
	TOTAL RECLASSIFICATIONS FOR CODE F	519,161			519,161

RECLASS CODE: G
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	68,722			0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	13,090			0
3.00	OTHER NONREIMBURSABLE COST CEN	311,725			0
4.00		0	6	ADMINISTRATIVE & GENERAL	393,537
	TOTAL RECLASSIFICATIONS FOR CODE G	393,537			393,537

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I N N I N G BALANCES 1	PURCHASES 2	ACQUI S I T I O N S		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	END I N G BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND								
2	LAND I MPROVEMENTS								
3	BUI LD I N G S & FI XTURE								
4	BUI LD I N G I MPROVEMEN								
5	FI XED EQUI PMENT								
6	MOVABLE EQUI PMENT								
7	SUBTOTAL								
8	RECONCI LI N G I T E M S								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I N N I N G BALANCES 1	PURCHASES 2	ACQUI S I T I O N S		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	END I N G BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND	1, 170, 484	62, 184			62, 184		1, 232, 668	
2	LAND I MPROVEMENTS	346, 066	22, 595			22, 595		368, 661	
3	BUI LD I N G S & FI XTURE	26, 385, 509	434, 224			434, 224		26, 819, 733	
4	BUI LD I N G I MPROVEMEN	19, 054					2, 147	16, 907	
5	FI XED EQUI PMENT	228, 541	738, 661			738, 661		967, 202	
6	MOVABLE EQUI PMENT	5, 422, 295					1, 135, 502	4, 286, 793	
7	SUBTOTAL	33, 571, 949	1, 257, 664			1, 257, 664	1, 137, 649	33, 691, 964	
8	RECONCI LI N G I T E M S								
9	TOTAL	33, 571, 949	1, 257, 664			1, 257, 664	1, 137, 649	33, 691, 964	

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								
4	NEW CAP REL COSTS-MV								
5	TOTAL				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	1,212,568	10,860	579,118	68,722		381,021	2,252,289
4	NEW CAP REL COSTS-MV	1,387,482	348,301	24,129	13,090			1,773,002
5	TOTAL	2,600,050	359,161	603,247	81,812		381,021	4,025,291

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	1,212,568	10,860				381,021	1,604,449
4	NEW CAP REL COSTS-MV	1,387,482	348,301					1,735,783
5	TOTAL	2,600,050	359,161				381,021	3,340,232

* 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/CO DE	AMOUNT	EXPENSE CLASS I FICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-79,791	CENTRAL SERVICES & SUPPLY	15	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-8,333	ADMINISTRATIVE & GENERAL	6	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,174,226			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-174,729	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	-18,609	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-16,053	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST	A	-176	ADMINISTRATIVE & GENERAL	6	
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 LOBBYING EXPENSE	A	-768	ADMINISTRATIVE & GENERAL	6	
38 ADVERTISING EXPENSE	A	-209,247	ADMINISTRATIVE & GENERAL	6	
39 PHYSICIAN RECRUITMENT EXPENSES	A	-285,583	ADMINISTRATIVE & GENERAL	6	
40 PUBLIC RELATIONS	A	-31,896	ADMINISTRATIVE & GENERAL	6	
41 PUBLIC RELATIONS	A	-365	OTHER OUTPATIENT SERVICE	63	
42 PUBLIC RELATIONS	A	-319	HOSPICE	93	
43 NONALLOWABLE COSTS	A	-9,517	ADMINISTRATIVE & GENERAL	6	
44 DONATIONS	A	-4,573	ADMINISTRATIVE & GENERAL	6	
45 PHYSICIAN BENEFITS	A	-136,535	EMPLOYEE BENEFITS	5	
46 EMT CLASS INCOME	B	-2,590	EMERGENCY	61	
47 CPR CLASS INCOME	B	-3,779	EMERGENCY	61	
48 INSERVICE INCOME	B	-26	NURSING ADMINISTRATION	14	
49 WELLNESS INCOME	B	-6,158	RESPIRATORY THERAPY	49	
49.01 MISC INCOME	B	-125,059	ADMINISTRATIVE & GENERAL	6	
49.02 INTEREST EXPENSE OFFSET	A	-828,176	INTEREST EXPENSE	88	
49.03					
49.04					
49.05					
49.06					
49.07					
49.08					
49.09					
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,116,508			

(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:
15-0061

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/26/2009
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
1 31 1		195,192	195,192					
2 31 1		39,600	39,600					
3 37		1,028,065	1,028,065					
4 43		10,440	10,440					
5 44		140,792	140,792					
6 44		43,250	43,250					
7 49		61,229	61,229					
8 53		18,766	18,766					
9 60		19,187	19,187					
10 61		327,690	327,690					
11 63		250,415	250,415					
12 63		39,600	39,600					
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,174,226	2,174,226					

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	HOURS	PAID	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	25	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	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 MAINTENANCE & GENERAL	REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	2,252,289	2,252,289					
005 NEW CAP REL COSTS-MVBLE E	1,773,002		1,773,002				
006 EMPLOYEE BENEFITS	4,836,679	4,347	2,674	4,843,700			
007 ADMINISTRATIVE & GENERAL	3,310,861	120,560	264,374	352,869	4,048,664	4,048,664	
008 MAINTENANCE & REPAIRS	816,509	52,093	26,132	100,757	995,491	106,315	1,101,806
009 OPERATION OF PLANT	716,424	334,986	30,954		1,082,364	115,593	177,849
010 LAUNDRY & LINEN SERVICE	198,948	3,609			202,557	21,632	1,916
011 HOUSEKEEPING	453,005	14,934	2,943	87,794	558,676	59,665	7,929
012 DIETARY	213,999	44,359	34,704	25,060	318,122	33,974	23,551
014 CAFETERIA	368,636	16,250		63,629	448,515	47,900	8,627
015 NURSING ADMINISTRATION	620,778	45,319	8,543	134,297	808,937	86,392	24,061
016 CENTRAL SERVICES & SUPPLY	356,931	41,772	32,497	56,515	487,715	52,086	22,178
017 PHARMACY	413,451	13,868		94,767	522,086	55,757	7,363
018 MEDICAL RECORDS & LIBRARY	589,183	23,646	28,472	108,670	749,971	80,095	12,554
018 SOCIAL SERVICE	58,305		1,445	13,422	73,172	7,815	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,748,648	229,707	99,122	378,625	2,456,102	262,304	121,955
031 INTENSIVE CARE UNIT	816,358	25,460	33,523	180,605	1,055,946	112,772	13,517
031 SUBPROVIDER	1,438,508	82,104	21,777	202,209	1,744,598	186,318	43,590
031 01 SUBPROVIDER 2-PSYCH	1,721,672	94,292	16,368	372,766	2,205,098	235,498	50,061
033 NURSERY	290,164	5,636	19	58,790	354,609	37,871	2,992
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,019,950	136,793	320,632	172,857	1,650,232	176,240	72,626
039 RECOVERY ROOM	47,498	14,961	7,514	10,601	80,574	8,605	7,943
041 DELIVERY ROOM & LABOR ROO	248,943	25,069	2,382	52,927	329,321	35,170	13,309
043 RADIOLOGY-DIAGNOSTIC	1,357,305	49,186	426,642	192,967	2,026,100	216,381	26,114
044 RADIO SOTOPE	480,464	36,127	38,336	87,644	642,571	68,625	19,181
047 LABORATORY	2,152,551	31,407	35,513	262,415	2,481,886	265,058	16,674
048 BLOOD STORING, PROCESSING	253,589	1,769	982		256,340	27,376	939
049 INTRAVENOUS THERAPY	24,768				24,768	2,645	
050 RESPIRATORY THERAPY	531,523	23,264	76,027	107,162	737,976	78,814	12,351
051 PHYSICAL THERAPY	612,143	31,798	22,644	115,645	782,230	83,540	16,882
052 OCCUPATIONAL THERAPY	194,291	6,774	83	40,551	241,699	25,813	3,596
053 SPEECH PATHOLOGY	73,912	4,800	361	12,230	91,303	9,751	2,549
055 ELECTROCARDIOLOGY	109,317	5,885	2,792	22,967	140,961	15,054	3,124
056 MEDICAL SUPPLIES CHARGED	1,461,399		26,808		1,488,207	158,936	
059 DRUGS CHARGED TO PATIENTS	1,258,419		20,867		1,279,286	136,624	
060 CARDIAC REHAB	29,622	3,307	5,420	6,002	44,351	4,737	1,756
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	228,791	243,450	3,063	33,698	509,002	54,360	129,252
062 EMERGENCY	1,322,049	69,196	37,160	236,157	1,664,562	177,770	36,738
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE	557,211	22,837	8,801	98,991	687,840	73,459	12,125
063 50 DCHMC RHC	929,840	43,248	3,959	136,113	1,113,160	118,882	22,961
063 51 DAV NDMC RHC	676,351	30,971	2,233	128,455	838,010	89,497	16,443
063 52 PETERSBURG RHC	439,455		5,770	81,912	527,137	56,297	
063 53 MONTGOMERY RHC							
063 54 PEDIATRICS RHC	257,550	17,264	4,977	50,374	330,165	35,261	9,166
063 55 MARTIN RHC	499,306	6,383	4,529	101,549	611,767	65,335	3,389
071 OTHER REIMBURS COST CNTRS							
093 HOME HEALTH AGENCY	506,312	12,134	20,826	99,025	638,297	68,168	6,442
095 SPEC PURPOSE COST CENTERS							
095 HOSPICE	352,038	5,200	118	45,038	402,394	42,974	2,761
098 SUBTOTALS	38,618,947	1,974,765	1,681,986	4,326,055	37,732,762	3,597,359	954,464
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC							
100 01 OTHER NONREIMBURSABLE COS	3,339,542	277,524	91,016	517,645	4,225,727	451,305	147,342
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	41,958,489	2,252,289	1,773,002	4,843,700	41,958,489	4,048,664	1,101,806

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,375,806						
010 LAUNDRY & LINEN SERVICE	2,853	228,958					
011 HOUSEKEEPING	11,807		638,077				
012 DIETARY	35,068		16,439	427,154			
014 CAFETERIA	12,847		6,022		523,911		
015 NURSING ADMINISTRATION	35,827		16,795		13,899	985,911	
016 CENTRAL SERVICES & SUPPLY	33,023		15,481		10,917		621,400
017 PHARMACY	10,963		5,139		10,026		342
018 MEDICAL RECORDS & LIBRARY	18,694		8,763		21,587		5
025 SOCIAL SERVICE					1,482		63
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	181,596	118,320	85,128	180,308	49,459	160,831	16,615
031 INTENSIVE CARE UNIT	20,127	11,750	9,435	18,467	22,671	73,722	4,230
031 SUBPROVIDER	64,908	29,557	30,427	78,799	25,347	82,421	3,754
031 01 SUBPROVIDER 2-PSYCH	74,543	56,509	34,944	149,580	49,096	159,648	5,250
033 NURSERY	4,456	11,125	2,089		6,644	21,605	2,001
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	108,142		50,695		22,312	72,552	18,190
039 RECOVERY ROOM	11,828		5,545		965	3,138	262
041 DELIVERY ROOM & LABOR ROO	19,818	1,697	9,290		6,047	19,665	
043 RADIOLOGY-DIAGNOSTIC	38,884		18,228		26,372	85,754	8,661
044 RADIO SOTOPE	28,561		13,389		9,555	31,072	1,774
047 LABORATORY	24,829		11,639		35,006	113,831	129,473
048 BLOOD STORING, PROCESSING	1,399		656				248
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	18,391		8,622		12,976		5,665
051 PHYSICAL THERAPY	25,138		11,784		12,953		968
052 OCCUPATIONAL THERAPY	5,355		2,510		3,497		1,186
053 SPEECH PATHOLOGY	3,795		1,779		1,245		59
055 ELECTROCARDIOLOGY	4,652		2,181		3,343		1,012
056 MEDICAL SUPPLIES CHARGED							403,168
059 DRUGS CHARGED TO PATIENTS							
060 CARDIAC REHAB	2,614		1,226		701	2,278	26
061 OUTPAT SERVICE COST CNTRS							
061 CLINIC	192,461		90,222		4,343		318
062 EMERGENCY	54,704		25,644		29,448	95,758	7,599
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE	18,054		8,463		6,618		147
063 50 DCHMC RHC	34,190		16,027		17,320		1,866
063 51 DAV NDMC RHC	24,485		11,478		13,241		2,889
063 52 PETERSBURG RHC					9,767		370
063 53 MONTGOMERY RHC							
063 54 PEDIATRICS RHC	13,648		6,398		9,965		369
063 55 MARTIN RHC	5,046		2,365		9,455		
071 OTHER REIMBURS COST CNTRS							
093 HOME HEALTH AGENCY	9,593		4,497		13,506	43,917	691
095 SPEC PURPOSE COST CENTERS							
095 HOSPICE	4,111		1,927		6,064	19,719	846
098 SUBTOTALS	1,156,410	228,958	535,227	427,154	465,827	985,911	618,047
099 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS	219,396		102,850		58,084		3,353
101 OTHER NONREIMBURSABLE COS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	1,375,806	228,958	638,077	427,154	523,911	985,911	621,400

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	611,676					
017 MEDICAL RECORDS & LIBRARY		891,669				
018 SOCIAL SERVICE			82,532			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		44,367	41,266	3,718,251		3,718,251
026 INTENSIVE CARE UNIT		11,478		1,354,115		1,354,115
031 SUBPROVIDER		18,007		2,307,726		2,307,726
031 01 SUBPROVIDER 2-PSYCH		50,223		3,070,450		3,070,450
033 NURSERY		6,460		449,852		449,852
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		84,968		2,255,957		2,255,957
038 RECOVERY ROOM		10,210		129,070		129,070
039 DELIVERY ROOM & LABOR ROO		5,639		439,956		439,956
041 RADIOLOGY-DIAGNOSTIC		119,901		2,566,395		2,566,395
043 RADIO SOTOPE		35,949		850,677		850,677
044 LABORATORY		141,053		3,219,449		3,219,449
047 BLOOD STORING, PROCESSING		6,326		293,284		293,284
048 INTRAVENOUS THERAPY		6,494		33,907		33,907
049 RESPIRATORY THERAPY		35,096		909,891		909,891
050 PHYSICAL THERAPY		21,644		955,139		955,139
051 OCCUPATIONAL THERAPY		9,577		293,233		293,233
052 SPEECH PATHOLOGY		2,938		113,419		113,419
053 ELECTROCARDIOLOGY		20,645		190,972		190,972
055 MEDICAL SUPPLIES CHARGED		46,021		2,096,332		2,096,332
056 DRUGS CHARGED TO PATIENTS	611,676	66,170		2,093,756		2,093,756
059 CARDIAC REHAB		767		58,456		58,456
OUTPAT SERVICE COST CNTRS						
060 CLINIC		3,643		983,601		983,601
061 EMERGENCY		52,942		2,145,165		2,145,165
062 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICE		14,055		820,761		820,761
063 50 DCHMC RHC		8,768		1,333,174		1,333,174
063 51 DAV NDMC RHC		11,976		1,008,019		1,008,019
063 52 PETERSBURG RHC		6,262		599,833		599,833
063 53 MONTGOMERY RHC						
063 54 PEDIATRICS RHC		4,840		409,812		409,812
063 55 MARTIN RHC		8,928		706,285		706,285
OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY		7,522	20,633	813,266		813,266
SPEC PURPOSE COST CENTERS						
093 HOSPICE		4,663	20,633	506,092		506,092
095 SUBTOTALS	611,676	867,532	82,532	36,726,295		36,726,295
NONREIMBURS COST CENTERS						
098 PHYSICIANS' PRIVATE OFFIC						
100 OTHER NONREIMBURSABLE COS						
100 01 OTHER NONREIMBURSABLE COS		24,137		5,232,194		5,232,194
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	611,676	891,669	82,532	41,958,489		41,958,489

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		4,347	2,674	7,021	7,021		
007 ADMINISTRATION & GENERAL		120,560	264,374	384,934	511	385,445	
008 MAINTENANCE & REPAIRS		52,093	26,132	78,225	146	10,121	88,492
009 OPERATION OF PLANT		334,986	30,954	365,940		11,004	14,284
010 LAUNDRY & LINEN SERVICE		3,609		3,609		2,059	154
011 HOUSEKEEPING		14,934	2,943	17,877	127	5,680	637
012 DIETARY		44,359	34,704	79,063	36	3,234	1,892
014 CAFETERIA		16,250		16,250	92	4,560	693
015 NURSING ADMINISTRATION		45,319	8,543	53,862	195	8,224	1,932
016 CENTRAL SERVICES & SUPPLY		41,772	32,497	74,269	82	4,959	1,781
017 PHARMACY		13,868		13,868	137	5,308	591
018 MEDICAL RECORDS & LIBRARY		23,646	28,472	52,118	157	7,625	1,008
018 SOCIAL SERVICE			1,445	1,445	19	744	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		229,707	99,122	328,829	549	24,971	9,795
031 INTENSIVE CARE UNIT		25,460	33,523	58,983	262	10,736	1,086
031 SUBPROVIDER		82,104	21,777	103,881	293	17,737	3,501
031 01 SUBPROVIDER 2-PSYCH		94,292	16,368	110,660	540	22,419	4,021
033 NURSERY		5,636	19	5,655	85	3,605	240
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		136,793	320,632	457,425	250	16,778	5,833
039 RECOVERY ROOM		14,961	7,514	22,475	15	819	638
041 DELIVERY ROOM & LABOR ROO		25,069	2,382	27,451	77	3,348	1,069
043 RADIOLOGY-DIAGNOSTIC		49,186	426,642	475,828	280	20,599	2,097
044 RADIO SOTOPE		36,127	38,336	74,463	127	6,533	1,540
047 LABORATORY		31,407	35,513	66,920	380	25,233	1,339
048 BLOOD STORING, PROCESSING		1,769	982	2,751		2,606	75
049 INTRAVENOUS THERAPY						252	
050 RESPIRATORY THERAPY		23,264	76,027	99,291	155	7,503	992
051 PHYSICAL THERAPY		31,798	22,644	54,442	168	7,953	1,356
052 OCCUPATIONAL THERAPY		6,774	83	6,857	59	2,457	289
053 SPEECH PATHOLOGY		4,800	361	5,161	18	928	205
055 ELECTROCARDIOLOGY		5,885	2,792	8,677	33	1,433	251
056 MEDICAL SUPPLIES CHARGED			26,808	26,808		15,131	
059 DRUGS CHARGED TO PATIENTS			20,867	20,867		13,007	
060 CARDIAC REHAB		3,307	5,420	8,727	9	451	141
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		243,450	3,063	246,513	49	5,175	10,381
061 EMERGENCY		69,196	37,160	106,356	342	16,924	2,951
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE		22,837	8,801	31,638	143	6,993	974
063 50 DCHMC RHC		43,248	3,959	47,207	197	11,317	1,844
063 51 DAV NDMC RHC		30,971	2,233	33,204	186	8,520	1,321
063 52 PETERSBURG RHC			5,770	5,770	119	5,359	
063 53 MONTGOMERY RHC							
063 54 PEDIATRICS RHC		17,264	4,977	22,241	73	3,357	736
063 55 MARTIN RHC		6,383	4,529	10,912	147	6,220	272
071 OTHER REIMBURS COST CNTRS							
093 HOME HEALTH AGENCY		12,134	20,826	32,960	143	6,490	517
095 SPEC PURPOSE COST CENTERS							
098 HOSPICE		5,200	118	5,318	65	4,091	222
100 SUBTOTALS		1,974,765	1,681,986	3,656,751	6,266	342,463	76,658
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC							
100 01 OTHER NONREIMBURSABLE COS		277,524	91,016	368,540	755	42,982	11,834
101 OTHER NONREIMBURSABLE COS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL		2,252,289	1,773,002	4,025,291	7,021	385,445	88,492

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	391,228						
010 LAUNDRY & LINEN SERVICE	811	6,633					
011 HOUSEKEEPING	3,357		27,678				
012 DIETARY	9,972		713	94,910			
014 CAFETERIA	3,653		261		25,509		
015 NURSING ADMINISTRATION	10,188		729		677	75,807	
016 CENTRAL SERVICES & SUPPLY	9,391		672		532		91,686
017 PHARMACY	3,118		223		488		50
018 MEDICAL RECORDS & LIBRARY	5,316		380		1,051		1
SOCIAL SERVICE					72		9
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	51,639	3,429	3,693	40,064	2,408	12,366	2,451
031 INTENSIVE CARE UNIT	5,723	340	409	4,103	1,104	5,669	624
033 SUBPROVIDER	18,457	856	1,320	17,508	1,234	6,337	554
037 01 SUBPROVIDER 2-PSYCH	21,197	1,637	1,516	33,235	2,390	12,275	775
038 NURSEY	1,267	322	91		324	1,661	295
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	30,752		2,199		1,086	5,579	2,684
043 RECOVERY ROOM	3,363		241		47	241	39
044 DELIVERY ROOM & LABOR ROO	5,636	49	403		294	1,512	
047 RADIOLOGY-DIAGNOSTIC	11,057		791		1,284	6,594	1,278
048 RADIOISOTOPE	8,122		581		465	2,389	262
049 LABORATORY	7,060		505		1,704	8,753	19,104
050 BLOOD STORING, PROCESSING	398		28				37
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY	5,230		374		632		836
053 PHYSICAL THERAPY	7,148		511		631		143
055 OCCUPATIONAL THERAPY	1,523		109		170		175
056 SPEECH PATHOLOGY	1,079		77		61		9
059 ELECTROCARDIOLOGY	1,323		95		163		149
060 MEDICAL SUPPLIES CHARGED							59,485
061 DRUGS CHARGED TO PATIENTS							
063 CARDIAC REHAB	743		53		34	175	4
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC	54,729		3,914		211		47
068 EMERGENCY	15,556		1,112		1,434	7,363	1,121
069 OBSERVATION BEDS (NON-DIS							
070 OTHER OUTPATIENT SERVICE	5,134		367		322		22
071 50 DCHMC RHC	9,722		695		843		275
072 51 DAV NDMC RHC	6,962		498		645		426
073 52 PETERSBURG RHC					476		55
074 53 MONTGOMERY RHC							
075 54 PEDIATRICS RHC	3,881		278		485		54
076 55 MARTIN RHC	1,435		103		460		
077 OTHER REIMBURS COST CNTRS							
078 HOME HEALTH AGENCY	2,728		195		658	3,377	102
079 SPEC PURPOSE COST CENTERS							
080 HOSPICE	1,169		84		295	1,516	125
081 SUBTOTALS	328,839	6,633	23,220	94,910	22,680	75,807	91,191
082 NONREIMBURS COST CENTERS							
083 PHYSICIANS' PRIVATE OFFIC							
084 OTHER NONREIMBURSABLE COS							
085 01 OTHER NONREIMBURSABLE COS	62,389		4,458		2,829		495
086 CROSS FOOT ADJUSTMENTS							
087 NEGATIVE COST CENTER							
088 TOTAL	391,228	6,633	27,678	94,910	25,509	75,807	91,686

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	16	17	18	25	26	27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	23,783					
018 MEDICAL RECORDS & LIBRARY		67,656				
018 SOCIAL SERVICE			2,289			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		3,367	1,145	484,706		484,706
026 INTENSIVE CARE UNIT		871		89,910		89,910
031 SUBPROVIDER		1,366		173,044		173,044
031 01 SUBPROVIDER 2-PSYCH		3,811		214,476		214,476
033 NURSERY		490		14,035		14,035
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		6,448		529,034		529,034
038 RECOVERY ROOM		775		28,653		28,653
039 DELIVERY ROOM & LABOR ROO		428		40,267		40,267
041 RADIOLOGY-DIAGNOSTIC		9,099		528,907		528,907
043 RADIO SOTOPE		2,728		97,210		97,210
044 LABORATORY		10,695		141,693		141,693
047 BLOOD STORING, PROCESSING		480		6,375		6,375
048 INTRAVENOUS THERAPY		493		745		745
049 RESPIRATORY THERAPY		2,663		117,676		117,676
050 PHYSICAL THERAPY		1,642		73,994		73,994
051 OCCUPATIONAL THERAPY		727		12,366		12,366
052 SPEECH PATHOLOGY		223		7,761		7,761
053 ELECTROCARDIOLOGY		1,567		13,691		13,691
055 MEDICAL SUPPLIES CHARGED		3,492		104,916		104,916
056 DRUGS CHARGED TO PATIENTS	23,783	5,021		62,678		62,678
059 CARDIAC REHAB		58		10,395		10,395
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC		276		321,295		321,295
061 EMERGENCY		4,018		157,177		157,177
062 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICE		1,067		46,660		46,660
063 50 DCHMC RHC		665		72,765		72,765
063 51 DAV NDMC RHC		909		52,671		52,671
063 52 PETERSBURG RHC		475		12,254		12,254
063 53 MONTGOMERY RHC						
063 54 PEDIATRICS RHC		367		31,472		31,472
063 55 MARTIN RHC		678		20,227		20,227
071 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY		571	572	48,313		48,313
093 SPEC PURPOSE COST CENTERS						
093 HOSPICE		354	572	13,811		13,811
095 SUBTOTALS	23,783	65,824	2,289	3,529,177		3,529,177
098 NONREIMBURS COST CENTERS						
100 PHYSICIANS' PRIVATE OFFIC						
100 OTHER NONREIMBURSABLE COS		1,832		496,114		496,114
101 OTHER NONREIMBURSABLE COS						
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	23,783	67,656	2,289	4,025,291		4,025,291

COST ALLOCATI ON - STATI STI CAL BASI S

COST CENTER DESCR I PTI ON	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L-	ADMI NI STRATI V	MAI NTENANCE &
	OSTS-BLDG &	OSTS-MVBLE E	FITS		E & GENERAL	REPAIRS
	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALAR I ES) IATI ON	(ACCUM. COST	(SQUARE FEET
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	253,363					
005 NEW CAP REL COSTS-MVB		1,611,050				
006 EMPLOYEE BENEFITS	489	2,430	20,825,602			
007 ADM I NI STRATI VE & GENE	13,562	240,225	1,517,169	-4,048,664	37,909,825	
008 MAI NTENANCE & REPAIRS	5,860	23,745	433,205		995,491	233,452
009 OPERATI ON OF PLANT	37,683	28,127			1,082,364	37,683
010 LAUNDRY & LI NEN SERVI	406				202,557	406
011 HOUSEKEEP I NG	1,680	2,674	377,474		558,676	1,680
012 DI ETARY	4,990	31,534	107,744		318,122	4,990
014 CAFETER I A	1,828		273,573		448,515	1,828
015 NURSI NG ADM I NI STRATI O	5,098	7,763	577,415		808,937	5,098
016 CENTRAL SERVI CES & SU	4,699	29,529	242,988		487,715	4,699
017 PHARMACY	1,560		407,453		522,086	1,560
018 MED I CAL RECORDS & LI B	2,660	25,871	467,231		749,971	2,660
025 SOCI AL SERVI CE		1,313	57,709		73,172	
026 I NPAT ROUTI NE SRVC CN						
026 ADULTS & PEDIATRICS	25,840	90,068	1,627,907		2,456,102	25,840
031 I NTENSI VE CARE UNI T	2,864	30,461	776,516		1,055,946	2,864
031 SUBPROVI DER	9,236	19,788	869,403		1,744,598	9,236
033 01 SUBPROVI DER 2-PSYCH	10,607	14,873	1,602,717		2,205,098	10,607
033 NURSER Y	634	17	252,767		354,609	634
037 ANCI LLARY SRVC COST C						
037 OPERATI NG ROOM	15,388	291,344	743,203		1,650,232	15,388
038 RECOVERY ROOM	1,683	6,828	45,578		80,574	1,683
039 DEL I VERY ROOM & LABOR	2,820	2,164	227,562		329,321	2,820
041 RADI OLOGY-DI AGNOSTI C	5,533	387,673	829,666		2,026,100	5,533
043 RADI OI SOTOPE	4,064	34,834	376,827		642,571	4,064
044 LABORATORY	3,533	32,269	1,128,260		2,481,886	3,533
047 BLOOD STORI NG, PROCES	199	892			256,340	199
048 I NTRAVENOUS THERAPY					24,768	
049 RESPI RATORY THERAPY	2,617	69,082	460,745		737,976	2,617
050 PHYSI CAL THERAPY	3,577	20,576	497,217		782,230	3,577
051 OCCUPATI ONAL THERAPY	762	75	174,351		241,699	762
052 SPEECH PATHOLOGY	540	328	52,582		91,303	540
053 ELECTROCARDI OLOGY	662	2,537	98,745		140,961	662
055 MED I CAL SUPPL I ES CHAR		24,359			1,488,207	
056 DRUGS CHARGED TO PATI		18,961			1,279,286	
059 CARDI AC REHAB	372	4,925	25,804		44,351	372
060 OUTPAT SERVI CE COST C						
060 CL I NI C	27,386	2,783	144,886		509,002	27,386
061 EMERGENCY	7,784	33,766	1,015,361		1,664,562	7,784
062 OBSERVATI ON BEDS (NON						
063 OTHER OUTPATI ENT SERV	2,569	7,997	425,613		687,840	2,569
063 50 DCHMC RHC	4,865	3,597	585,220		1,113,160	4,865
063 51 DAV NDMC RHC	3,484	2,029	552,293		838,010	3,484
063 52 PETERSBURG RHC		5,243	352,183		527,137	
063 53 MONTGOMERY RHC						
063 54 PEDI ATRI CS RHC	1,942	4,522	216,583		330,165	1,942
063 55 MART I N RHC	718	4,115	436,612		611,767	718
071 OTHER REI MBURS COST C						
071 HOME HEALTH AGENCY	1,365	18,924	425,761		638,297	1,365
093 SPEC PURPOSE COST CEN						
093 HOSPI CE	585	107	193,643		402,394	585
095 SUBTOTALS	222,144	1,528,348	18,599,966	-4,048,664	33,684,098	202,233
098 NONREI MBURS COST CENT						
100 PHYSI CI ANS' PRI VATE O						
100 01 OTHER NONREI MBURSABLE	31,219	82,702	2,225,636		4,225,727	31,219
101 CROSS FOOT ADJUSTMENT						
102 NEGATI VE COST CENTER						
103 COST TO BE ALLOCATED	2,252,289	1,773,002	4,843,700		4,048,664	1,101,806
104 (WRKSHT B, PART I)						
104 UNI T COST MULTI PLI ER	8.889573		.232584		.106797	
105 (WRKSHT B, PT I)		1.100526				4.719625
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNI T COST MULTI PLI ER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			7,021		385,445	88,492
108 (WRKSHT B, PART III)						
108 UNI T COST MULTI PLI ER			.000337		.010167	
108 (WRKSHT B, PT III)						.379059

COST ALLOCATI ON - STATI STI CAL BASI S

15-0061

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUI S.	MEDI CAL RECOR DS & LIBRARY E R(GROSS)HARGES	SOCI AL SERVI C C(TI ME)SPENT
	16	17	18
003 GENERAL SERVICE COST			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
007 ADMINI STRATI VE & GENE			
008 MAI NTENANCE & REPAIRS			
009 OPERATI ON OF PLANT			
010 LAUNDRY & LI NEN SERVI			
011 HOUSEKEEPI NG			
012 DI ETARY			
014 CAFETERI A			
015 NURSI NG ADMINI STRATI O			
016 CENTRAL SERVI CES & SU			
017 PHARMACY	100		
018 MEDI CAL RECORDS & LI B		81, 233, 093	
025 SOCI AL SERVI CE			2, 252
026 INPAT ROUTI NE SRVC CN			
027 ADULTS & PEDIATRICS		4, 041, 780	1, 126
028 INTENSI VE CARE UNI T		1, 045, 629	
031 SUBPROVI DER		1, 640, 450	
032 01 SUBPROVI DER 2-PSYCH		4, 575, 253	
033 NURSERY		588, 502	
037 ANCI LLARY SRVC COST C			
038 OPERATI NG ROOM		7, 740, 509	
039 RECOVERY ROOM		930, 154	
041 DELI VERY ROOM & LABOR		513, 677	
043 RADI OLOGY-DI AGNOSTI C		10, 922, 905	
044 RADI OI SOTOPE		3, 274, 942	
047 LABORATORY		12, 852, 522	
048 BLOOD STORI NG, PROCES		576, 263	
049 I NTRAVENOUS THERAPY		591, 587	
050 RESPI RATORY THERAPY		3, 197, 244	
051 PHYSI CAL THERAPY		1, 971, 734	
052 OCCUPATI ONAL THERAPY		872, 459	
053 SPEECH PATHOLOGY		267, 626	
055 ELECTROCARDI OLOGY		1, 880, 716	
056 MEDI CAL SUPPLI ES CHAR		4, 192, 496	
059 DRUGS CHARGED TO PATI	100	6, 028, 080	
060 CARDI AC REHAB		69, 831	
061 OUTPAT SERVI CE COST C			
062 CLINI C		331, 907	
063 EMERGENCY		4, 822, 969	
063 50 OBSERVATI ON BEDS (NON			
063 51 DAV NDMC RHC		1, 280, 368	
063 52 PETERSBURG RHC		798, 732	
063 53 MONTGOMERY RHC		1, 091, 010	
063 54 PEDI ATRI CS RHC		570, 477	
063 55 MARTI N RHC		440, 946	
071 OTHER REI MBURS COST C		813, 364	
093 HOME HEALTH AGENCY		685, 219	563
095 SPEC PURPOSE COST CEN			
098 HOSPI CE		424, 830	563
100 SUBTOTALS	100	79, 034, 181	2, 252
100 01 NONREI MBURS COST CENT			
101 PHYSI CI ANS' PRI VATE O			
102 OTHER NONREI MBURSABLE			
103 OTHER NONREI MBURSABLE		2, 198, 912	
104 CROSS FOOT ADJUSTMENT			
105 NEGATI VE COST CENTER			
106 COST TO BE ALLOCATED	611, 676	891, 669	82, 532
107 (PER WRKSHT B, PART			
104 UNI T COST MULTI PLI ER		. 010977	
105 (WRKSHT B, PT I)	6, 116. 760000		36. 648313
106 COST TO BE ALLOCATED			
107 (PER WRKSHT B, PART			
106 UNI T COST MULTI PLI ER			
107 (WRKSHT B, PT II)	23, 783	67, 656	2, 289
108 COST TO BE ALLOCATED			
108 (PER WRKSHT B, PART			
108 UNI T COST MULTI PLI ER		. 000833	
108 (WRKSHT B, PT III)	237. 830000		1. 016430

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-0061PERIOD:
FROM 1/ 1/2008
TO 12/31/2008PREPARED 5/26/2009
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	3,718,251		3,718,251		3,718,251
26	INTENSIVE CARE UNIT	1,354,115		1,354,115		1,354,115
31	SUBPROVIDER	2,307,726		2,307,726		2,307,726
31	01 SUBPROVIDER 2-PSYCH	3,070,450		3,070,450		3,070,450
33	NURSERY	449,852		449,852		449,852
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,255,957		2,255,957		2,255,957
38	RECOVERY ROOM	129,070		129,070		129,070
39	DELIVERY ROOM & LABOR ROO	439,956		439,956		439,956
41	RADIOLOGY-DIAGNOSTIC	2,566,395		2,566,395		2,566,395
43	RADIOISOTOPE	850,677		850,677		850,677
44	LABORATORY	3,219,449		3,219,449		3,219,449
47	BLOOD STORING, PROCESSING	293,284		293,284		293,284
48	INTRAVENOUS THERAPY	33,907		33,907		33,907
49	RESPIRATORY THERAPY	909,891		909,891		909,891
50	PHYSICAL THERAPY	955,139		955,139		955,139
51	OCCUPATIONAL THERAPY	293,233		293,233		293,233
52	SPEECH PATHOLOGY	113,419		113,419		113,419
53	ELECTROCARDIOLOGY	190,972		190,972		190,972
55	MEDICAL SUPPLIES CHARGED	2,096,332		2,096,332		2,096,332
56	DRUGS CHARGED TO PATIENTS	2,093,756		2,093,756		2,093,756
59	CARDIAC REHAB	58,456		58,456		58,456
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	983,601		983,601		983,601
61	EMERGENCY	2,145,165		2,145,165		2,145,165
62	OBSERVATION BEDS (NON-DIS	296,877		296,877		296,877
63	OTHER OUTPATIENT SERVICE	820,761		820,761		820,761
63	50 DCHMC RHC	1,333,174		1,333,174		1,333,174
63	51 DAV NDMC RHC	1,008,019		1,008,019		1,008,019
63	52 PETERSBURG RHC	599,833		599,833		599,833
63	53 MONTGOMERY RHC					
63	54 PEDIATRICS RHC	409,812		409,812		409,812
63	55 MARTIN RHC	706,285		706,285		706,285
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	35,703,814		35,703,814		35,703,814
102	LESS OBSERVATION BEDS	296,877		296,877		296,877
103	TOTAL	35,406,937		35,406,937		35,406,937

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	3,737,563		3,737,563			
26	INTENSIVE CARE UNIT	1,028,532		1,028,532			
31	SUBPROVIDER	1,640,450		1,640,450			
31	01 SUBPROVIDER 2-PSYCH	4,575,253		4,575,253			
33	NURSERY	588,502		588,502			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,473,332	5,267,177	7,740,509	.291448	.291448	.291448
38	RECOVERY ROOM	296,691	633,463	930,154	.138762	.138762	.138762
39	DELIVERY ROOM & LABOR ROO	467,936	45,741	513,677	.856484	.856484	.856484
41	RADIOLOGY-DIAGNOSTIC	2,177,167	8,745,738	10,922,905	.234955	.234955	.234955
43	RADIOISOTOPE	403,180	2,871,762	3,274,942	.259753	.259753	.259753
44	LABORATORY	3,084,398	9,768,124	12,852,522	.250492	.250492	.250492
47	BLOOD STORING, PROCESSING	414,455	161,808	576,263	.508941	.508941	.508941
48	INTRAVENOUS THERAPY	375,818	215,769	591,587	.057315	.057315	.057315
49	RESPIRATORY THERAPY	1,303,342	928,311	2,231,653	.407721	.407721	.407721
50	PHYSICAL THERAPY	748,208	1,223,526	1,971,734	.484416	.484416	.484416
51	OCCUPATIONAL THERAPY	560,712	311,747	872,459	.336099	.336099	.336099
52	SPEECH PATHOLOGY	134,346	133,280	267,626	.423797	.423797	.423797
53	ELECTROCARDIOLOGY	773,516	1,107,200	1,880,716	.101542	.101542	.101542
55	MEDICAL SUPPLIES CHARGED	3,053,857	2,104,231	5,158,088	.406416	.406416	.406416
56	DRUGS CHARGED TO PATIENTS	2,974,227	3,053,853	6,028,080	.347334	.347334	.347334
59	CARDIAC REHAB	247	69,584	69,831	.837107	.837107	.837107
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,756	328,151	331,907	2.963484	2.963484	2.963484
61	EMERGENCY	930,059	3,892,910	4,822,969	.444781	.444781	.444781
62	OBSERVATION BEDS (NON-DIS	43,243	278,071	321,314	.923947	.923947	.923947
63	OTHER OUTPATIENT SERVICE	2,185	1,278,183	1,280,368	.641035	.641035	.641035
63	50 DCHMC RHC		798,732	798,732	1.669113	1.669113	1.669113
63	51 DAV NDMC RHC		1,091,010	1,091,010	.923932	.923932	.923932
63	52 PETERSBURG RHC		570,477	570,477	1.051459	1.051459	1.051459
63	53 MONTGOMERY RHC						
63	54 PEDIATRICS RHC		440,946	440,946	.929393	.929393	.929393
63	55 MARTIN RHC		813,364	813,364	.868350	.868350	.868350
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	31,790,975	46,133,158	77,924,133			
102	LESS OBSERVATION BEDS						
103	TOTAL	31,790,975	46,133,158	77,924,133			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TIT LE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,737,563		3,737,563			
26	INTENSIVE CARE UNIT	1,028,532		1,028,532			
31	SUBPROVIDER	1,640,450		1,640,450			
31	01 SUBPROVIDER 2-PSYCH	4,575,253		4,575,253			
33	NURSERY	588,502		588,502			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,473,332	5,267,177	7,740,509	.291448	.291448	.291448
38	RECOVERY ROOM	296,691	633,463	930,154	.138762	.138762	.138762
39	DELIVERY ROOM & LABOR ROO	467,936	45,741	513,677	.856484	.856484	.856484
41	RADIOLOGY-DIAGNOSTIC	2,177,167	8,745,738	10,922,905	.234955	.234955	.234955
43	RADIO SOTOPE	403,180	2,871,762	3,274,942	.259753	.259753	.259753
44	LABORATORY	3,084,398	9,768,124	12,852,522	.250492	.250492	.250492
47	BLOOD STORING, PROCESSING	414,455	161,808	576,263	.508941	.508941	.508941
48	INTRAVENOUS THERAPY	375,818	215,769	591,587	.057315	.057315	.057315
49	RESPIRATORY THERAPY	1,303,342	928,311	2,231,653	.407721	.407721	.407721
50	PHYSICAL THERAPY	748,208	1,223,526	1,971,734	.484416	.484416	.484416
51	OCCUPATIONAL THERAPY	560,712	311,747	872,459	.336099	.336099	.336099
52	SPEECH PATHOLOGY	134,346	133,280	267,626	.423797	.423797	.423797
53	ELECTROCARDIOLOGY	773,516	1,107,200	1,880,716	.101542	.101542	.101542
55	MEDICAL SUPPLIES CHARGED	3,053,857	2,104,231	5,158,088	.406416	.406416	.406416
56	DRUGS CHARGED TO PATIENTS	2,974,227	3,053,853	6,028,080	.347334	.347334	.347334
59	CARDIAC REHAB	247	69,584	69,831	.837107	.837107	.837107
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,756	328,151	331,907	2.963484	2.963484	2.963484
61	EMERGENCY	930,059	3,892,910	4,822,969	.444781	.444781	.444781
62	OBSERVATION BEDS (NON-DIS	43,243	278,071	321,314	.923947	.923947	.923947
63	OTHER OUTPATIENT SERVICE	2,185	1,278,183	1,280,368	.641035	.641035	.641035
63	50 DCHMC RHC		798,732	798,732	1.669113	1.669113	1.669113
63	51 DAV NDMC RHC		1,091,010	1,091,010	.923932	.923932	.923932
63	52 PETERSBURG RHC		570,477	570,477	1.051459	1.051459	1.051459
63	53 MONTGOMERY RHC						
63	54 PEDIATRICS RHC		440,946	440,946	.929393	.929393	.929393
63	55 MARTIN RHC		813,364	813,364	.868350	.868350	.868350
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	31,790,975	46,133,158	77,924,133			
102	LESS OBSERVATION BEDS						
103	TOTAL	31,790,975	46,133,158	77,924,133			

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	2,255,957	529,034	1,726,923			2,255,957
38	RECOVERY ROOM	129,070	28,653	100,417			129,070
39	DELIVERY ROOM & LABOR ROO	439,956	40,267	399,689			439,956
41	RADIOLOGY-DIAGNOSTIC	2,566,395	528,907	2,037,488			2,566,395
43	RADIOISOTOPE	850,677	97,210	753,467			850,677
44	LABORATORY	3,219,449	141,693	3,077,756			3,219,449
47	BLOOD STORING, PROCESSING	293,284	6,375	286,909			293,284
48	INTRAVENOUS THERAPY	33,907	745	33,162			33,907
49	RESPIRATORY THERAPY	909,891	117,676	792,215			909,891
50	PHYSICAL THERAPY	955,139	73,994	881,145			955,139
51	OCCUPATIONAL THERAPY	293,233	12,366	280,867			293,233
52	SPEECH PATHOLOGY	113,419	7,761	105,658			113,419
53	ELECTROCARDIOLOGY	190,972	13,691	177,281			190,972
55	MEDICAL SUPPLIES CHARGED	2,096,332	104,916	1,991,416			2,096,332
56	DRUGS CHARGED TO PATIENTS	2,093,756	62,678	2,031,078			2,093,756
59	CARDIAC REHAB	58,456	10,395	48,061			58,456
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	983,601	321,295	662,306			983,601
61	EMERGENCY	2,145,165	157,177	1,987,988			2,145,165
62	OBSERVATION BEDS (NON-DIS	296,877	38,701	258,176			296,877
63	OTHER OUTPATIENT SERVICE	820,761	46,660	774,101			820,761
63	50 DCHMC RHC	1,333,174	72,765	1,260,409			1,333,174
63	51 DAV NDMC RHC	1,008,019	52,671	955,348			1,008,019
63	52 PETERSBURG RHC	599,833	12,254	587,579			599,833
63	53 MONTGOMERY RHC						
63	54 PEDIATRICS RHC	409,812	31,472	378,340			409,812
63	55 MARTIN RHC	706,285	20,227	686,058			706,285
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	24,803,420	2,529,583	22,273,837			24,803,420
102	LESS OBSERVATION BEDS	296,877	38,701	258,176			296,877
103	TOTAL	24,506,543	2,490,882	22,015,661			24,506,543

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	7,740,509	.291448	.291448
38	RECOVERY ROOM	930,154	.138762	.138762
39	DELIVERY ROOM & LABOR ROO	513,677	.856484	.856484
41	RADIOLOGY-DIAGNOSTIC	10,922,905	.234955	.234955
43	RADIOISOTOPE	3,274,942	.259753	.259753
44	LABORATORY	12,852,522	.250492	.250492
47	BLOOD STORING, PROCESSING	576,263	.508941	.508941
48	INTRAVENOUS THERAPY	591,587	.057315	.057315
49	RESPIRATORY THERAPY	2,231,653	.407721	.407721
50	PHYSICAL THERAPY	1,971,734	.484416	.484416
51	OCCUPATIONAL THERAPY	872,459	.336099	.336099
52	SPEECH PATHOLOGY	267,626	.423797	.423797
53	ELECTROCARDIOLOGY	1,880,716	.101542	.101542
55	MEDICAL SUPPLIES CHARGED	5,158,088	.406416	.406416
56	DRUGS CHARGED TO PATIENTS	6,028,080	.347334	.347334
59	CARDIAC REHAB	69,831	.837107	.837107
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	331,907	2.963484	2.963484
61	EMERGENCY	4,822,969	.444781	.444781
62	OBSERVATION BEDS (NON-DIS	321,314	.923947	.923947
63	OTHER OUTPATIENT SERVICE	1,280,368	.641035	.641035
63 50	DCHMC RHC	798,732	1.669113	1.669113
63 51	DAV NDMC RHC	1,091,010	.923932	.923932
63 52	PETERSBURG RHC	570,477	1.051459	1.051459
63 53	MONTGOMERY RHC			
63 54	PEDIATRICS RHC	440,946	.929393	.929393
63 55	MARTIN RHC	813,364	.868350	.868350
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	66,353,833		
102	LESS OBSERVATION BEDS	321,314		
103	TOTAL	66,032,519		

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	2,255,957	529,034	1,726,923	52,903	100,162	2,102,892
38	RECOVERY ROOM	129,070	28,653	100,417	2,865	5,824	120,381
39	DELIVERY ROOM & LABOR ROO	439,956	40,267	399,689	4,027	23,182	412,747
41	RADIOLOGY-DIAGNOSTIC	2,566,395	528,907	2,037,488	52,891	118,174	2,395,330
43	RADIOISOTOPE	850,677	97,210	753,467	9,721	43,701	797,255
44	LABORATORY	3,219,449	141,693	3,077,756	14,169	178,510	3,026,770
47	BLOOD STORING, PROCESSING	293,284	6,375	286,909	638	16,641	276,005
48	INTRAVENOUS THERAPY	33,907	745	33,162	75	1,923	31,909
49	RESPIRATORY THERAPY	909,891	117,676	792,215	11,768	45,948	852,175
50	PHYSICAL THERAPY	955,139	73,994	881,145	7,399	51,106	896,634
51	OCCUPATIONAL THERAPY	293,233	12,366	280,867	1,237	16,290	275,706
52	SPEECH PATHOLOGY	113,419	7,761	105,658	776	6,128	106,515
53	ELECTROCARDIOLOGY	190,972	13,691	177,281	1,369	10,282	179,321
55	MEDICAL SUPPLIES CHARGED	2,096,332	104,916	1,991,416	10,492	115,502	1,970,338
56	DRUGS CHARGED TO PATIENTS	2,093,756	62,678	2,031,078	6,268	117,803	1,969,685
59	CARDIAC REHAB	58,456	10,395	48,061	1,040	2,788	54,628
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	983,601	321,295	662,306	32,130	38,414	913,057
61	EMERGENCY	2,145,165	157,177	1,987,988	15,718	115,303	2,014,144
62	OBSERVATION BEDS (NON-DIS	296,877	38,701	258,176	3,870	14,974	278,033
63	OTHER OUTPATIENT SERVICE	820,761	46,660	774,101	4,666	44,898	771,197
63	50 DCHMC RHC	1,333,174	72,765	1,260,409	7,277	73,104	1,252,793
63	51 DAV NDMC RHC	1,008,019	52,671	955,348	5,267	55,410	947,342
63	52 PETERSBURG RHC	599,833	12,254	587,579	1,225	34,080	564,528
63	53 MONTGOMERY RHC						
63	54 PEDIATRICS RHC	409,812	31,472	378,340	3,147	21,944	384,721
63	55 MARTIN RHC	706,285	20,227	686,058	2,023	39,791	664,471
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	24,803,420	2,529,583	22,273,837	252,961	1,291,882	23,258,577
102	LESS OBSERVATION BEDS	296,877	38,701	258,176	3,870	14,974	278,033
103	TOTAL	24,506,543	2,490,882	22,015,661	249,091	1,276,908	22,980,544

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	7,740,509	.271674	.284614
38	RECOVERY ROOM	930,154	.129421	.135682
39	DELIVERY ROOM & LABOR ROO	513,677	.803515	.848644
41	RADIOLOGY-DIAGNOSTIC	10,922,905	.219294	.230113
43	RADIOISOTOPE	3,274,942	.243441	.256785
44	LABORATORY	12,852,522	.235500	.249389
47	BLOOD STORING, PROCESSING	576,263	.478957	.507834
48	INTRAVENOUS THERAPY	591,587	.053938	.057189
49	RESPIRATORY THERAPY	2,231,653	.381858	.402447
50	PHYSICAL THERAPY	1,971,734	.454744	.480663
51	OCCUPATIONAL THERAPY	872,459	.316010	.334682
52	SPEECH PATHOLOGY	267,626	.397999	.420897
53	ELECTROCARDIOLOGY	1,880,716	.095347	.100814
55	MEDICAL SUPPLIES CHARGED	5,158,088	.381990	.404382
56	DRUGS CHARGED TO PATIENTS	6,028,080	.326752	.346294
59	CARDIAC REHAB	69,831	.782289	.822214
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	331,907	2.750942	2.866680
61	EMERGENCY	4,822,969	.417615	.441522
62	OBSERVATION BEDS (NON-DIS	321,314	.865300	.911902
63	OTHER OUTPATIENT SERVICE	1,280,368	.602324	.637391
63	50 DCHMC RHC	798,732	1.568477	1.660002
63	51 DAV NDMC RHC	1,091,010	.868317	.919104
63	52 PETERSBURG RHC	570,477	.989572	1.049311
63	53 MONTGOMERY RHC			
63	54 PEDIATRICS RHC	440,946	.872490	.922256
63	55 MARTIN RHC	813,364	.816942	.865863
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	66,353,833		
102	LESS OBSERVATION BEDS	321,314		
103	TOTAL	66,032,519		

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, I I) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, I I I) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				484,706		484,706
26	INTENSIVE CARE UNIT				89,910		89,910
31	SUBPROVIDER				173,044		173,044
31 01	SUBPROVIDER 2-PSYCH				214,476		214,476
33	NURSERY				14,035		14,035
101	TOTAL				976,171		976,171

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	5,874	2,819			82.52	232,624
26	INTENSIVE CARE UNIT	994	637			90.45	57,617
31	SUBPROVIDER	2,526	2,137			68.51	146,406
31	01 SUBPROVIDER 2-PSYCH	4,795	4,013			44.73	179,501
33	NURSERY	948				14.80	
101	TOTAL	15,137	9,606				616,148

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

PROVIDER NO: 15-0061
 PERIOD: FROM 1/ 1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS					5,874	
25	ADULTS & PEDIATRICS					994	
26	INTENSIVE CARE UNIT					2,526	
31	SUBPROVIDER					4,795	
31 01	SUBPROVIDER 2-PSYCH					948	
33	NURSERY					15,137	
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	2,819	
26	INTENSIVE CARE UNIT	637	
31	SUBPROVIDER	2,137	
31	01 SUBPROVIDER 2-PSYCH	4,013	
33	NURSERY		
101	TOTAL	9,606	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	53 MONTGOMERY RHC						
63	54 PEDIATRICS RHC						
63	55 MARTIN RHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			7,740,509			806,124	
38	OPERATING ROOM			930,154			66,366	
39	RECOVERY ROOM			513,677			1,177	
41	DELIVERY ROOM & LABOR ROO			10,922,905			1,251,065	
43	RADIOLOGY-DIAGNOSTIC			3,274,942			186,467	
44	RADIOISOTOPE			12,852,522			1,510,136	
47	LABORATORY			576,263			286,098	
48	BLOOD STORING, PROCESSING			591,587				
49	INTRAVENOUS THERAPY			2,231,653			656,450	
50	RESPIRATORY THERAPY			1,971,734			156,499	
51	PHYSICAL THERAPY			872,459			59,374	
52	OCCUPATIONAL THERAPY			267,626			25,674	
53	SPEECH PATHOLOGY			1,880,716			470,005	
55	ELECTROCARDIOLOGY			5,158,088			1,590,014	
56	MEDICAL SUPPLIES CHARGED			6,028,080			1,415,896	
59	DRUGS CHARGED TO PATIENTS			69,831				
60	CARDIAC REHAB							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			331,907			2,455	
61	EMERGENCY			4,822,969			550,767	
62	OBSERVATION BEDS (NON-DIS			321,314			11,512	
63	OTHER OUTPATIENT SERVICE			1,280,368				
63	50 DCHMC RHC							
63	51 DAV NDMC RHC							
63	52 PETERSBURG RHC							
63	53 MONTGOMERY RHC							
63	54 PEDIATRICS RHC							
63	55 MARTIN RHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL			62,639,304			9,046,079	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,431,491					
38	RECOVERY ROOM	93,302					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	2,753,173					
43	RADIOISOTOPE	853,496					
44	LABORATORY	183,173					
47	BLOOD STORING, PROCESSING	149,581					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	151,373					
50	PHYSICAL THERAPY	1,145					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	16,787					
53	ELECTROCARDIOLOGY	752,553					
55	MEDICAL SUPPLIES CHARGED	274,688					
56	DRUGS CHARGED TO PATIENTS	1,873,123					
59	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	86,381					
61	EMERGENCY	810,958					
62	OBSERVATION BEDS (NON-DIS	54,867					
63	OTHER OUTPATIENT SERVICE	349,973					
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	53 MONTGOMERY RHC						
63	54 PEDIATRICS RHC						
63	55 MARTIN RHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	10,836,064					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			7,740,509			3,632	
38	OPERATING ROOM			930,154			685	
39	RECOVERY ROOM			513,677				
41	DELIVERY ROOM & LABOR ROO			10,922,905			49,981	
43	RADIOLOGY-DIAGNOSTIC			3,274,942			5,023	
44	RADIOISOTOPE			12,852,522			123,531	
47	LABORATORY			576,263			22,630	
48	BLOOD STORING, PROCESSING			591,587				
49	INTRAVENOUS THERAPY			2,231,653			124,780	
50	RESPIRATORY THERAPY			1,971,734			389,564	
51	PHYSICAL THERAPY			872,459			399,777	
52	OCCUPATIONAL THERAPY			267,626			85,134	
53	SPEECH PATHOLOGY			1,880,716			10,811	
55	ELECTROCARDIOLOGY			5,158,088			178,346	
56	MEDICAL SUPPLIES CHARGED			6,028,080			238,728	
59	DRUGS CHARGED TO PATIENTS			69,831				
60	CARDIAC REHAB							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			331,907				
61	EMERGENCY			4,822,969			2,737	
62	OBSERVATION BEDS (NON-DIS			321,314				
63	OTHER OUTPATIENT SERVICE			1,280,368				
63	50 DCHMC RHC							
63	51 DAV NDMC RHC							
63	52 PETERSBURG RHC							
63	53 MONTGOMERY RHC							
63	54 PEDIATRICS RHC							
63	55 MARTIN RHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL			62,639,304			1,635,359	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	462					
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	53 MONTGOMERY RHC						
63	54 PEDIATRICS RHC						
63	55 MARTIN RHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	462					

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			7,740,509			3,642	
38	RECOVERY ROOM			930,154				
39	DELIVERY ROOM & LABOR ROO			513,677				
41	RADIOLOGY-DIAGNOSTIC			10,922,905			81,298	
43	RADIOISOTOPE			3,274,942			4,575	
44	LABORATORY			12,852,522			331,732	
47	BLOOD STORING, PROCESSING			576,263			1,580	
48	INTRAVENOUS THERAPY			591,587				
49	RESPIRATORY THERAPY			2,231,653			51,278	
50	PHYSICAL THERAPY			1,971,734			54,294	
51	OCCUPATIONAL THERAPY			872,459			9,849	
52	SPEECH PATHOLOGY			267,626			4,298	
53	ELECTROCARDIOLOGY			1,880,716			35,446	
55	MEDICAL SUPPLIES CHARGED			5,158,088			85,372	
56	DRUGS CHARGED TO PATIENTS			6,028,080			520,739	
59	CARDIAC REHAB			69,831				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			331,907			1,301	
61	EMERGENCY			4,822,969			27,219	
62	OBSERVATION BEDS (NON-DIS			321,314				
63	OTHER OUTPATIENT SERVICE			1,280,368			235	
63	50 DCHMC RHC							
63	51 DAV NDMC RHC							
63	52 PETERSBURG RHC							
63	53 MONTGOMERY RHC							
63	54 PEDIATRICS RHC							
63	55 MARTIN RHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			62,639,304			1,212,858	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	53 MONTGOMERY RHC						
63	54 PEDIATRICS RHC						
63	55 MARTIN RHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	5,874	1,023			82.52	84,418
26	INTENSIVE CARE UNIT	994	67			90.45	6,060
31	SUBPROVIDER	2,526	105			68.51	7,194
31 01	SUBPROVIDER 2-PSYCH	4,795	295			44.73	13,195
33	NURSERY	948	422			14.80	6,246
101	TOTAL	15,137	1,912				117,113

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0061
 COMPONENT NO: 15-0061
 PERIOD: FROM 1/ 1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D
 PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		529,034	7,740,509	383,804		
38	RECOVERY ROOM		28,653	930,154	55,434		
39	DELIVERY ROOM & LABOR ROO		40,267	513,677	189,802		
41	RADIOLOGY-DIAGNOSTIC		528,907	10,922,905	184,940		
43	RADIOISOTOPE		97,210	3,274,942	34,928		
44	LABORATORY		141,693	12,852,522	378,453		
47	BLOOD STORING, PROCESSING		6,375	576,263	46,083		
48	INTRAVENOUS THERAPY		745	591,587	56,399		
49	RESPIRATORY THERAPY		117,676	2,231,653	255,702		
50	PHYSICAL THERAPY		73,994	1,971,734	15,672		
51	OCCUPATIONAL THERAPY		12,366	872,459	3,956		
52	SPEECH PATHOLOGY		7,761	267,626	850		
53	ELECTROCARDIOLOGY		13,691	1,880,716	61,535		
55	MEDICAL SUPPLIES CHARGED		104,916	5,158,088	334,026		
56	DRUGS CHARGED TO PATIENTS		62,678	6,028,080	265,875		
59	CARDIAC REHAB		10,395	69,831			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		321,295	331,907			
61	EMERGENCY		157,177	4,822,969	91,761		
62	OBSERVATION BEDS (NON-DIS		38,701	321,314	2,025		
63	OTHER OUTPATIENT SERVICE		46,660	1,280,368			
63	50 DCHMC RHC		72,765	798,732			
63	51 DAV NDMC RHC		52,671	1,091,010			
63	52 PETERSBURG RHC		12,254	570,477			
63	53 MONTGOMERY RHC						
63	54 PEDIATRICS RHC		31,472	440,946			
63	55 MARTIN RHC		20,227	813,364			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,529,583	66,353,833	2,361,245		

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0061
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS					5,874	
25	ADULTS & PEDIATRICS					994	
26	INTENSIVE CARE UNIT					2,526	
31	SUBPROVIDER					4,795	
31 01	SUBPROVIDER 2-PSYCH					948	
33	NURSERY					15,137	
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		1,023
26	INTENSIVE CARE UNIT		67
31	SUBPROVIDER		105
31	01 SUBPROVIDER 2-PSYCH		295
33	NURSERY		422
101	TOTAL		1,912

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	53 MONTGOMERY RHC						
63	54 PEDIATRICS RHC						
63	55 MARTIN RHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX		HOSPITAL		PPS				
WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			7,740,509			383,804	
	OPERATING ROOM			930,154			55,434	
38	RECOVERY ROOM			513,677			189,802	
39	DELIVERY ROOM & LABOR ROO			10,922,905			184,940	
41	RADIOLOGY-DIAGNOSTIC			3,274,942			34,928	
43	RADIOISOTOPE			12,852,522			378,453	
44	LABORATORY			576,263			46,083	
47	BLOOD STORING, PROCESSING			591,587			56,399	
48	INTRAVENOUS THERAPY			2,231,653			255,702	
49	RESPIRATORY THERAPY			1,971,734			15,672	
50	PHYSICAL THERAPY			872,459			3,956	
51	OCCUPATIONAL THERAPY			267,626			850	
52	SPEECH PATHOLOGY			1,880,716			61,535	
53	ELECTROCARDIOLOGY			5,158,088			334,026	
55	MEDICAL SUPPLIES CHARGED			6,028,080			265,875	
56	DRUGS CHARGED TO PATIENTS			69,831				
59	CARDIAC REHAB							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			331,907				
61	EMERGENCY			4,822,969			91,761	
62	OBSERVATION BEDS (NON-DIS			321,314			2,025	
63	OTHER OUTPATIENT SERVICE			1,280,368				
63	50 DCHMC RHC			798,732				
63	51 DAV NDMC RHC			1,091,010				
63	52 PETERSBURG RHC			570,477				
63	53 MONTGOMERY RHC							
63	54 PEDIATRICS RHC			440,946				
63	55 MARTIN RHC			813,364				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			66,353,833			2,361,245	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	753, 111					
38	RECOVERY ROOM	157, 236					
39	DELIVERY ROOM & LABOR ROO	29, 883					
41	RADIOLOGY-DIAGNOSTIC	1, 323, 927					
43	RADIOISOTOPE	335, 926					
44	LABORATORY	1, 271, 148					
47	BLOOD STORING, PROCESSING	12, 227					
48	INTRAVENOUS THERAPY	37, 594					
49	RESPIRATORY THERAPY	176, 493					
50	PHYSICAL THERAPY	94, 456					
51	OCCUPATIONAL THERAPY	39, 768					
52	SPEECH PATHOLOGY	30, 546					
53	ELECTROCARDIOLOGY	124, 094					
55	MEDICAL SUPPLIES CHARGED	299, 557					
56	DRUGS CHARGED TO PATIENTS	241, 507					
59	CARDIAC REHAB	2, 109					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	18, 854					
61	EMERGENCY	938, 440					
62	OBSERVATION BEDS (NON-DIS	203, 231					
63	OTHER OUTPATIENT SERVICE	78, 006					
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	53 MONTGOMERY RHC						
63	54 PEDIATRICS RHC						
63	55 MARTIN RHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	6, 168, 113					

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	5,402,873	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	5,402,873	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	412,996	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	5,815,869	
17 PRIMARY PAYER PAYMENTS	10,706	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	5,805,163	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	723,808	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	13,312	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	192,637	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	134,846	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	135,718	
22 SUBTOTAL	5,202,889	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	5,202,889	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	5,096,245	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	106,644	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,511,948
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,287,372
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.824
1.04	LINE 1.01 TIMES LINE 1.03.	2,893,845
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,287,372

COMPUTATION OF REIMBURSEMENT SETTLEMENT

DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	905,818
19	SUBTOTAL (SEE INSTRUCTIONS)	2,381,554
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,381,554
24	PRIMARY PAYER PAYMENTS	1,769
25	SUBTOTAL	2,379,785

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

COMPOSITE RATE ESRD		
26	BAD DEBTS (SEE INSTRUCTIONS)	177,912
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	124,538
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	135,758
28	SUBTOTAL	2,504,323
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-49
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,504,372
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,499,931
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	4,441
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0061
 COMPONENT NO: 15-0061
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,077,745		2,493,886
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	8/25/2008	8/25/2008	6,045
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	18,500		6,045
4 TOTAL INTERIM PAYMENTS		5,096,245		2,499,931
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		106,644		4,441
7 TOTAL MEDICARE PROGRAM LIABILITY		5,202,889		2,504,372

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,587,739
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,555,517
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	32,222
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)		3,118,056
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS		3,061,169
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM		56,887
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

BALANCE SHEET

ASSETS		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,301,137			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	9,947,051			
5	OTHER RECEIVABLES	3,121,294			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,507,661			
7	INVENTORY	966,015			
8	PREPAID EXPENSES	1,156,699			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	12,984,535			
FIXED ASSETS					
12	LAND	1,232,668			
12.01	LAND IMPROVEMENTS	736,312			
13	LESS ACCUMULATED DEPRECIATION	-367,651			
13.01	BUILDINGS	59,824,107			
14	LESS ACCUMULATED DEPRECIATION	-33,004,374			
14.01	LEASEHOLD IMPROVEMENTS	39,119			
15	LESS ACCUMULATED DEPRECIATION	-22,212			
15.01	FIXED EQUIPMENT	3,072,820			
16	LESS ACCUMULATED DEPRECIATION	-2,105,618			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	19,518,179			
18	LESS ACCUMULATED DEPRECIATION	-15,231,386			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	33,691,964			
21	OTHER ASSETS				
22	INVESTMENTS	11,376,046			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,335,290			
26	TOTAL OTHER ASSETS	13,711,336			
27	TOTAL ASSETS	60,387,835			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,658,785			
29 SALARIES, WAGES & FEES PAYABLE	643,184			
30 PAYROLL TAXES PAYABLE	74,712			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,840,841			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,705,862			
36 TOTAL CURRENT LIABILITIES	6,923,384			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	18,541,410			
42 TOTAL LONG-TERM LIABILITIES	18,541,410			
43 TOTAL LIABILITIES	25,464,794			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	34,923,041			
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	34,923,041			
52 TOTAL LIABILITIES AND FUND BALANCES	60,387,835			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		34,848,509		
2 OF PERIOD				
3 NET INCOME (LOSS)		74,532		
4 TOTAL		34,923,041		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		34,923,041		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		34,923,041		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	4,630,282		4,630,282
2 00 SUBPROVIDER	1,640,450		1,640,450
2 01 SUBPROVIDER 2-PSYCH	4,575,253		4,575,253
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	10,845,985		10,845,985
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,045,629		1,045,629
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,045,629		1,045,629
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	11,891,614		11,891,614
17 00 ANCILLARY SERVICES	21,486,795	40,405,618	61,892,413
18 00 OUTPATIENT SERVICES		1,278,183	1,278,183
18 50 DCHMC RHC		1,320,953	1,320,953
18 51 DAV NDMC RHC		1,304,064	1,304,064
18 52 PETERSBURG RHC		570,477	570,477
18 53 MONTGOMERY RHC		440,946	440,946
18 54 PEDIATRICS RHC		911,873	911,873
18 55 MARTIN RHC		685,219	685,219
19 00 HOME HEALTH AGENCY		424,830	424,830
23 00 HOSPICE		5,560,752	5,560,752
24 00 PHYSICIAN FEES AND CLINICS			
25 00 TOTAL PATIENT REVENUES	33,378,409	52,902,915	86,281,324

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	46,074,997		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES	46,074,997		

STATEMENT OF REVENUES AND EXPENSES

DESCR IPTION		
1	TOTAL PATIENT REVENUES	86,281,324
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	41,601,725
3	NET PATIENT REVENUES	44,679,599
4	LESS: TOTAL OPERATING EXPENSES	46,074,997
5	NET INCOME FROM SERVICE TO PATIENTS	-1,395,398
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	53,525
7	INCOME FROM INVESTMENTS	483,078
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	2,105
11	REBATES AND REFUNDS OF EXPENSES	77,686
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	176,019
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	18,609
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	16,053
19	TUITION (FEES, SALE OF TEXTBOOKS, UNI FORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	139,443
23	GOVERNMENTAL APPROPRIATIONS	57,886
24	OTHER- SEE TRIAL BALANCE	445,526
25	TOTAL OTHER INCOME	1,469,930
26	TOTAL	74,532
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	74,532

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	60,198				47,265	107,463
HHA REIMBURSABLE SERVICES						
6	322,452		20,305			342,757
7	55,317		8,764			64,081
8	30,671		2,834			33,505
9	2,272		302			2,574
10			29			29
11	43,111		12,952			56,063
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	514,021		45,186		47,265	606,472

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		107,463		107,463
HHA REIMBURSABLE SERVICES				
6		342,757		342,757
7	-64,081			
8	-33,505			
9	-2,574			
10		29		29
11		56,063		56,063
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-100,160	506,312		506,312

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5	107,463					107,463	107,463
6	342,757					342,757	92,350
7							
8							
9							
10	29					29	8
11	56,063					56,063	15,105
12							
13							
13.20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	506,312					506,312	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6	435,107						
7							
8							
9							
10	37						
11	71,168						
12							
13							
13.20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	506,312						

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)	RECONCI LI ATIO N 5A	ADMINI STRATI V E & GENERAL (ACCUM. COST)	
	1	2	3	4		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					-107,463	398,849
6	SKILLED NURSING CARE					342,757	
7	PHYSICAL THERAPY						
8	OCCUPATIONAL THERAPY						
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES					29	
11	HOME HEALTH AIDE					56,063	
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-107,463	398,849
25	COST TO BE ALLOCATED					107,463	
26	UNIT COST MULTIPLIER					.269433	

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		12,134	20,826	14,001	46,961	5,015
2 SKILLED NURSING CARE	435,107			74,997	510,104	54,478
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	37				37	4
7 HOME HEALTH AIDE	71,168			10,027	81,195	8,671
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	506,312	12,134	20,826	99,025	638,297	68,168
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	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	6,442	9,593		4,497		1,098
2 SKILLED NURSING CARE						7,795
3 PHYSICAL THERAPY						1,257
4 OCCUPATIONAL THERAPY						594
5 SPEECH PATHOLOGY						54
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						2,708
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	6,442	9,593		4,497		13,506
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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
1 ADMIN & GENERAL	3,571	691		7,522	20,633	106,023
2 SKILLED NURSING CARE	25,345					597,722
3 PHYSICAL THERAPY	4,088					5,345
4 OCCUPATIONAL THERAPY	1,932					2,526
5 SPEECH PATHOLOGY	175					229
6 MEDICAL SOCIAL SERVICES						41
7 HOME HEALTH AIDE	8,806					101,380
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	43,917	691		7,522	20,633	813,266
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		106,023		
2 SKILLED NURSING CARE		597,722	89,605	687,327
3 PHYSICAL THERAPY		5,345	801	6,146
4 OCCUPATIONAL THERAPY		2,526	379	2,905
5 SPEECH PATHOLOGY		229	34	263
6 MEDICAL SOCIAL SERVICES		41	6	47
7 HOME HEALTH AIDE		101,380	15,198	116,578
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		813,266	106,023	813,266
21 UNIT COST MULTIPLIER			0.149910	

(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 & COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	3	4	5	6A	6	7
1 ADMIN & GENERAL	1,365	18,924	60,198		46,961	1,365
2 SKILLED NURSING CARE			322,452		510,104	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					37	
7 HOME HEALTH AIDE			43,111		81,195	
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)	1,365	18,924	425,761		638,297	1,365
21 COST TO BE ALLOCATED	12,134	20,826	99,025		68,168	6,442
22 UNIT COST MULTIPLIER	8.889377	1.100507	0.232584		0.106797	4.719414

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIAS (HOURS AID)	NURSING ADMINISTRATION (DIRECT SING HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL	1,365		1,365		1,669	1,669
2 SKILLED NURSING CARE					11,847	11,847
3 PHYSICAL THERAPY					1,911	1,911
4 OCCUPATIONAL THERAPY					903	903
5 SPEECH PATHOLOGY					82	82
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					4,116	4,116
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)	1,365		1,365		20,528	20,528
21 COST TO BE ALLOCATED	9,593		4,497		13,506	43,917
22 UNIT COST MULTIPLIER	7.027839		3.294505		0.657931	2.139371

HHA 1

HHA COST CENTER	CENTRAL SERV	PHARMACY	MEDI CAL RECO	SOCIAL SERVI
	ICES & SUPPL		RDS & LIBRAR	CE
	(COSTED	R (COSTED	R (GROSS	C (TIME
	EQUI S.) EQUI S.) HARGES) SPENT
	15	16	17	18
1 ADMIN & GENERAL	2,908		685,219	563
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)	2,908		685,219	563
21 COST TO BE ALLOCATED	691		7,522	20,633
22 UNIT COST MULTIPLIER	0.237620		0.010978	36.648313

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

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDI CARE COST OR THE AGGREGATE OF THE MEDI CARE LI MI TATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACI LITY COSTS (FROM WKST H-5 PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	687,327	2	687,327	3,496	196.60	1,585
2 PHYSICAL THERAPY	3	6,146	63,039	69,185	1,509	45.85	940
3 OCCUPATIONAL THERAPY	4	2,905	21,014	23,919	488	49.01	256
4 SPEECH PATHOLOGY	5	263	713	976	52	18.77	24
5 MEDICAL SOCIAL SERVICES	6	47		47	5	9.40	4
6 HOME HEALTH AIDE SERVICE	7	116,578		116,578	2,230	52.28	502
7 TOTAL		813,266	84,766	898,032	7,780		3,311

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9		12
1 SKILLED NURSING	728		311,611	143,125	454,736
2 PHYSICAL THERAPY	327		43,099	14,993	58,092
3 OCCUPATIONAL THERAPY	136		12,547	6,665	19,212
4 SPEECH PATHOLOGY	2		450	38	488
5 MEDICAL SOCIAL SERVICES	1		38	9	47
6 HOME HEALTH AIDE SERVICES	767		26,245	40,099	66,344
7 TOTAL	1,961		393,990	204,929	598,919

LI MI TATION COST COMPUTATION	PROGRAM COST LI MI TS					PROGRAM VISITS
PATIENT SERVICES	1	2	3	4	5	PART A 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	PART A 9		12
8 SKILLED NURSING					
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

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

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDI CARE COST OR THE AGGREGATE OF THE MEDI CARE LIMI TATION

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		5,983	5,983	6,550	.913435	5,149
16 COST OF DRUGS	9.00				6,871		6,908
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 11
15 COST OF MEDICAL SUPPLIES	1,401		4,703	1,280
16 COST OF DRUGS	-37			
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMI TATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9915	
17 PER BENE COST LIMI TATION (FRM FI)	9915	
18 PER BENE COST LIMI TATION (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	.484416	130,135	63,039	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.336099	62,523	21,014	COL 2, LN 3
3 SPEECH PATHOLOGY	52	.423797	1,683	713	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.406416	14,722	5,983	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.347334			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM COSTS 1/1/1998 TO 12/31/1998 4	PROGRAM VISITS ON OR AFTER 1/1/1999 5
			----- PROGRAM VISITS -----	----- PROGRAM VISITS -----		
1 PHYSICAL THERAPY		45.85	2.01	3	3.01	
2 OCCUPATIONAL THERAPY		49.01				
3 SPEECH PATHOLOGY		18.77				
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HHA NO:	TO 12/31/2008	WORKSHEET H-7
15-7189		PARTS I & II

TITLE XVIII

HHA 1

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

	PART A CHARGES	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			-37
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			-37
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			37
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 EPI SODES WITHOUT OUTLIERS	444,695	234,647
10.02 TOTAL PPS REIMBURSEMENT-FULL EPI SODES WITH OUTLIERS	1,961	
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPI SODES	4,174	6,004
10.04 TOTAL PPS REIMBURSEMENT-PEP EPI SODES	4,215	1,378
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPI SODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPI SODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPI SODES WITH OUTLIERS	130	
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPI SODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPI SODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPI SODES		
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	455,175	242,029
13 EXCESS REASONABLE COST		37
14 SUBTOTAL	455,175	241,992
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	455,175	241,992
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	455,175	241,992
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)		
22 SUBTOTAL	455,175	241,992
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	455,175	241,992
25 INTERIM PAYMENTS	455,175	242,030
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		-38
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

TITLE XVII I HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		455,175		242,030
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		455,175		242,030
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER			
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM			38
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		455,175		241,992

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							6
1 SKILLED NURSING	2	687,327	2	687,327	3,496	196.60	
2 PHYSICAL THERAPY	3	6,146		6,146	1,509	4.07	
3 OCCUPATIONAL THERAPY	4	2,905		2,905	488	5.95	
4 SPEECH PATHOLOGY	5	263		263	52	5.06	
5 MEDICAL SOCIAL SERVICES	6	47		47	5	9.40	
6 HOME HEALTH AIDE SERVICE	7	116,578		116,578	2,230	52.28	
7 TOTAL		813,266		813,266	7,780		

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			TOTAL PROGRAM COST
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11	12
1 SKILLED NURSING						
2 PHYSICAL THERAPY						
3 OCCUPATIONAL THERAPY						
4 SPEECH PATHOLOGY						
5 MEDICAL SOCIAL SERVICES						
6 HOME HEALTH AIDE SERVICES						
7 TOTAL						

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST	PROGRAM VISITS
						LIMITS	PART A
		1	2	3	4	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
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	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						

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDI CARE COST OR THE AGGREGATE OF THE MEDI CARE LI MI TATION

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						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES					
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9915	
17 PER BENE COST LIMITATION (FRM F1)	9915	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.484416			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.336099			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.423797			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.406416			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.347334			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROGRAM VISITS ON OR AFTER 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	2	4.07	2.01	3.01			
2 OCCUPATIONAL THERAPY	3	5.95					
3 SPEECH PATHOLOGY	4	5.06					
4 TOTAL (SUM OF LINES 1-3)							

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1553		

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			19,607	
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	98,570			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	65,743			91,178
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	29,330			
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)	193,643		19,607	91,178

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1553		

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		19,607		19,607
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	41,533	140,103		140,103
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	6,396	163,317		163,317
8 INPATIENT - RESPI TE 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		29,330		29,330
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)	47,929	352,357		352,357

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1553		

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		19,607
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-319	139,784
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		163,317
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		29,330
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)	-319	352,038

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1553		

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	83,298	
	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)	83,298	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1553		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
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				15,272
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	65,743			
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 HOME MAKER			29,330	
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
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)	65,743		29,330	15,272

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1553		

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	98,570
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	65,743
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	29,330
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)	193,643

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
15-1553		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 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 HOME MAKER
- 23. 20 HH AIDE & HOME MAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27. 30 ANALGESICS
- 28. 31 SEDATIVES / HYPNOTICS
- 29. 32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 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)

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
15-1553		

HOSPICE 1

	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
	5	6	7	8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	91,178			
8 INPATIENT - RESPI TE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	91,178			

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
15-1553		

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	91,178
10	INPATIENT - RESPI TE 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)	91,178

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1553		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF	19,607			
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	139,784			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	163,317			
8 INPATIENT - RESPIRE CARE				
9 VISITING SERVICES				
10 PHYSICIAN SERVICES				
11 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	29,330			
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)	352,038			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1553		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF	19,607			
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			139,784	139,784
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	19,607		182,924	120,468
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			29,330	19,316
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)	19,607		212,254	139,784

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1553		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	303,392
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	48,646
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)	352,038

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1553		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
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				19,607
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE				19,607
9 INPATIENT - RESPIRE CARE				
10 VISITING SERVICES				
11 PHYSICIAN SERVICES				
12 NURSING CARE				
13 NURSING CARE-CONTINUOUS HOME CARE				
14 PHYSICAL THERAPY				
15 OCCUPATIONAL THERAPY				
16 SPEECH/LANGUAGE PATHOLOGY				
17 MEDICAL SOCIAL SERVICES				
18 SPIRITUAL COUNSELING				
19 DIETARY COUNSELING				
20 COUNSELING - OTHER				
21 HOME HEALTH AIDE AND HOME MAKER				
22 HH AIDE & HOME MAKER-CONT. HOME CARE				
23 OTHER HOSPICE SERVICE COSTS				
24 OTHER				
25 DRUGS BIOLOGICAL AND INFUSION THERAPY				
26 ANALGESICS				
27 SEDATIVES / HYPNOTICS				
28 OTHER - SPECIFY				
29 DURABLE MEDICAL EQUIPMENT/OXYGEN				
30 PATIENT TRANSPORTATION				
31 IMAGING SERVICES				
32 LABS AND DIAGNOSTICS				
33 MEDICAL SUPPLIES				
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
35 RADIATION THERAPY				
36 CHEMOTHERAPY				
37 OTHER				
38				
39				
40				
41				
42				
43 FUNDRAISING				
44 OTHER PROGRAM COSTS				
45 COST TO BE ALLOCATED (PER WKST K-4, PART I)				19,607
46 UNIT COST MULTIPLIER	.000000	.000000	.000000	1.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1553		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE		-139,784	212,254
8 INPATIENT - GENERAL CARE			182,924
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			
12 NURSING CARE			
13 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			29,330
22 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26 ANALGESICS			
27 SEDATIVES / HYPNOTICS			
28 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			
39			
40			
41			
42			
43 FUNDRAISING			
44 OTHER PROGRAM COSTS			
45 COST TO BE ALLOCATED (PER WKST K-4, PART I)			139,784
46 UNIT COST MULTIPLIER	.000000		.658569

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE		PROVIDER NO:		PERIOD:		PREPARED	5/26/2009
COST CENTERS		15-0061		FROM 1/ 1/2008		WORKSHEET	K-5
		HOSPICE NO:		TO 12/31/2008		PART I	
		15-1553					

HOSPICE 1

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

- (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.

HOSPI CE 1

	ADMI NI STRATI VE & GENERAL	MAI NTENANCE & REPAI RS	OPERATI ON OF PLANT	LAUNDRY & LI NEN SERVI CE
HOSPI CE COST CENTER	6	7	8	9
27.00 FUNDRAI SING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	402,394	585	585	
30.00 TOTAL COST TO BE ALLOCATED	42,974	2,761	4,111	
31.00 UNIT COST MULI PLI ER	.106796	4.719658	7.027350	.000000

	HOUSEKEEPI NG	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON
HOSPI CE COST CENTER	(SQUARE FEET)	(MEALS SERVED)	(HOURS PAI D)	(DI RECT NRSI NG HRS)
	10	11	12	14
1.00 ADMI NI STRATI VE AND GENERAL				
2.00 INPATI ENT - GENERAL CARE	585		9,217	9,217
3.00 INPATI ENT - RESPI TE CARE				
4.00 PHYSI CI AN SERVI CES				
5.00 NURSI NG CARE				
5.20 NURSI NG CARE-CONTI NUOUS HOME CARE				
6.00 PHYSI CAL THERAPY				
7.00 OCCUPATI ONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDI CAL SOCI AL SERVI CES				
10.00 SPI RI TUAL COUNSELI NG				
11.00 DI ETARY COUNSELI NG				
12.00 COUNSELI NG - OTHER				
13.00 HOME HEALTH AI DE AND HOME MAKER				
13.20 HH AI DE&HOME MAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY				
15.30 ANALGESI CS				
15.31 SEDATI VES / HYPNOTI CS				
15.32 OTHER				
16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN				
17.00 PATI ENT TRANSPORTATI ON				
18.00 I MAGI NG SERVI CES				
19.00 LABS AND DI AGNOSTI CS				
20.00 MEDI CAL SUPPLI ES				
21.00 OUTPATI ENT SERVI CES (I NCL. E/R DEPT.)				
22.00 RADI ATI ON THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAI SING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	585		9,217	9,217
30.00 TOTAL COST TO BE ALLOCATED	1,927		6,064	19,719
31.00 UNIT COST MULI PLI ER	3.294017	.000000	.657915	2.139416

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

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
15-1553		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.484416	
2	OCCUPATIONAL THERAPY	51	.336099	
3	SPEECH PATHOLOGY	52	.423797	
4	DRUGS CHARGED TO PATIENTS	56	.347334	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.250492	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.406416	
8	EMERGENCY	61	.444781	
9	RADIOLOGY-DIAGNOSTIC	41	.234955	
10	CARDIAC REHAB	59	.837107	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-6
15-1553		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVII I	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				506,092
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				3,228
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				156.78
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,903			
6 UNDUPLICATED MEDICAID DAYS	455,132			
7 AGGREGATE MEDICAID COST		24		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)		3,763		
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)			301	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			47,191	

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

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-1
15-8500		

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN	207,577		207,577
3 PHYSICIAN ASSISTANT			
4 NURSE PRACTITIONER	94,264		94,264
5 VISITING NURSE			
6 OTHER NURSE			
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS	197,303		197,303
11 SUBTOTAL (SUM OF LINES 1-9)	499,144		499,144
12 COSTS UNDER AGREEMENT			
13 PHYSICIAN SERVICES UNDER AGREEMENT	154,590		154,590
14 PHYSICIAN SUPERVISION UNDER AGREEMENT			
15 OTHER COSTS UNDER AGREEMENT			
16 SUBTOTAL (SUM OF LINES 11-13)	154,590		154,590
17 OTHER HEALTH CARE COSTS			
18 MEDICAL SUPPLIES	25,504		25,504
19 TRANSPORTATION (HEALTH CARE STAFF)			
20 DEPRECIATION-MEDICAL EQUIPMENT			
21 PROFESSIONAL LIABILITY INSURANCE			
22 OTHER HEALTH CARE COSTS			
23 ALLOWABLE GME COSTS			
24 SUBTOTAL (SUM OF LINES 15-20)	25,504		25,504
25 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	679,238		679,238
26 COSTS OTHER THAN RHC/FQHC SERVICES			
27 PHARMACY			
28 DENTAL			
29 OPTOMETRY			
30 ALL OTHER NONREIMBURSABLE COSTS			
31 NONALLOWABLE GME COSTS			
32 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
33 FACILITY OVERHEAD			
34 FACILITY COSTS	164,526		164,526
35 ADMINISTRATIVE COSTS	86,076		86,076
36 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	250,602		250,602
37 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	929,840		929,840

ALLOCATION OF OVERHEAD
TO RHC/FOHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-2
15-8500		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	2.15	8,800	4,200	9,030
2	PHYSICIAN ASSISTANTS			2,100	
3	NURSE PRACTITIONERS	1.03	3,232	2,100	2,163
4	SUBTOTAL (SUM OF LINES 1-3)	3.18	12,032		11,193
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3.18	12,032		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FOHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	679,238			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	679,238			
13	RATIO OF RHC/FOHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	250,602			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	403,334			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	653,936			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	653,936			
19	OVERHEAD APPLICABLE TO RHC/FOHC SERVICES (LINE 13 X LINE 18)	653,936			
20	TOTAL ALLOWABLE COST OF RHC/FOHC SERVICES (SUM OF LINES 10 AND 19)	1,333,174			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-2
15-8500		

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	12,032
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	12,032
9 PHYSICIAN SERVICES UNDER AGREEMENTS	

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

ALLOCATION OF OVERHEAD
TO RHC/FOHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-2
15-3999		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	1.84	7,755	4,200	7,728
2	PHYSICIAN ASSISTANTS			2,100	
3	NURSE PRACTITIONERS	.80	2,769	2,100	1,680
4	SUBTOTAL (SUM OF LINES 1-3)	2.64	10,524		9,408
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.64	10,524		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FOHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	546,069			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	546,069			
13	RATIO OF RHC/FOHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	130,282			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	331,668			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	461,950			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	461,950			
19	OVERHEAD APPLICABLE TO RHC/FOHC SERVICES (LINE 13 X LINE 18)	461,950			
20	TOTAL ALLOWABLE COST OF RHC/FOHC SERVICES (SUM OF LINES 10 AND 19)	1,008,019			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-2
15-3999		

RHC 2

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	10,524
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	10,524
9 PHYSICIAN SERVICES UNDER AGREEMENTS	

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

ALLOCATION OF OVERHEAD
TO RHC/FOHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-2
15-8501		

RHC 3

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.88	3,108	4,200	3,696
2	PHYSICIAN ASSISTANTS			2,100	
3	NURSE PRACTITIONERS	.88	2,775	2,100	1,848
4	SUBTOTAL (SUM OF LINES 1-3)	1.76	5,883		5,544
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.76	5,883		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FOHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	301,824			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	301,824			
13	RATIO OF RHC/FOHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	137,631			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	160,378			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	298,009			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	298,009			
19	OVERHEAD APPLICABLE TO RHC/FOHC SERVICES (LINE 13 X LINE 18)	298,009			
20	TOTAL ALLOWABLE COST OF RHC/FOHC SERVICES (SUM OF LINES 10 AND 19)	599,833			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-2
15-8501		

RHC 3

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	5,883
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5,883
9 PHYSICIAN SERVICES UNDER AGREEMENTS	

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

ALLOCATION OF OVERHEAD
TO RHC/FOHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-2
15-8503		

RHC 5

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.65	1,879	4,200	2,730
2	PHYSICIAN ASSISTANTS			2,100	
3	NURSE PRACTITIONERS	.67	1,730	2,100	1,407
4	SUBTOTAL (SUM OF LINES 1-3)	1.32	3,609		4,137
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.32	3,609		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FOHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	217,207			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	217,207			
13	RATIO OF RHC/FOHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	40,343			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	152,262			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	192,605			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	192,605			
19	OVERHEAD APPLICABLE TO RHC/FOHC SERVICES (LINE 13 X LINE 18)	192,605			
20	TOTAL ALLOWABLE COST OF RHC/FOHC SERVICES (SUM OF LINES 10 AND 19)	409,812			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-2
15-8503		

RHC 5

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	4,137
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	4,137
9 PHYSICIAN SERVICES UNDER AGREEMENTS	

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

ALLOCATION OF OVERHEAD
TO RHC/FOHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-2
15-8506		

RHC 6

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.32	2,091	4,200	1,344
2	PHYSICIAN ASSISTANTS			2,100	
3	NURSE PRACTITIONERS	1.40	3,810	2,100	2,940
4	SUBTOTAL (SUM OF LINES 1-3)	1.72	5,901		4,284
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.72	5,901		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FOHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)		428,805		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)		428,805		
13	RATIO OF RHC/FOHC SERVICES (LINE 10 DIVIDED BY LINE 12)		1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)		70,501		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)		206,979		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)		277,480		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16		277,480		
19	OVERHEAD APPLICABLE TO RHC/FOHC SERVICES (LINE 13 X LINE 18)		277,480		
20	TOTAL ALLOWABLE COST OF RHC/FOHC SERVICES (SUM OF LINES 10 AND 19)		706,285		

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-2
15-8506		

RHC 6

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	5,901
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5,901
9 PHYSICIAN SERVICES UNDER AGREEMENTS	

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-4
15-8500		

TITLE XVIII

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	499,144	499,144
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000300	.003100
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	150	1,547
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	855	3,249
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,005	4,796
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	679,238	679,238
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	653,936	653,936
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001480	.007061
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	968	4,617
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	1,973	9,413
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	31	342
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	63.65	27.52
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	13	236
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	827	6,495
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		11,386
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		7,322

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-4
15-3999		

TITLE XVIII

RHC 2

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	509,415	509,415
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.001000	.005900
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	509	3,006
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	2,290	4,323
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	2,799	7,329
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	546,069	546,069
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	461,950	461,950
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.005126	.013421
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	2,368	6,200
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	5,167	13,529
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	83	455
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	62.25	29.73
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	17	228
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	1,058	6,778
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		18,696
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		7,836

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-4
15-8501		

TITLE XVIII

RHC 3

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	288,917	288,917
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000700	.005000
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	202	1,445
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	1,214	2,812
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,416	4,257
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	301,824	301,824
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	298,009	298,009
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.004691	.014104
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	1,398	4,203
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	2,814	8,460
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	44	296
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	63.95	28.58
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	17	159
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	1,087	4,544
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		11,274
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		5,631

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-4
15-8503		

TITLE XVIII

RHC 5

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	211,816	211,816
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		.002800
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)		593
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)		770
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)		1,363
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	217,207	217,207
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	192,605	192,605
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)		.006275
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)		1,209
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)		2,572
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)		81
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)		31.75
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)		
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		2,572
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-4
15-8506		

TITLE XVIII

RHC 6

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	417,370	417,370
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.001100	.005900
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	459	2,462
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	1,793	3,430
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	2,252	5,892
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	428,805	428,805
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	277,480	277,480
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.005252	.013741
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	1,457	3,813
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	3,709	9,705
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	65	361
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	57.06	26.88
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	15	217
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	856	5,833
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		13,414
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		6,689

