

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0064		FROM 10/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/21/2011 TIME 10:53

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:  
 FAYETTE REGIONAL HEALTH SYSTEM 15-0064

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	12,466	-99,051	520,102
2	SUBPROVIDER	0	15,019	0	-32,302
3	SWING BED - SNF	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	27,485	-99,051	487,800

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

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



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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

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

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

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

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

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

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

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

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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

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

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N







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	25,850,699		25,850,699	1,076,356.00	24.02	
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	7,181,964	-1,041,334	6,140,630	216,971.00	28.30	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	667,409		667,409	18,387.00	36.30	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	263,026		263,026	2,621.00	100.35	
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)	3,683,333		3,683,333			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,234,077		1,234,077			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	212,074	119,329	331,403	11,116.00	29.81	
22 ADMINISTRATIVE & GENERAL	2,429,920	-935,771	1,494,149	95,301.00	15.68	
22.01 A & G UNDER CONTRACT	454,118		454,118	2,275.00	199.61	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	574,968	15,757	590,725	38,834.00	15.21	
25 LAUNDRY & LINEN SERVICE	21,962	457	22,419	2,103.00	10.66	
26 HOUSEKEEPING	546,556	11,367	557,923	56,333.00	9.90	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	529,521	-319,544	209,977	16,441.00	12.77	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		330,557	330,557	25,882.00	12.77	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	375,580	5,787	381,367	11,239.00	33.93	
31 CENTRAL SERVICE AND SUPPLY	92,695	1,928	94,623	5,906.00	16.02	
32 PHARMACY	687,133	10,588	697,721	20,459.00	34.10	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	830,955	67,675	898,630	44,887.00	20.02	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	26,304,817		26,304,817	1,078,631.00	24.39	
2 EXCLUDED AREA SALARIES	7,181,964	-1,041,334	6,140,630	216,971.00	28.30	
3 SUBTOTAL SALARIES	19,122,853	1,041,334	20,164,187	861,660.00	23.40	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	930,435		930,435	21,008.00	44.29	
5 SUBTOTAL WAGE-RELATED COSTS	3,683,333		3,683,333		18.27	
6 TOTAL	23,736,621	1,041,334	24,777,955	882,668.00	28.07	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
PART II - WAGE DATA						
13    TOTAL OVERHEAD COSTS	6,755,482	-691,870	6,063,612	330,776.00	18.33	

HHA 1

TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
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1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		250.00		

TOTAL  
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

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

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	2,445	16	124	55
22 SKILLED NURSING VISIT CHARGES	281,175	1,840	14,260	6,325
23 PHYSICAL THERAPY VISITS	453	2	12	3
24 PHYSICAL THERAPY VISIT CHARGES	56,625	250	1,500	375
25 OCCUPATIONAL THERAPY VISITS	245	1	5	1
26 OCCUPATIONAL THERAPY VISIT CHARGES	30,625	125	625	125
27 SPEECH PATHOLOGY VISITS	10	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,350	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	41	2	1	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	7,380	360	180	180
31 HOME HEALTH AIDE VISITS	1,515	13	8	9
32 HOME HEALTH AIDE VISIT CHARGES	104,535	897	552	621
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,709	34	150	69
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	481,690	3,472	17,117	7,626
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	290	0	55	0
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	1	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	12,129	0	106	724

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,640
22 SKILLED NURSING VISIT CHARGES	0	0	303,600
23 PHYSICAL THERAPY VISITS	0	0	470
24 PHYSICAL THERAPY VISIT CHARGES	0	0	58,750
25 OCCUPATIONAL THERAPY VISITS	0	0	252
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	31,500
27 SPEECH PATHOLOGY VISITS	0	0	10
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,350
29 MEDICAL SOCIAL SERVICE VISITS	0	0	45
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	8,100
31 HOME HEALTH AIDE VISITS	0	0	1,545
32 HOME HEALTH AIDE VISIT CHARGES	0	0	106,605
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	4,962
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	509,905
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	345
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	12,959

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0064  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/21/2011  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB						
6	RVA						
6.01	RVX						
6.02	RVL						
7	RHC						
8	RHB						
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB						
12	RMA						
12.01	RMX						
12.02	RML						
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD2						
45.23	CD1						
46	TOTAL						

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must



	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2) RUGs DAYS 4. 05	SWING BED SNF DAYS 4. 06	TOTAL 5
45 .16	LC2				
45 .17	LC1				
45 .18	LB2				
45 .19	LB1				
45 .20	CE2				
45 .21	CE1				
45 .22	CD2				
45 .23	CD1				
46	TOTAL			168	

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:

Transition Period	:	0
Wage Index Factor (before 10/01)	:	0.0000
Wage Index Factor (after 10/01)	:	0.0000
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	NOT SPECIFIED
SNF MSA Code	:	NOT SPECIFIED
SNF CBSA Code	:	NOT SPECIFIED

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET S-9
15-1548		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	1,059	151		
3 INPATIENT RESPI TE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	1,059	151		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	63	1,273
3 INPATIENT RESPI TE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	63	1,273

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				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)				
9 UNDUPLICATED CENSUS COUNT				

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		

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) .376027
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

DESCRIPTION

- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL  
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO:  
15-0064

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

PREPARED 2/21/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,906,062	2,906,062		2,906,062
5	0500 EMPLOYEE BENEFITS	212,074	5,160,456	5,372,530	119,329	5,491,859
6	0600 ADMINISTRATIVE & GENERAL	2,429,920	3,287,259	5,717,179	-881,558	4,835,621
8	0800 OPERATION OF PLANT	574,968	1,863,380	2,438,348	-805,086	1,633,262
8.01	0801 OPERATION OF PLANT				820,843	820,843
9	0900 LAUNDRY & LINEN SERVICE	21,962	156,843	178,805	457	179,262
10	1000 HOUSEKEEPING	546,556	141,016	687,572	11,367	698,939
11	1100 DIETARY	529,521	360,658	890,179	-540,100	350,079
12	1200 CAFETERIA				551,113	551,113
14	1400 NURSING ADMINISTRATION	375,580	8,747	384,327	5,787	390,114
15	1500 CENTRAL SERVICES & SUPPLY	92,695	1,512,983	1,605,678	1,928	1,607,606
16	1600 PHARMACY	687,133	1,371,478	2,058,611	10,588	2,069,199
17	1700 MEDICAL RECORDS & LIBRARY	830,955	302,991	1,133,946	67,675	1,201,621
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	3,444,560	548,805	3,993,365	-304,318	3,689,047
26	2600 INTENSIVE CARE UNIT	1,057,234	64,313	1,121,547	16,290	1,137,837
31	3100 SUBPROVIDER	534,927	120,836	655,763	8,242	664,005
33	3300 NURSERY				413,150	413,150
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,816,600	522,515	2,339,115	27,991	2,367,106
39	3900 DELIVERY ROOM & LABOR ROOM					
41	4100 RADIOLOGY-DIAGNOSTIC	1,390,042	2,679,812	4,069,854	53,998	4,123,852
44	4400 LABORATORY	845,407	1,144,977	1,990,384	17,582	2,007,966
49	4900 RESPIRATORY THERAPY	424,588	85,492	510,080	6,542	516,622
50	5000 PHYSICAL THERAPY	1,022,843	46,926	1,069,769	15,760	1,085,529
53.01	5301 CARDIAC REHAB	161,029	21,820	182,849	2,481	185,330
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC				1,581,627	1,581,627
61	6100 EMERGENCY	1,131,739	476,007	1,607,746	17,438	1,625,184
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 CLINIC					
63.01	4040 BIC	887,240	1,395,096	2,282,336	61,207	2,343,543
63.02	4041 UCIC	186,089	113,340	299,429	12,838	312,267
63.03	4042 CIC					
63.04	4043 RIC					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	677,366	192,773	870,139	10,389	880,528
71	7100 HOME HEALTH AGENCY	774,931	130,606	905,537	-32,658	872,879
	SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE		41,618	41,618	44,646	86,264
95	SUBTOTALS	20,655,959	24,656,809	45,312,768	1,315,548	46,628,316
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
97.01	9701 FMH DIAGNOSTIC CENTE	70,076	1,906	71,982	3,639	75,621
97.02	9702 WELLNESS	90,704	117,438	208,142	1,398	209,540
98	9800 PHYSICIANS' PRIVATE OFFICES	4,786,277	1,176,744	5,963,021	-1,258,350	4,704,671
98.01	9801 RFE		7,964	7,964		7,964
98.02	9802 MARKETING	66,298	276,669	342,967	-63,450	279,517
98.03	9803 FOUNDATION	102,531	10,341	112,872		112,872
98.04	9804 BROOKVILLE CLINIC					
98.05	9805 ATOD					
98.06	9806 HEART CENTER					
98.08	9808 OCCUPATIONAL MED					
98.09	9809 HOME MEDICAL EQUIP					
98.10	9810 HOSPITALIST	78,854	813,431	892,285	1,215	893,500
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	25,850,699	27,061,302	52,912,001	-0-	52,912,001

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0064  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/21/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-844,808	2,061,254
5	0500 EMPLOYEE BENEFITS		5,491,859
6	0600 ADMINISTRATIVE & GENERAL	-200,381	4,635,240
8	0800 OPERATION OF PLANT	-2,417	1,630,845
8.01	0801 OPERATION OF PLANT		820,843
9	0900 LAUNDRY & LINEN SERVICE		179,262
10	1000 HOUSEKEEPING		698,939
11	1100 DIETARY		350,079
12	1200 CAFETERIA	-219,685	331,428
14	1400 NURSING ADMINISTRATION	-3,235	386,879
15	1500 CENTRAL SERVICES & SUPPLY		1,607,606
16	1600 PHARMACY	-147,485	1,921,714
17	1700 MEDICAL RECORDS & LIBRARY	-12,602	1,189,019
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		3,689,047
26	2600 INTENSIVE CARE UNIT		1,137,837
31	3100 SUBPROVIDER		664,005
33	3300 NURSERY		413,150
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-999,222	1,367,884
39	3900 DELIVERY ROOM & LABOR ROOM		
41	4100 RADIOLOGY-DIAGNOSTIC		4,123,852
44	4400 LABORATORY		2,007,966
49	4900 RESPIRATORY THERAPY	-7,214	509,408
50	5000 PHYSICAL THERAPY	-146,057	939,472
53.01	5301 CARDIAC REHAB		185,330
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-1,253,716	327,911
61	6100 EMERGENCY		1,625,184
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 CLINIC		
63.01	4040 BIC	-300,519	2,043,024
63.02	4041 UCIC	-89,428	222,839
63.03	4042 CIC		
63.04	4043 RIC		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-62,195	818,333
71	7100 HOME HEALTH AGENCY		872,879
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		86,264
95	SUBTOTALS	-4,288,964	42,339,352
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
97.01	9701 FMH DIAGNOSTIC CENTE		75,621
97.02	9702 WELLNESS		209,540
98	9800 PHYSICIANS' PRIVATE OFFICES		4,704,671
98.01	9801 RFE		7,964
98.02	9802 MARKETING		279,517
98.03	9803 FOUNDATION		112,872
98.04	9804 BROOKVILLE CLINIC		
98.05	9805 ATOD		
98.06	9806 HEART CENTER		
98.08	9808 OCCUPATIONAL MED		
98.09	9809 HOME MEDICAL EQUIP		
98.10	9810 HOSPITALIST		893,500
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-4,288,964	48,623,037

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0064  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/21/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	CLINIC	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	BIC	4040	FAMILY PRACTICE
63.02	UCIC	4041	FAMILY PRACTICE
63.03	CIC	4042	FAMILY PRACTICE
63.04	RIC	4043	FAMILY PRACTICE
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	FMH DIAGNOSTIC CENTE	9701	RESEARCH
97.02	WELLNESS	9702	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	RFE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	MARKETING	9802	PHYSICIANS' PRIVATE OFFICES
98.03	FOUNDATION	9803	PHYSICIANS' PRIVATE OFFICES
98.04	BROOKVILLE CLINIC	9804	PHYSICIANS' PRIVATE OFFICES
98.05	ATOD	9805	PHYSICIANS' PRIVATE OFFICES
98.06	HEART CENTER	9806	PHYSICIANS' PRIVATE OFFICES
98.08	OCCUPATIONAL MED	9808	PHYSICIANS' PRIVATE OFFICES
98.09	HOME MEDICAL EQUIP	9809	PHYSICIANS' PRIVATE OFFICES
98.10	HOSPITALIST	9810	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
150064

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

PREPARED 2/21/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA	A	CAFETERIA	12	323,822	220,556
2 NURSERY	B	NURSERY	33	379,465	27,342
3 COACH RECLASS	C	EMPLOYEE BENEFITS	5	119,329	
4		ADMINISTRATIVE & GENERAL	6	237,668	
5		OPERATION OF PLANT	8	15,757	
6		LAUNDRY & LINEN SERVICE	9	457	
7		HOUSEKEEPING	10	11,367	
8		DIETARY	11	4,278	
9		CAFETERIA	12	6,735	
10		NURSING ADMINISTRATION	14	5,787	
11		CENTRAL SERVICES & SUPPLY	15	1,928	
12		PHARMACY	16	10,588	
13		MEDICAL RECORDS & LIBRARY	17	67,675	
14		ADULTS & PEDIATRICS	25	102,489	
15		INTENSIVE CARE UNIT	26	16,290	
16		SUBPROVIDER	31	8,242	
17		NURSERY	33	6,343	
18		OPERATING ROOM	37	27,991	
19		RADIOLOGY-DIAGNOSTIC	41	53,998	
20		LABORATORY	44	17,582	
21		RESPIRATORY THERAPY	49	6,542	
22		PHYSICAL THERAPY	50	15,760	
23		CARDIAC REHAB	53.01	2,481	
24		EMERGENCY	61	17,438	
25		BIC	63.01	46,071	
26		UCIC	63.02	9,663	
27		AMBULANCE SERVICES	65	10,389	
28		HOME HEALTH AGENCY	71	11,311	
29		HOSPICE	93	677	
30		FMH DIAGNOSTIC CENTE	97.01	3,639	
31		WELLNESS	97.02	1,398	
32		PHYSICIANS' PRIVATE OFFICES	98	241,625	
33		MARKETING	98.02	2,848	
34		HOSPITALIST	98.10	1,215	
35 MARKETING	D	ADMINISTRATIVE & GENERAL	6	12,085	54,213
1 HOSPICE	E	HOSPICE	93	43,969	
2 ADMIN VP	F	CLINIC	60	23,353	
3		BIC	63.01	15,136	
4		UCIC	63.02	3,175	
5		PHYSICIANS' PRIVATE OFFICES	98	58,299	
6 HOSPITAL UTILITIES	G	OPERATION OF PLANT	8.01		820,843
7 PROVIDER BASED CLINIC	H	CLINIC	60	1,368,892	189,382
36 TOTAL RECLASSIFICATIONS				3,313,757	1,312,336

(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:  
150064

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

PREPARED 2/21/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
1 CAFETERIA	A	DIETARY	11	323,822	220,556
2 NURSERY	B	ADULTS & PEDIATRICS	25	379,465	27,342
3 COACH RECLASS	C	ADMINISTRATIVE & GENERAL	6	1,085,561	
4					
5					
6					
7					
8					
9					
10					
11					
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24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35 MARKETING	D	MARKETING	98.02	12,085	54,213
1 HOSPICE	E	HOME HEALTH AGENCY	71	43,969	
2 ADMIN VP	F	ADMINISTRATIVE & GENERAL	6	99,963	
3					
4					
5					
6 HOSPITAL UTILITIES	G	OPERATION OF PLANT	8		820,843
7 PROVIDER BASED CLINIC	H	PHYSICIANS' PRIVATE OFFICES	98	1,368,892	189,382
36 TOTAL RECLASSIFICATIONS				3,313,757	1,312,336

(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:  
150064

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

PREPARED 2/21/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	544,378	DIETARY	11	544,378	
TOTAL RECLASSIFICATIONS FOR CODE A			544,378				544,378

RECLASS CODE: B  
EXPLANATION : NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	406,807	ADULTS & PEDIATRICS	25	406,807	
TOTAL RECLASSIFICATIONS FOR CODE B			406,807				406,807

RECLASS CODE: C  
EXPLANATION : COACH RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	119,329	ADMI NISTRATI VE & GENERAL	6	1,085,561	
2.00	ADMI NISTRATI VE & GENERAL	6	237,668			0	
3.00	OPERATI ON OF PLANT	8	15,757			0	
4.00	LAUNDRY & LI NEN SERVI CE	9	457			0	
5.00	HOUSEKEEPING	10	11,367			0	
6.00	DI ETARY	11	4,278			0	
7.00	CAFETERIA	12	6,735			0	
8.00	NURSI NG ADMI NISTRATI ON	14	5,787			0	
9.00	CENTRAL SERVI CES & SUPPLY	15	1,928			0	
10.00	PHARMACY	16	10,588			0	
11.00	MEDI CAL RECORDS & LI BRARY	17	67,675			0	
12.00	ADULTS & PEDIATRICS	25	102,489			0	
13.00	INTENSI VE CARE UNI T	26	16,290			0	
14.00	SUBPROVI DER	31	8,242			0	
15.00	NURSERY	33	6,343			0	
16.00	OPERATI NG ROOM	37	27,991			0	
17.00	RADI OLOGY-DI AGNOSTI C	41	53,998			0	
18.00	LABORATORY	44	17,582			0	
19.00	RESPI RATORY THERAPY	49	6,542			0	
20.00	PHYSI CAL THERAPY	50	15,760			0	
21.00	CARDI AC REHAB	53.01	2,481			0	
22.00	EMERGENCY	61	17,438			0	
23.00	BI C	63.01	46,071			0	
24.00	UCI C	63.02	9,663			0	
25.00	AMBULANCE SERVI CES	65	10,389			0	
26.00	HOME HEALTH AGENCY	71	11,311			0	
27.00	HOSPI CE	93	677			0	
28.00	FMH DI AGNOSTI C CENTE	97.01	3,639			0	
29.00	WELLNESS	97.02	1,398			0	
30.00	PHYSI CI ANS' PRI VATE OFFI CES	98	241,625			0	
31.00	MARKETI NG	98.02	2,848			0	
32.00	HOSPI TALI ST	98.10	1,215			0	
TOTAL RECLASSIFICATIONS FOR CODE C			1,085,561				1,085,561

RECLASS CODE: D  
EXPLANATION : MARKETI NG

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMI NISTRATI VE & GENERAL	6	66,298	MARKETI NG	98.02	66,298	
TOTAL RECLASSIFICATIONS FOR CODE D			66,298				66,298

RECLASS CODE: E  
EXPLANATI ON : HOSPI CE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOSPI CE	93	43,969	HOME HEALTH AGENCY	71	43,969	
TOTAL RECLASSIFICATIONS FOR CODE E			43,969				43,969

RECLASS CODE: F  
EXPLANATI ON : ADMI N VP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINI C	60	23,353	ADMI NISTRATI VE & GENERAL	6	99,963	

RECLASSIFICATIONS

PROVIDER NO:  
150064

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

PREPARED 2/21/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: F  
EXPLANATION : ADMIN VP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	BIC	63.01	15,136			0	
3.00	UCIC	63.02	3,175			0	
4.00	PHYSICIANS' PRIVATE OFFICES	98	58,299			0	
TOTAL RECLASSIFICATIONS FOR CODE F			99,963			99,963	

RECLASS CODE: G  
EXPLANATION : HOSPITAL UTILITIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8.01	820,843	OPERATION OF PLANT	8	820,843	
TOTAL RECLASSIFICATIONS FOR CODE G			820,843			820,843	

RECLASS CODE: H  
EXPLANATION : PROVIDER BASED CLINIC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	1,558,274	PHYSICIANS' PRIVATE OFFICES	98	1,558,274	
TOTAL RECLASSIFICATIONS FOR CODE H			1,558,274			1,558,274	





DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION 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			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,601,777			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 SALE OF MEDICAL RECORDS	A	-12,602	MEDICAL RECORDS & LIBRARY	17	
38 TELEVISION	A	-13,012	ADMINISTRATIVE & GENERAL	6	
39 ANESTHESIA OFFSET	A	-41,108	OPERATING ROOM	37	
40 TELEVISION ELECTRICITY	A	-1,882	OPERATION OF PLANT	8	
41 AHA & IHA DUES	A	-5,451	ADMINISTRATIVE & GENERAL	6	
42 24TH ST OLD DEPRECIATION	A	-18,346	NEW CAP REL COSTS-BLDG &	3	9
43 24TH ST NEW DEPRECIATION	A	-20,106	NEW CAP REL COSTS-BLDG &	3	9
44 PHYSICIAN RECRUITMENT	A	-193,067	ADMINISTRATIVE & GENERAL	6	
45 PHARMACY DRUG REBATE-OTHER REV	B	-4,433	PHARMACY	16	
46 CAFETERIA SALES-OTHER REV	B	-217,096	CAFETERIA	12	
47 CAFÉ VEND MACHIN-OTHER REV	B	-2,589	CAFETERIA	12	
48 AQUATIC THERAPY-OTHER REV	B	-5,515	PHYSICAL THERAPY	50	
49 EDUCATION & TRAINING-OTHER REV	B	-3,235	NURSING ADMINISTRATION	14	
49.01 EMPLOYEE DRUG SALES-OTHER REV	B	-135,402	PHARMACY	16	
49.02 PHY TH SCHOOL REV-OTHER REV	B	-137,337	PHYSICAL THERAPY	50	
49.03 INVESTMENT FEE EXP-N/O REV	B	196,365	NEW CAP REL COSTS-BLDG &	3	14
49.04 VENDOR REBATE/REFUND-OTHER REV	B	-7,083	ADMINISTRATIVE & GENERAL	6	
49.05 PURCHASE DISC EARNED-OTHER REV	B	9,470	ADMINISTRATIVE & GENERAL	6	
49.06 W/C DEPT OTHER REV-OTHER REV	B	-25	ADMINISTRATIVE & GENERAL	6	
49.07 MIS GEN FUND REV-OTHER REV	B	6,459	ADMINISTRATIVE & GENERAL	6	
49.08 INTEREST INCOME OPER-N/O REV	B	-190,396	NEW CAP REL COSTS-BLDG &	3	11
49.09 GAIN OF SALE INVEST-N/O REV	B	-834,737	NEW CAP REL COSTS-BLDG &	3	14
49.10 LOSS ON SALE INVEST-N/O REV	B	385,497	NEW CAP REL COSTS-BLDG &	3	14
49.11 DIVIDEND INCOME OPER-N/O REV	B	-363,085	NEW CAP REL COSTS-BLDG &	3	14
49.12 PENALTIES-N/O REV	B	5,488	ADMINISTRATIVE & GENERAL	6	
49.13 SALE SCRAP & WASTE-OTHER REV	B	-535	OPERATION OF PLANT	8	
49.14 PHYSICAL NIGHT-OTHER REV	B	-2,135	PHYSICAL THERAPY	50	
49.15 PHARMACY STUDENT REIMB - OTHER REV	B	-7,650	PHARMACY	16	
49.16 FIRST STEPS REV - OTHER REV	B	-1,070	PHYSICAL THERAPY	50	
49.17 MEDICAL STAFF SVCS- OTHER REV	B	-1,240	ADMINISTRATIVE & GENERAL	6	
49.18 HELPLINE -OTHER REV	B	-62,195	AMBULANCE SERVICES	65	
49.19 EKG FEES BILLING SVC - OTHER REV	B	-5,084	RESPIRATORY THERAPY	49	
49.20 STRESS/CARDIOLITE -OTHER REV	B	-2,130	RESPIRATORY THERAPY	49	
49.21 PFS BILLING SVC -OTHER REV	B	-1,920	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,288,964			

(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: 15-0064  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED: 2/21/2011  
 WORKSHEET: A-8-2  
 GROUP: 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	37	OR	958,114	958,114		182,900			
2	63	1 BIC	407,394	233,883	173,511	142,500	1,560	106,875	5,344
3	63	2 UCIC	89,428	89,428		142,500	312	21,375	1,069
4	60	PROVIDER BASED CLINIC	1,253,716	1,253,716					
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,708,652	2,535,141	173,511		1,872	128,250	6,413

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
15-0064

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

PREPARED 2/21/2011  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 37	OR							958,114
2 63	1 BIC					106,875	66,636	300,519
3 63	2 UCIC					21,375		89,428
4 60	PROVIDER BASED CLINIC							1,253,716
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					128,250	66,636	2,601,777

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/21/2011  
 I 15-0064 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MAN	HOURS	ENTERED
14	NURSING ADMINISTRATION	13	FTE'S		ENTERED
15	CENTRAL SERVICES & SUPPLY	14	100%		ENTERED
16	PHARMACY	15	100%		ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS	CHARGES	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT
	0	3	5	5a.00	6	8	8.01
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS	2,061,254	2,061,254	5,499,983				
006 ADMINISTRATIVE & GENERAL	4,635,240	173,505	327,402	5,136,147	5,136,147		
008 OPERATION OF PLANT	1,630,845	809,880	130,036	2,570,761	303,627	2,874,388	
008 01 OPERATION OF PLANT	820,843			820,843	96,948		917,791
009 LAUNDRY & LINEN SERVICE	179,262	2,094	4,935	186,291	22,002	4,878	2,555
010 HOUSEKEEPING	698,939	9,722	122,816	831,477	98,204	22,653	11,865
011 DIETARY	350,079	16,488	46,222	412,789	48,754	38,417	20,122
012 CAFETERIA	331,428	18,847	72,766	423,041	49,965	43,914	23,001
014 NURSING ADMINISTRATION	386,879		83,950	470,829	55,609		
015 CENTRAL SERVICES & SUPPLY	1,607,606	13,720	20,829	1,642,155	193,952	31,969	16,744
016 PHARMACY	1,921,714	13,276	113,859	2,048,849	241,985	30,934	16,202
017 MEDICAL RECORDS & LIBRARY	1,189,019	15,400	197,815	1,402,234	165,615	35,883	17,355
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,689,047	200,302	697,280	4,586,629	541,718	466,710	93,984
026 INTENSIVE CARE UNIT	1,137,837	47,442	233,671	1,418,950	167,589	110,541	57,897
031 SUBPROVIDER	664,005	48,668	119,568	832,241	98,294	113,396	59,393
033 NURSERY	413,150	26,639	84,928	524,717	61,973	62,070	32,510
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,367,884	127,656	394,200	1,889,740	223,193	297,441	155,787
039 DELIVERY ROOM & LABOR ROOM							
041 RADIOLOGY-DIAGNOSTIC	4,123,852	113,910	294,662	4,532,424	535,316	265,413	139,013
044 LABORATORY	2,007,966	36,459	189,970	2,234,395	263,900	84,949	44,493
049 RESPIRATORY THERAPY	509,408	22,289	94,905	626,602	74,007	51,933	20,907
050 PHYSICAL THERAPY	939,472	30,974	212,668	1,183,114	139,735	72,171	37,800
053 01 CARDIAC REHAB	185,330	15,227	35,993	236,550	27,938	35,479	18,582
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	327,911	36,116	306,475	670,502	79,192	84,152	
061 EMERGENCY	1,625,184	41,207	252,968	1,919,359	226,692	96,014	50,288
062 OBSERVATION BEDS (NON-DIS)							
063 CLINIC							
063 01 BIC	2,043,024		208,782	2,251,806	265,956	252,861	
063 02 UIC	222,839		43,790	266,629	31,491	714	
063 03 CIC							
063 04 RIC							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	818,333	11,275	150,022	979,630	115,702	26,270	
071 HOME HEALTH AGENCY	872,879	9,743	173,128	1,055,750	124,693	22,701	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	86,264		149	86,413	10,206		
095 SUBTOTALS	42,339,352	1,848,963	4,613,789	41,240,867	4,264,256	2,251,463	818,498
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 FMH DIAGNOSTIC CENTE	75,621		16,227	91,848	10,848		
097 02 WELLNESS	209,540		20,274	229,814	27,143	119,583	
098 PHYSICIANS' PRIVATE OFFIC	4,704,671	122,876	818,295	5,645,842	666,816	295,002	83,278
098 01 RFE	7,964			7,964	941		
098 02 MARKETING	279,517	6,189	13,772	299,478	35,371	14,420	7,553
098 03 FOUNDATION	112,872	2,119		114,991	13,581	4,938	2,586
098 04 BROOKVILLE CLINIC							
098 05 ATOD							
098 06 HEART CENTER		4,815		4,815	569	11,219	5,876
098 08 OCCUPATIONAL MED							
098 09 HOME MEDICAL EQUIP							
098 10 HOSPITALIST	893,500		17,626	911,126	107,611		
100 OTHER NONREIMBURSABLE COS		76,292		76,292	9,011	177,763	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	48,623,037	2,061,254	5,499,983	48,623,037	5,136,147	2,874,388	917,791

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
008 01 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	215,726							
010 HOUSEKEEPING		964,199						
011 DIETARY	9,075	13,747	542,904					
012 CAFETERIA		15,714		555,635				
014 NURSING ADMINISTRATION				8,086	534,524			
015 CENTRAL SERVICES & SUPPLY		11,440		4,249		1,900,509		
016 PHARMACY		11,069		14,719	25,902		2,389,660	
017 MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC CNTRS		22,840		32,294				
025 ADULTS & PEDIATRICS	63,414	165,560	464,927	110,450	87,684			
026 INTENSIVE CARE UNIT	23,972	39,555	44,983	32,195	56,622			
031 SUBPROVIDER	15,572	40,577	32,994	16,493	29,008			
033 NURSERY		22,211		9,625	16,926			
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	13,729	106,435		34,371	60,465			
039 DELIVERY ROOM & LABOR ROOM								
041 RADIOLOGY-DIAGNOSTIC	19,599	94,974		36,038	15,636			
044 LABORATORY	32	30,398		29,495				
049 RESPIRATORY THERAPY		14,284		14,137	24,876			
050 PHYSICAL THERAPY	25,214	25,825		24,047	42,302			
053 01 CARDIAC REHAB	887	12,696		4,868	8,555			
055 MEDICAL SUPPLIES CHARGED						1,900,509		
056 DRUGS CHARGED TO PATIENTS							2,389,660	
057 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS								
060 CLINIC		33,825		30,196				
061 EMERGENCY	33,185	34,357		29,720	52,278			
062 OBSERVATION BEDS (NON-DIS)								
063 CLINIC								
063 01 BIC		90,482						
063 02 UCI	79	255						
063 03 CIC								
063 04 RIC								
065 OTHER REIMBURS COST CNTRS								
071 AMBULANCE SERVICES HOME HEALTH AGENCY	26	9,400		17,633	50,146			
SPEC PURPOSE COST CENTERS		8,123		24,163	42,512			
093 HOSPICE				1,552	2,738			
095 SUBTOTALS	204,784	793,767	542,904	474,331	515,650	1,900,509	2,389,660	
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP RESEARCH								
097 01 FMH DIAGNOSTIC CENTE				1,980				
097 02 WELLNESS		35,566		5,410	9,529			
098 PHYSICIANS' PRIVATE OFFIC	10,942	110,769		67,149	6,818			
098 01 RFE								
098 02 MARKETING		5,160		2,555				
098 03 FOUNDATION		1,767		2,769				
098 04 BROOKVILLE CLINIC								
098 05 ATOD								
098 06 HEART CENTER		4,015						
098 08 OCCUPATIONAL MED								
098 09 HOME MEDICAL EQUIP								
098 10 HOSPITALIST				1,441	2,527			
100 OTHER NONREIMBURSABLE COS		13,155						
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	215,726	964,199	542,904	555,635	534,524	1,900,509	2,389,660	



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT
	0	3	4a	5	6	8	8.01
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS		8,124	8,124	8,124			
006 ADMINISTRATIVE & GENERAL		173,505	173,505	483	173,988		
008 OPERATION OF PLANT		809,880	809,880	192	10,286	820,358	
008 01 OPERATION OF PLANT					3,284		3,284
009 LAUNDRY & LINEN SERVICE		2,094	2,094	7	745	1,392	9
010 HOUSEKEEPING		9,722	9,722	181	3,327	6,465	42
011 DIETARY		16,488	16,488	68	1,652	10,964	72
012 CAFETERIA		18,847	18,847	107	1,693	12,533	82
014 NURSING ADMINISTRATION				124	1,884		
015 CENTRAL SERVICES & SUPPLY		13,720	13,720	31	6,570	9,124	60
016 PHARMACY		13,276	13,276	168	8,197	8,829	58
017 MEDICAL RECORDS & LIBRARY		15,400	15,400	292	5,610	10,241	62
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		200,302	200,302	1,029	18,351	133,200	336
026 INTENSIVE CARE UNIT		47,442	47,442	345	5,677	31,549	207
031 SUBPROVIDER		48,668	48,668	177	3,330	32,364	213
033 NURSERY		26,639	26,639	125	2,099	17,715	116
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		127,656	127,656	582	7,561	84,891	560
039 DELIVERY ROOM & LABOR ROOM							
041 RADIOLOGY-DIAGNOSTIC		113,910	113,910	435	18,134	75,749	497
044 LABORATORY		36,459	36,459	280	8,940	24,245	159
049 RESPIRATORY THERAPY		22,289	22,289	140	2,507	14,822	75
050 PHYSICAL THERAPY		30,974	30,974	314	4,734	20,598	135
053 01 CARDIAC REHAB		15,227	15,227	53	946	10,126	66
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		36,116	36,116	452	2,683	24,017	
061 EMERGENCY		41,207	41,207	373	7,679	27,403	180
062 OBSERVATION BEDS (NON-DIS)							
063 CLINIC							
063 01 BIC				308	9,009	72,167	
063 02 UCI				65	1,067	204	
063 03 CIC							
063 04 RIC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		11,275	11,275	221	3,919	7,498	
071 HOME HEALTH AGENCY		9,743	9,743	256	4,224	6,479	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE					346		
095 SUBTOTALS		1,848,963	1,848,963	6,808	144,454	642,575	2,929
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 FMH DIAGNOSTIC CENTE				24	367		
097 02 WELLNESS				30	919	34,129	
098 PHYSICIANS' PRIVATE OFFIC		122,876	122,876	1,216	22,589	84,194	298
098 01 RFE					32		
098 02 MARKETING		6,189	6,189	20	1,198	4,115	27
098 03 FOUNDATION		2,119	2,119		460	1,409	9
098 04 BROOKVILLE CLINIC							
098 05 ATOD							
098 06 HEART CENTER		4,815	4,815		19	3,202	21
098 08 OCCUPATIONAL MED							
098 09 HOME MEDICAL EQUIP							
098 10 HOSPITALIST				26	3,645		
100 OTHER NONREIMBURSABLE COS		76,292	76,292		305	50,734	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,061,254	2,061,254	8,124	173,988	820,358	3,284

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	4,247						
010 HOUSEKEEPING		19,737					
011 DIETARY	179	281	29,704				
012 CAFETERIA		322		33,584			
014 NURSING ADMINISTRATION				489	2,497		
015 CENTRAL SERVICES & SUPPLY		234		257		29,996	
016 PHARMACY		227		890	121		31,766
017 MEDICAL RECORDS & LIBRARY		263		1,952			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,248	3,390	25,438	6,677	408		
026 INTENSIVE CARE UNIT	472	810	2,461	1,946	265		
031 SUBPROVIDER	307	831	1,805	997	136		
033 NURSERY		455		582	79		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	270	2,179		2,077	282		
039 DELIVERY ROOM & LABOR ROOM							
041 RADIOLOGY-DIAGNOSTIC	386	1,944		2,178	73		
044 LABORATORY	1	622		1,783			
049 RESPIRATORY THERAPY		292		854	116		
050 PHYSICAL THERAPY	496	529		1,453	198		
053 01 CARDIAC REHAB	17	260		294	40		
055 MEDICAL SUPPLIES CHARGED						29,996	
056 DRUGS CHARGED TO PATIENTS							31,766
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		692		1,825			
061 EMERGENCY	653	703		1,796	244		
062 OBSERVATION BEDS (NON-DIS)							
063 CLINIC							
063 01 BIC		1,852					
063 02 UIC	2	5					
063 03 CIC							
063 04 RIC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		192		1,066	234		
071 HOME HEALTH AGENCY	1	166		1,460	199		
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				94	13		
095 SUBTOTALS	4,032	16,249	29,704	28,670	2,408	29,996	31,766
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 FMH DIAGNOSTIC CENTE				120			
097 02 WELLNESS		728		327	45		
098 PHYSICIANS' PRIVATE OFFIC	215	2,267		4,059	32		
098 01 RFE							
098 02 MARKETING		106		154			
098 03 FOUNDATION		36		167			
098 04 BROOKVILLE CLINIC							
098 05 ATOD							
098 06 HEART CENTER		82					
098 08 OCCUPATIONAL MED							
098 09 HOME MEDICAL EQUIP							
098 10 HOSPITALIST				87	12		
100 OTHER NONREIMBURSABLE COS		269					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,247	19,737	29,704	33,584	2,497	29,996	31,766

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT				
008 01 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	33,820			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	1,905	392,284		392,284
031 INTENSIVE CARE UNIT	1,240	92,414		92,414
033 SUBPROVIDER	540	89,368		89,368
037 NURSERY	182	47,992		47,992
039 ANCILLARY SRVC COST CNTRS				
041 OPERATING ROOM	3,049	229,107		229,107
044 DELIVERY ROOM & LABOR ROOM				
049 RADIOLOGY-DIAGNOSTIC	7,802	221,108		221,108
050 LABORATORY	5,587	78,076		78,076
053 RESPIRATORY THERAPY	1,577	42,672		42,672
055 PHYSICAL THERAPY	1,081	60,512		60,512
057 01 CARDIAC REHAB	96	27,125		27,125
060 MEDICAL SUPPLIES CHARGED	1,324	31,320		31,320
061 DRUGS CHARGED TO PATIENTS	2,900	34,666		34,666
062 RENAL DIALYSIS				
063 OUTPAT SERVICE COST CNTRS				
065 CLINIC	386	66,171		66,171
066 EMERGENCY	3,823	84,061		84,061
067 OBSERVATION BEDS (NON-DIS CLINIC				
068 01 BIC	1,269	84,605		84,605
069 02 UCI C	218	1,561		1,561
070 03 CIC				
071 04 RIC				
075 OTHER REIMBURS COST CNTRS				
076 AMBULANCE SERVICES	437	24,842		24,842
077 HOME HEALTH AGENCY	327	22,855		22,855
085 SPEC PURPOSE COST CENTERS				
093 HOSPICE	77	530		530
095 SUBTOTALS	33,820	1,631,269		1,631,269
096 NONREIMBURS COST CENTERS				
097 GIFT, FLOWER, COFFEE SHOP				
098 RESEARCH				
099 01 FMH DIAGNOSTIC CENTE		511		511
100 02 WELLNESS		36,178		36,178
101 03 PHYSICIANS' PRIVATE OFFIC		237,746		237,746
102 01 RFE		32		32
103 02 MARKETING		11,809		11,809
104 03 FOUNDATION		4,200		4,200
105 04 BROOKVILLE CLINIC				
106 05 ATOD				
107 06 HEART CENTER		8,139		8,139
108 08 OCCUPATIONAL MED				
109 09 HOME MEDICAL EQUIP				
110 10 HOSPITALIST		3,770		3,770
111 OTHER NONREIMBURSABLE COS		127,600		127,600
112 CROSS FOOT ADJUSTMENTS				
113 NEGATIVE COST CENTER				
114 TOTAL	33,820	2,061,254		2,061,254

COST CENTER DESCRIPTION	NEW CAP REL	C EMPLOYEE BENE	SA RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT
	OSTS-BLDG & FEET	FITS		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)
	3	5	6a.00	6	8	8.01
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	403,674					
005 EMPLOYEE BENEFITS	1,591	24,985,140				
006 ADMINISTRATIVE & GENE	33,979	1,487,312	-5,136,147	43,486,890		
008 OPERATION OF PLANT	158,606	590,724		2,570,761	241,593	
008 01 OPERATION OF PLANT				820,843		147,282
009 LAUNDRY & LINEN SERVI	410	22,419		186,291	410	410
010 HOUSEKEEPING	1,904	557,923		831,477	1,904	1,904
011 DIETARY	3,229	209,977		412,789	3,229	3,229
012 CAFETERIA	3,691	330,557		423,041	3,691	3,691
014 NURSING ADMINISTRATION		381,367		470,829		
015 CENTRAL SERVICES & SU	2,687	94,623		1,642,155	2,687	2,687
016 PHARMACY	2,600	517,233		2,048,849	2,600	2,600
017 MEDICAL RECORDS & LIB	3,016	898,630		1,402,234	3,016	2,785
025 ADULTS & PEDIATRICS	39,227	3,167,583		4,586,629	39,227	15,082
026 INTENSIVE CARE UNIT	9,291	1,061,512		1,418,950	9,291	9,291
031 SUBPROVIDER	9,531	543,169		832,241	9,531	9,531
033 NURSERY	5,217	385,808		524,717	5,217	5,217
037 ANCILLARY SRVC COST C						
039 OPERATING ROOM	25,000	1,790,761		1,889,740	25,000	25,000
041 RADIOLOGY-DIAGNOSTIC	22,308	1,338,582		4,532,424	22,308	22,308
044 LABORATORY	7,140	862,989		2,234,395	7,140	7,140
049 RESPIRATORY THERAPY	4,365	431,130		626,602	4,365	3,355
050 PHYSICAL THERAPY	6,066	966,103		1,183,114	6,066	6,066
053 01 CARDIAC REHAB	2,982	163,510		236,550	2,982	2,982
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
060 OUTPAT SERVICE COST C						
061 CLINIC	7,073	1,392,245		670,502	7,073	
062 EMERGENCY	8,070	1,149,177		1,919,359	8,070	8,070
062 OBSERVATION BEDS (NON						
063 CLINIC						
063 01 BIC		948,447		2,251,806	21,253	
063 02 UCIC		198,927		266,629	60	
063 03 CIC						
063 04 RIC						
065 OTHER REIMBURS COST C						
071 AMBULANCE SERVICES	2,208	681,516		979,630	2,208	
SPEC PURPOSE COST CEN	1,908	786,482		1,055,750	1,908	
093 HOSPICE		677		86,413		
095 SUBTOTALS	362,099	20,959,383	-5,136,147	36,104,720	189,236	131,348
096 NONREIMBURS COST CENT						
097 GIFT, FLOWER, COFFEE						
097 RESEARCH						
097 01 FMH DIAGNOSTIC CENTE		73,715		91,848		
097 02 WELLNESS		92,102		229,814	10,051	
098 PHYSICIANS' PRIVATE O	24,064	3,717,308		5,645,842	24,795	13,364
098 01 RFE				7,964		
098 02 MARKETING	1,212	62,563		299,478	1,212	1,212
098 03 FOUNDATION	415			114,991	415	415
098 04 BROOKVILLE CLINIC						
098 05 ATOD						
098 06 HEART CENTER	943			4,815	943	943
098 08 OCCUPATIONAL MED						
098 09 HOME MEDICAL EQUIP						
098 10 HOSPITALIST		80,069		911,126		
100 OTHER NONREIMBURSABLE	14,941			76,292	14,941	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,061,254	5,499,983		5,136,147	2,874,388	917,791
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	5.106234				11.897646	
(WRKSHT B, PT I)		.220130		.118108		6.231522
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)		8,124		173,988	820,358	3,284
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER		.000325		.004001	3.395620	.022297
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MAN HOURS)	(FTE'S)	(100%)	(100%)
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST							
005 NEW CAP REL COSTS-BLD							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
008 01 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	81,486						
010 HOUSEKEEPING		226,477					
011 DIETARY	3,428	3,229	71,545				
012 CAFETERIA		3,691		772,312			
014 NURSING ADMINISTRATION				11,239	20,306		
015 CENTRAL SERVICES & SUPPLY		2,687		5,906		100	
016 PHARMACY		2,600		20,459	984		100
017 MEDICAL RECORDS & LIBRARY		3,016		44,887			
025 INPATIENT ROUTINE SERVICE							
025 ADULTS & PEDIATRICS	23,953	38,888	61,269	153,520	3,331		
026 INTENSIVE CARE UNIT	9,055	9,291	5,928	44,750	2,151		
031 SUBPROVIDER	5,882	9,531	4,348	22,924	1,102		
033 NURSERY		5,217		13,379	643		
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	5,186	25,000		47,774	2,297		
039 DELIVERY ROOM & LABOR							
041 RADIOLOGY-DIAGNOSTIC	7,403	22,308		50,092	594		
044 LABORATORY	12	7,140		40,997			
049 RESPIRATORY THERAPY		3,355		19,650	945		
050 PHYSICAL THERAPY	9,524	6,066		33,425	1,607		
053 01 CARDIAC REHAB	335	2,982		6,767	325		
055 MEDICAL SUPPLIES CHARGED TO PATIENT						100	
056 DRUGS CHARGED TO PATIENT							100
057 RENAL DIALYSIS							
060 OUTPATIENT SERVICE COST CENTER							
060 CLINIC		7,945		41,971			
061 EMERGENCY	12,535	8,070		41,309	1,986		
062 OBSERVATION BEDS (NON-CLINIC)							
063 01 BIC		21,253					
063 02 UCIC	30	60					
063 03 CIC							
063 04 RIC							
065 OTHER REIMBURSABLE COST CENTER							
071 AMBULANCE SERVICES		2,208		24,509	1,905		
071 HOME HEALTH AGENCY	10	1,908		33,586	1,615		
093 SPECIFIC PURPOSE COST CENTER							
093 HOSPICE				2,157	104		
095 SUBTOTALS	77,353	186,445	71,545	659,301	19,589	100	100
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
097 01 FMH DIAGNOSTIC CENTER				2,752			
097 02 WELLNESS		8,354		7,520	362		
098 PHYSICIANS' PRIVATE OFFICE	4,133	26,018		93,335	259		
098 01 RFE							
098 02 MARKETING		1,212		3,552			
098 03 FOUNDATION		415		3,849			
098 04 BROOKVILLE CLINIC							
098 05 ATOD							
098 06 HEART CENTER		943					
098 08 OCCUPATIONAL MEDICINE							
098 09 HOME MEDICAL EQUIPMENT							
098 10 HOSPITALIST				2,003	96		
100 OTHER NONREIMBURSABLE COST CENTER							
101 CROSS FOOT ADJUSTMENT		3,090					
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	215,726	964,199	542,904	555,635	534,524	1,900,509	2,389,660
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		4.257382		.719444		19.005.090000	23.896.600000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	2.647400		7.588287		26.323451		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	4,247	19,737	29,704	33,584	2,497	29,996	31,766
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.052119	.087148	.415179	.043485	.122969	299.960000	317.660000



WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	6,675,026		6,675,026		6,675,026
26	INTENSIVE CARE UNIT	2,013,456		2,013,456		2,013,456
31	SUBPROVIDER	1,264,600		1,264,600		1,264,600
33	NURSERY	739,031		739,031		739,031
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,931,512		2,931,512		2,931,512
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC	6,021,630		6,021,630		6,021,630
44	LABORATORY	2,963,149		2,963,149		2,963,149
49	RESPIRATORY THERAPY	904,521		904,521		904,521
50	PHYSICAL THERAPY	1,603,527		1,603,527		1,603,527
53	01 CARDIAC REHAB	350,275		350,275		350,275
55	MEDICAL SUPPLIES CHARGED	1,965,789		1,965,789		1,965,789
56	DRUGS CHARGED TO PATIENTS	2,532,670		2,532,670		2,532,670
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	916,879		916,879		916,879
61	EMERGENCY	2,630,425		2,630,425		2,630,425
62	OBSERVATION BEDS (NON-DIS	442,417		442,417		442,417
63	CLINIC					
63	01 BIC	2,923,673		2,923,673	66,636	2,990,309
63	02 UCI C	309,933		309,933		309,933
63	03 C I C					
63	04 R I C					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,220,326		1,220,326		1,220,326
101	SUBTOTAL	38,408,839		38,408,839	66,636	38,475,475
102	LESS OBSERVATION BEDS	442,417		442,417		442,417
103	TOTAL	37,966,422		37,966,422	66,636	38,033,058

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	9,177,219		9,177,219			
26	INTENSIVE CARE UNIT	3,584,113		3,584,113			
31	SUBPROVIDER	1,560,909		1,560,909			
33	NURSERY	527,424		527,424			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,564,952	6,247,060	8,812,012	.332672	.332672	.332672
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	2,936,580	19,525,793	22,462,373	.268076	.268076	.268076
44	LABORATORY	4,017,672	12,128,551	16,146,223	.183520	.183520	.183520
49	RESPIRATORY THERAPY	2,682,926	1,875,443	4,558,369	.198431	.198431	.198431
50	PHYSICAL THERAPY	1,037,763	2,087,236	3,124,999	.513129	.513129	.513129
53	01 CARDIAC REHAB		276,632	276,632	1.266213	1.266213	1.266213
55	MEDICAL SUPPLIES CHARGED	1,909,347	1,916,717	3,826,064	.513789	.513789	.513789
56	DRUGS CHARGED TO PATIENTS	4,659,354	3,722,450	8,381,804	.302163	.302163	.302163
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,114,318	1,114,318	.822816	.822816	.822816
61	EMERGENCY	1,894,561	9,155,272	11,049,833	.238051	.238051	.238051
62	OBSERVATION BEDS (NON-DIS		804,179	804,179	.550147	.550147	.550147
63	CLINIC						
63	01 BIC		3,667,080	3,667,080	.797275	.797275	.815447
63	02 UCI C		630,961	630,961	.491208	.491208	.491208
63	03 C I C						
63	04 R I C						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	346	1,262,390	1,262,736	.966414	.966414	.966414
101	SUBTOTAL	36,553,166	64,414,082	100,967,248			
102	LESS OBSERVATION BEDS						
103	TOTAL	36,553,166	64,414,082	100,967,248			





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	2,931,512	229,107	2,702,405			2,931,512
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	6,021,630	221,108	5,800,522			6,021,630
44	LABORATORY	2,963,149	78,076	2,885,073			2,963,149
49	RESPIRATORY THERAPY	904,521	42,672	861,849			904,521
50	PHYSICAL THERAPY	1,603,527	60,512	1,543,015			1,603,527
53	01 CARDIAC REHAB	350,275	27,125	323,150			350,275
55	MEDICAL SUPPLIES CHARGED	1,965,789	31,320	1,934,469			1,965,789
56	DRUGS CHARGED TO PATIENTS	2,532,670	34,666	2,498,004			2,532,670
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS						
60	CLINIC	916,879	66,171	850,708			916,879
61	EMERGENCY	2,630,425	84,061	2,546,364			2,630,425
62	OBSERVATION BEDS (NON-DIS	442,417	26,122	416,295			442,417
63	CLINIC						
63	01 BIC	2,923,673	84,605	2,839,068			2,923,673
63	02 UCI	309,933	1,561	308,372			309,933
63	03 CIC						
63	04 RIC						
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES	1,220,326	24,842	1,195,484			1,220,326
101	SUBTOTAL	27,716,726	1,011,948	26,704,778			27,716,726
102	LESS OBSERVATION BEDS	442,417	26,122	416,295			442,417
103	TOTAL	27,274,309	985,826	26,288,483			27,274,309

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	8,812,012	.332672	.332672
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	22,462,373	.268076	.268076
44	LABORATORY	16,146,223	.183520	.183520
49	RESPIRATORY THERAPY	4,558,369	.198431	.198431
50	PHYSICAL THERAPY	3,124,999	.513129	.513129
53	01 CARDIAC REHAB	276,632	1.266213	1.266213
55	MEDICAL SUPPLIES CHARGED	3,826,064	.513789	.513789
56	DRUGS CHARGED TO PATIENTS	8,381,804	.302163	.302163
57	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,114,318	.822816	.822816
61	EMERGENCY	11,049,833	.238051	.238051
62	OBSERVATION BEDS (NON-DIS	804,179	.550147	.550147
63	CLINIC			
63	01 BIC	3,667,080	.797275	.797275
63	02 UCI	630,961	.491208	.491208
63	03 CIC			
63	04 RIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,262,736	.966414	.966414
101	SUBTOTAL	86,117,583		
102	LESS OBSERVATION BEDS	804,179		
103	TOTAL	85,313,404		

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	2,931,512	229,107	2,702,405	22,911	156,739	2,751,862
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	6,021,630	221,108	5,800,522	22,111	336,430	5,663,089
44	LABORATORY	2,963,149	78,076	2,885,073	7,808	167,334	2,788,007
49	RESPIRATORY THERAPY	904,521	42,672	861,849	4,267	49,987	850,267
50	PHYSICAL THERAPY	1,603,527	60,512	1,543,015	6,051	89,495	1,507,981
53	01 CARDIAC REHAB	350,275	27,125	323,150	2,713	18,743	328,819
55	MEDICAL SUPPLIES CHARGED	1,965,789	31,320	1,934,469	3,132	112,199	1,850,458
56	DRUGS CHARGED TO PATIENTS	2,532,670	34,666	2,498,004	3,467	144,884	2,384,319
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	916,879	66,171	850,708	6,617	49,341	860,921
61	EMERGENCY	2,630,425	84,061	2,546,364	8,406	147,689	2,474,330
62	OBSERVATION BEDS (NON-DIS	442,417	26,122	416,295	2,612	24,145	415,660
63	CLINIC						
63	01 BIC	2,923,673	84,605	2,839,068	8,461	164,666	2,750,546
63	02 UCI	309,933	1,561	308,372	156	17,886	291,891
63	03 CIC						
63	04 RIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,220,326	24,842	1,195,484	2,484	69,338	1,148,504
101	SUBTOTAL	27,716,726	1,011,948	26,704,778	101,196	1,548,876	26,066,654
102	LESS OBSERVATION BEDS	442,417	26,122	416,295	2,612	24,145	415,660
103	TOTAL	27,274,309	985,826	26,288,483	98,584	1,524,731	25,650,994

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	8,812,012	.312285	.330072
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	22,462,373	.252114	.267092
44	LABORATORY	16,146,223	.172672	.183036
49	RESPIRATORY THERAPY	4,558,369	.186529	.197495
50	PHYSICAL THERAPY	3,124,999	.482554	.511192
53	01 CARDIAC REHAB	276,632	1.188651	1.256406
55	MEDICAL SUPPLIES CHARGED	3,826,064	.483645	.512970
56	DRUGS CHARGED TO PATIENTS	8,381,804	.284464	.301749
57	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,114,318	.772599	.816878
61	EMERGENCY	11,049,833	.223925	.237290
62	OBSERVATION BEDS (NON-DIS	804,179	.516875	.546899
63	CLINIC			
63	01 BIC	3,667,080	.750064	.794968
63	02 UCI	630,961	.462613	.490961
63	03 CIC			
63	04 RIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,262,736	.909536	.964447
101	SUBTOTAL	86,117,583		
102	LESS OBSERVATION BEDS	804,179		
103	TOTAL	85,313,404		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				392,284	1,818	390,466
26	INTENSIVE CARE UNIT				92,414		92,414
31	SUBPROVIDER				89,368		89,368
33	NURSERY				47,992		47,992
101	TOTAL				622,058		620,240

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	11,053	2,053			35.33	72,532
26	INTENSIVE CARE UNIT	2,003	1,147			46.14	52,923
31	SUBPROVIDER	1,380	978			64.76	63,335
33	NURSERY	579				82.89	
101	TOTAL	15,015	4,178				188,790





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

PROVIDER NO:	PERIOD:	PREPARED 2/21/2011
15-0064	FROM 10/ 1/2009	WORKSHEET D
	TO 9/30/2010	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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					11,053	
26	INTENSIVE CARE UNIT					2,003	
31	SUBPROVIDER					1,380	
33	NURSERY					579	
101	TOTAL					15,015	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	2,053	
26	INTENSIVE CARE UNIT	1,147	
31	SUBPROVIDER	978	
33	NURSERY		
101	TOTAL	4,178	



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 OPERATING ROOM			8,812,012			876,967	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			22,462,373			2,105,974	
44	LABORATORY			16,146,223			2,570,642	
49	RESPIRATORY THERAPY			4,558,369			1,758,279	
50	PHYSICAL THERAPY			3,124,999			100,346	
53	01 CARDIAC REHAB			276,632				
55	MEDICAL SUPPLIES CHARGED			3,826,064			913,187	
56	DRUGS CHARGED TO PATIENTS			8,381,804			2,139,026	
57	RENAL DIALYSIS							
60	OUTPAT SERVICE COST CNTRS CLINIC			1,114,318				
61	EMERGENCY			11,049,833			1,127,241	
62	OBSERVATION BEDS (NON-DIS			804,179				
63	CLINIC							
63	01 BIC			3,667,080				
63	02 UCI			630,961				
63	03 CIC							
63	04 RIC							
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES							
101	TOTAL			84,854,847			11,591,662	

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,950,403				
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC		6,942,791				
44	LABORATORY		358,006				
49	RESPIRATORY THERAPY		854,957				
50	PHYSICAL THERAPY		985				
53	01 CARDIAC REHAB		178,633				
55	MEDICAL SUPPLIES CHARGED		546,344				
56	DRUGS CHARGED TO PATIENTS		1,507,032				
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		242,618				
61	EMERGENCY		1,890,641				
62	OBSERVATION BEDS (NON-DIS		415,204				
63	CLINIC						
63	01 BIC		496,751				
63	02 UCI		34,416				
63	03 CIC						
63	04 RIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		15,418,781				

















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 OPERATING ROOM			8,812,012			6,190	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			22,462,373			61,159	
44	LABORATORY			16,146,223			104,740	
49	RESPIRATORY THERAPY			4,558,369			84,859	
50	PHYSICAL THERAPY			3,124,999			582,138	
53	01 CARDIAC REHAB			276,632				
55	MEDICAL SUPPLIES CHARGED			3,826,064			39,797	
56	DRUGS CHARGED TO PATIENTS			8,381,804			175,587	
57	RENAL DIALYSIS							
60	OUTPAT SERVICE COST CNTRS CLINIC			1,114,318				
61	EMERGENCY			11,049,833			8,926	
62	OBSERVATION BEDS (NON-DIS			804,179				
63	CLINIC							
63	01 BIC			3,667,080				
63	02 UCI			630,961				
63	03 CIC							
63	04 RIC							
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES							
101	TOTAL			84,854,847			1,063,396	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	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						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CLINIC						
63	01 BIC						
63	02 UCI						
63	03 CIC						
63	04 RIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						



















WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,321,336	
26	INTENSIVE CARE UNIT		2,271,732	
31	SUBPROVIDER		9,690	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.332672	876,967	291,742
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.268076	2,105,974	564,561
44	LABORATORY	.183520	2,570,642	471,764
49	RESPIRATORY THERAPY	.198431	1,758,279	348,897
50	PHYSICAL THERAPY	.513129	100,346	51,490
53	01 CARDIAC REHAB	1.266213		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.513789	913,187	469,185
56	DRUGS CHARGED TO PATIENTS	.302163	2,139,026	646,335
57	RENAL DIALYSIS			
60	OUTPAT SERVICE COST CNTRS CLINIC	.822816		
61	EMERGENCY	.238051	1,127,241	268,341
62	OBSERVATION BEDS (NON-DISTINCT PART)	.550147		
63	CLINIC			
63	01 BIC	.815447		
63	02 UIC	.491208		
63	03 CIC			
63	04 RIC			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		11,591,662	3,112,315
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		11,591,662	





WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,226,759	
26	INTENSIVE CARE UNIT		65,837	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.332672	167,099	55,589
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.268076	71,642	19,206
44	LABORATORY	.183520	215,674	39,580
49	RESPIRATORY THERAPY	.198431	57,414	11,393
50	PHYSICAL THERAPY	.513129	8,535	4,380
53	01 CARDIAC REHAB	1.266213		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.513789	88,292	45,363
56	DRUGS CHARGED TO PATIENTS	.302163	162,673	49,154
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS			
60	CLINIC	.822816		
61	EMERGENCY	.238051	50,571	12,038
62	OBSERVATION BEDS (NON-DISTINCT PART)	.550147		
63	CLINIC			
63	01 BIC	.797275		
63	02 UIC	.491208		
63	03 CIC			
63	04 RIC			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		821,900	236,703
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		821,900	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	SUBPROVIDER 1	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				
26	INTENSIVE CARE UNIT				
31	SUBPROVIDER			74,050	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.332672		
39	DELIVERY ROOM & LABOR ROOM				
41	RADIOLOGY-DIAGNOSTIC		.268076		
44	LABORATORY		.183520	1,332	244
49	RESPIRATORY THERAPY		.198431		
50	PHYSICAL THERAPY		.513129	37,883	19,439
53	01 CARDIAC REHAB		1.266213		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.513789	661	340
56	DRUGS CHARGED TO PATIENTS		.302163	13,815	4,174
57	RENAL DIALYSIS				
60	OUTPAT SERVICE COST CNTRS CLINIC		.822816		
61	EMERGENCY		.238051		
62	OBSERVATION BEDS (NON-DISTINCT PART)		.550147		
63	CLINIC				
63	01 BIC		.797275		
63	02 UIC		.491208		
63	03 CIC				
63	04 RIC				
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES				
101	TOTAL			53,691	24,197
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			53,691	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	5,316,291	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	182,787	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	54.25	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.29
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		56.45
4.02 SUM OF LINES 4 AND 4.01		61.74
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		12.00
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		637,955
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		









TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		53,327		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
TO BE COMPLETED BY INTERMEDIARY			53,327	
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			53,327	

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)	1,256,302
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,241,283
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	15,019
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 III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	1,122,035			
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12	1,122,035			
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	INTERNS AND RESIDENTS SERVICE CHARGES			
18	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
19	TEACHING PHYSICIANS			
20	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
21	TOTAL REASONABLE CHARGES			
22	2,048,659			
23	CUSTOMARY CHARGES			
24	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
25	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)			
26	RATIO OF LINE 17 TO LINE 18			
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30	COST OF COVERED SERVICES			
31	1,122,035			
32	PROSPECTIVE PAYMENT AMOUNT			
33	OTHER THAN OUTLIER PAYMENTS			
34	OUTLIER PAYMENTS			
35	PROGRAM CAPITAL PAYMENTS			
36	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
37	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
38	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
39	SUBTOTAL			
40	1,122,035			
41	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
42	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
43	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
44	1,122,035			
45	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
46	EXCESS OF REASONABLE COST			
47	SUBTOTAL			
48	1,122,035			
49	COINSURANCE			
50	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
51	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
53	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
54	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
55	UTILIZATION REVIEW			
56	SUBTOTAL (SEE INSTRUCTIONS)			
57	1,122,035			
58	INPATIENT ROUTINE SERVICE COST			
59	MEDICARE INPATIENT ROUTINE CHARGES			
60	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
61	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
62	RATIO OF LINE 43 TO 44			
63	TOTAL CUSTOMARY CHARGES			
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
67	OTHER ADJUSTMENTS (SPECIFY)			
68	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
69	SUBTOTAL			
70	1,122,035			
71	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
72	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
73	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
74	1,122,035			
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
76	INTERIM PAYMENTS			
77	601,933			
78	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
58	BALANCE DUE PROVIDER/PROGRAM		1	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		520,102	

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		74,050	
11	ANCILLARY SERVICE CHARGES		53,691	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		127,741	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		127,741	
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		127,741	
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
27	OTHER THAN OUTLIER PAYMENTS			
28	OUTLIER PAYMENTS			
29	PROGRAM CAPITAL PAYMENTS			
30	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
31	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
32	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
33	SUBTOTAL			
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
35	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
36	XVIII ENTER AMOUNT FROM LINE 30			
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
38	EXCESS OF REASONABLE COST			
39	SUBTOTAL			
40	COINSURANCE			
41	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
42	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
44	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
45	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
47	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
48	UTILIZATION REVIEW			
49	SUBTOTAL (SEE INSTRUCTIONS)			
50	INPATIENT ROUTINE SERVICE COST			
51	MEDICARE INPATIENT ROUTINE CHARGES			
52	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
53	PAYMENT FOR SERVICES ON A CHARGE BASIS			
54	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
55	FOR PAYMENT OF PART A SERVICES			
56	RATIO OF LINE 43 TO 44			
57	TOTAL CUSTOMARY CHARGES			
58	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
59	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
60	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
61	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
62	OTHER ADJUSTMENTS (SPECIFY)			
63	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
64	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
65	SUBTOTAL			
66	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
67	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
68	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
69	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
70	INTERIM PAYMENTS		32,302	
71	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

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

TITLE XIX

SUBPROVIDER 1

OTHER  
TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

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

1  
-32,302

2

TITLE XVII I

COMPUTATION OF TOTAL DIRECT GME AMOUNT

- 1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE
- 1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)
- 2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY
- 2.01 UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)
- 3 AGGREGATE APPROVED AMOUNT
- 3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96
- 3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)
- 3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03
- 3.04 FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.
- 3.10 SEE INSTRUCTIONS
- 3.11 WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.12 SEE INSTRUCTIONS
- 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) RES INIT YEARS
- 3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)
- 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.
- 3.18 SEE INSTRUCTIONS
- 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 4,178
- 5 TOTAL INPATIENT DAYS 13,700
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 \* LN 3.25 + E-3, 6 L 11 .304964
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 115
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 13,700
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVII I ONLY

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS

TITLE XVIII

- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY  
 PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS) 6,881,771
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST 6,881,771

PART B REASONABLE COST

- 17 REASONABLE COST 5,002,139
- 18 PRIMARY PAYER PAYMENTS 1,016
- 19 TOTAL PART B REASONABLE COST 5,001,123
- 20 TOTAL REASONABLE COST 11,882,894
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .579133
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .420867

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97  
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,552,317			
29 SALARIES, WAGES & FEES PAYABLE	1,847,599			
30 PAYROLL TAXES PAYABLE	338,669			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	18,884,284			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	4,998,260			
36 TOTAL CURRENT LIABILITIES	27,621,129			
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	3,582,950			
42 TOTAL LONG-TERM LIABILITIES	3,582,950			
43 TOTAL LIABILITIES	31,204,079			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	27,142,464			
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	27,142,464			
52 TOTAL LIABILITIES AND FUND BALANCES	58,346,543			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		30,196,898		
2	NET INCOME (LOSS)		-3,090,559		
3	TOTAL		27,106,339		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS	36,125			
6					
7					
8					
9					
10	TOTAL ADDITIONS		36,125		
11	SUBTOTAL		27,142,464		
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		27,142,464		

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





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	124,425		41,669		88,937	255,031
HHA REIMBURSABLE SERVICES						
6	320,963					320,963
7	94,559					94,559
8	6,945					6,945
9	893					893
10	40,159					40,159
11	143,018					143,018
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	730,962		41,669		88,937	861,568

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	11,311	266,342		266,342
HHA REIMBURSABLE SERVICES				
6		320,963		320,963
7		94,559		94,559
8		6,945		6,945
9		893		893
10		40,159		40,159
11		143,018		143,018
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	11,311	872,879		872,879

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		266,342				266,342	266,342
HHA REIMBURSABLE SERVICES							
6		320,963				320,963	140,940
7		94,559				94,559	41,523
8		6,945				6,945	3,050
9		893				893	392
10		40,159				40,159	17,635
11		143,018				143,018	62,802
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		872,879				872,879	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		461,903					
7		136,082					
8		9,995					
9		1,285					
10		57,794					
11		205,820					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		872,879					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-266,342	606,537
6	SKILLED NURSING CARE					320,963	
7	PHYSICAL THERAPY					94,559	
8	OCCUPATIONAL THERAPY					6,945	
9	SPEECH PATHOLOGY					893	
10	MEDICAL SOCIAL SERVICES					40,159	
11	HOME HEALTH AIDE					143,018	
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)						
						-266,342	606,537
25	COST TO BE ALLOCATED					266,342	
26	UNIT COST MULTIPLIER					.439119	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
1 ADMIN & GENERAL		9,743	173,128	182,871	21,599	22,701
2 SKILLED NURSING CARE	461,903			461,903	54,555	
3 PHYSICAL THERAPY	136,082			136,082	16,072	
4 OCCUPATIONAL THERAPY	9,995			9,995	1,180	
5 SPEECH PATHOLOGY	1,285			1,285	152	
6 MEDICAL SOCIAL SERVICES	57,794			57,794	6,826	
7 HOME HEALTH AIDE	205,820			205,820	24,309	
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)	872,879	9,743	173,128	1,055,750	124,693	22,701
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA COST CENTER	OPERATION OF PLANT 8.01	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL		26	8,123		24,163	42,512
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)		26	8,123		24,163	42,512
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRAR	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL
	15	16	17	25	26	27
1 ADMIN & GENERAL			16,112	318,107		318,107
2 SKILLED NURSING CARE				516,458		516,458
3 PHYSICAL THERAPY				152,154		152,154
4 OCCUPATIONAL THERAPY				11,175		11,175
5 SPEECH PATHOLOGY				1,437		1,437
6 MEDICAL SOCIAL SERVICES				64,620		64,620
7 HOME HEALTH AIDE				230,129		230,129
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			16,112	1,294,080		1,294,080
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ALLOCATED HHA A & G	TOTAL HHA COSTS
	28	29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	168,334	684,792
3 PHYSICAL THERAPY	49,593	201,747
4 OCCUPATIONAL THERAPY	3,642	14,817
5 SPEECH PATHOLOGY	468	1,905
6 MEDICAL SOCIAL SERVICES	21,062	85,682
7 HOME HEALTH AIDE	75,008	305,137
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)	318,107	1,294,080
21 UNIT COST MULTIPLIER	0.325938	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3	EMPLOYEE BEN EFITS (GROSS LARIES SA ) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL ( ACCUM. COST ) 6	OPERATION OF PLANT (SQUARE FEET ) 8	OPERATION OF PLANT (SQUARE FEET ) 8.01
1	ADMIN & GENERAL	1,908	786,482	182,871	1,908	
2	SKILLED NURSING CARE			461,903		
3	PHYSICAL THERAPY			136,082		
4	OCCUPATIONAL THERAPY			9,995		
5	SPEECH PATHOLOGY			1,285		
6	MEDICAL SOCIAL SERVICES			57,794		
7	HOME HEALTH AIDE			205,820		
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)	1,908	786,482	1,055,750	1,908	
21	COST TO BE ALLOCATED	9,743	173,128	124,693	22,701	
22	UNIT COST MULTIPLIER	5.106394	0.220130	0.118108	11.897799	

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY ) 9	HOUSEKEEPING (SQUARE FEET ) 10	DIETARY (MEALS SERVED ) 11	CAFETERIA S (MAN HOURS ) 12	NURSING ADMINISTRATION (FTE'S ) 14	CENTRAL SERVICES & SUPPL (100% ) 15
1	ADMIN & GENERAL	10	1,908	33,586	1,615	
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)	10	1,908	33,586	1,615	
21	COST TO BE ALLOCATED	26	8,123	24,163	42,512	
22	UNIT COST MULTIPLIER	2.600000	4.257338	0.719437	26.323220	

HHA 1

HHA COST CENTER	PHARMACY	MEDICAL RECO
	(100% )	RDS & LIBRAR (GROSS CH )
	16	17
1 ADMIN & GENERAL		944,301
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)		944,301
21 COST TO BE ALLOCATED		16,112
22 UNIT COST MULTIPLIER		0.017062

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED 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	684,792	2	684,792	5,385	127.17	1,416
2 PHYSICAL THERAPY	3	201,747		201,747	741	272.26	309
3 OCCUPATIONAL THERAPY	4	14,817		14,817	312	47.49	158
4 SPEECH PATHOLOGY	5	1,905		1,905	12	158.75	10
5 MEDICAL SOCIAL SERVICES	6	85,682		85,682	60	1,428.03	22
6 HOME HEALTH AIDE SERVICE	7	305,137		305,137	15,633	19.52	620
7 TOTAL		1,294,080		1,294,080	22,143		2,535

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	1,224		180,073	155,656	335,729
2 PHYSICAL THERAPY	161		84,128	43,834	127,962
3 OCCUPATIONAL THERAPY	94		7,503	4,464	11,967
4 SPEECH PATHOLOGY			1,588		1,588
5 MEDICAL SOCIAL SERVICES	23		31,417	32,845	64,262
6 HOME HEALTH AIDE SERVICES	925		12,102	18,056	30,158
7 TOTAL	2,427		316,811	254,855	571,666

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

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

PROVIDER NO: 15-0064  
 HHA NO: 15-7097  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/21/2011  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				12,959		6,745
16 COST OF DRUGS	9.00				200		
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	-----PART B-----		-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	PART A 9	10
15 COST OF MEDICAL SUPPLIES		6,214		
16 COST OF DRUGS		200		
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.513129			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.513789			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.302163			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			----- PRIOR 1/1/1998	----- TO 12/31/1998	----- PRIOR 1/1/1998	----- TO 12/31/1998	
	1	2	2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	272.26					
2 OCCUPATIONAL THERAPY	3	47.49					
3 SPEECH PATHOLOGY	4	158.75					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HHA NO:	TO 9/30/2010	WORKSHEET H-7
15-7097		PARTS I & II

TITLE XVII I

HHA 1

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

PART A

PART B  
NOT SUBJECT TO  
DED & COINS  
2

PART B  
SUBJECT TO  
DED & COINS  
3

1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A  
SERVICES  
1

PART B  
SERVICES  
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	297,999	286,388
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	1,391	
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	9,792	7,519
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	3,061	
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	63	
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES	291	
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	312,597	293,907
13	EXCESS REASONABLE COST		
14	SUBTOTAL	312,597	293,907
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	312,597	293,907
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	312,597	293,907
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)		201
22	SUBTOTAL	312,597	294,108
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	312,597	294,108
25	INTERIM PAYMENTS	312,597	294,108
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

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		312,597		294,108
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	.59			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		312,597		294,108
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)	SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM	.01 .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		312,597		294,108

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1548		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	29,507			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	5,431			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	9,030			
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)	43,968			

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1548		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	42,296	42,296		42,296
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		29,507		29,507
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		5,431		5,431
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		9,030		9,030
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)	42,296	86,264		86,264

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1548		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		42,296
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		29,507
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		5,431
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		9,030
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)		86,264

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1548		

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		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES	5,431	
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)	5,431	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1548		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	29,507			
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			9,030	
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)	29,507		9,030	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HOSPICE NO:	TO	WORKSHEET K-1
15-1548	9/30/2010	

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	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	29,507
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	5,431
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	9,030
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)	43,968

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1548		PART I

HOSPICE 1

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

GENERAL SERVICE COST CENTERS			
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL	42,296		
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE			
8 INPATIENT - RESPIRE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE	29,507		
10.20 NURSING CARE-CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY			
12 OCCUPATIONAL THERAPY			
13 SPEECH/LANGUAGE PATHOLOGY			
14 MEDICAL SOCIAL SERVICES	5,431		
15 SPIRITUAL COUNSELING			
16 DIETARY COUNSELING			
17 COUNSELING - OTHER			
18 HOME HEALTH AIDE AND HOMEMAKER	9,030		
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)	86,264		

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1548		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			42,296	42,296
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			29,507	28,385
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			5,431	5,224
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			9,030	8,687
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)			43,968	42,296

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED 2/21/2011
HOSPICE GENERAL SERVICE COST	15-0064	FROM 10/ 1/2009	WORKSHEET K-4
	HOSPICE NO:	TO 9/30/2010	PART I
	15-1548		

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	57,892
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	10,655
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	17,717
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 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)	86,264

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1548		PART 11

HOSPICE 1

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

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

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

PROVIDER NO:	PERIOD:	PREPARED
15-0064	FROM 10/ 1/2009	2/21/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1548		PART II

HOSPICE 1

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

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	-42,296	43,968
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPIRE CARE		
9	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		29,507
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		5,431
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		9,030
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
19	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30			
31			
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)		42,296
35	UNIT COST MULTIPLIER	.000000	.961972

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	EMPLOYEE BENEFITS	SUBTOTAL
		0	3	5	5A
1.00 ADMINISTRATIVE AND GENERAL	6			149	149
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	57,892			57,892
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	10,655			10,655
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	17,717			17,717
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		86,264		149	86,413
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6	8	8.01	9
1.00 ADMINISTRATIVE AND GENERAL	18			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	6,837			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	1,258			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	2,093			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	10,206			
30.00 UNIT COST MULTIPLIER				



HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		8,252		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		64,729	5,538	70,267
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		11,913	1,019	12,932
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		19,810	1,695	21,505
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		104,704		104,704
30.00 UNIT COST MULTIPLIER			.085556	

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6
1.00 ADMINISTRATIVE AND GENERAL	3		677	149
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				57,892
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				10,655
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				17,717
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		677		86,413
30.00 TOTAL COST TO BE ALLOCATED		149		10,206
31.00 UNIT COST MULTIPLIER	.000000	.220089		.118107

HOSPICE COST CENTER	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET)
1.00 ADMINISTRATIVE AND GENERAL	8	8.01		10
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	8	8.01	9	10
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (100%)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		2,157		104
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		2,157		104
30.00 TOTAL COST TO BE ALLOCATED		1,552		2,738
31.00 UNIT COST MULTIPLIER	.000000	.719518	26.326923	.000000

HOSPICE 1

PHARMACY MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER

(100%) (GROSS CHARGES)

16 17

1.00 ADMINISTRATIVE AND GENERAL		222,433
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28)		222,433
30.00 TOTAL COST TO BE ALLOCATED		3,795
31.00 UNIT COST MULTIPLIER	.000000	.017061

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	.513129	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.302163	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.183520	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.513789	
8	EMERGENCY	61	.238051	
9	RADIOLOGY-DIAGNOSTIC	41	.268076	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				104,704
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				1,273
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				82.25
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	1,059			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	87,103			
6 UNDUPLICATED MEDICAID DAYS		151		
7 AGGREGATE MEDICAID COST		12,420		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			63	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			5,182	

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

