

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		14-0234		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 2/2008 TIME 14: 27

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:
 ILLINOIS VALLEY COMMUNITY HOSP 14-0234

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	511,940	5,306	0	
2	SUBPROVIDER	0	5,970	0	0	
3	SWING BED - SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	-325	0	
100	TOTAL	0	517,910	4,981	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 925 WEST STREET P.O. BOX:
 1.01 CITY: PERU STATE: IL ZIP CODE: 61354- COUNTY: LASALLE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	ILLINOIS VALLEY COMMUNITY HOSP	14-0234	2.01	7/1/1966	4	5	6
03.00 SUBPROVIDER	PASSAGES PSYCHIATRIC UNIT	14-S234		7/1/1988	N	P	O
04.00 SWING BED - SNF	SWING BED UNIT OF IVCH	14-U234		7/1/1991	N	P	N
09.00 HOSPITAL-BASED HHA	VALLEY HOME HEALTH SERVICES	14-7440		4/1/1985	N	P	N
12.00 HOSP-BASED HOSPIECE	VALLEY HOSPIECE	14-1533		4/1/1985			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2007 TO: 6/30/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 14
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. Y
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /
- 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? N
- 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 11.
- 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. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IIME 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)

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

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

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

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	914	36	252
2 UNDUPLICATED CENSUS COUNT		289.00	20.00	77.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	1,202			
2 UNDUPLICATED CENSUS COUNT	386.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK				
	40.00			
HHA NO. OF FTE EMPLOYEES (2080 HRS)				
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				
5 OTHER ADMINISTRATIVE PERSONEL	3.42		3.42	
6 DIRECTING NURSING SERVICE	5.96		5.96	
7 NURSING SUPERVISOR	1.00		1.00	
8 PHYSICAL THERAPY SERVICE	2.04		2.04	
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE	.01		.01	
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE	.01		.01	
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE	.04		.04	
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	.35		.35	
17 HOME HEALTH AIDE SUPERVISOR				
18				
HOME HEALTH AGENCY MSA CODES	1	1.01		
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	3		
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914	37900		
20.01		50031		
20.02		99914		

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	1,859	178	68	17
22 SKILLED NURSING VISIT CHARGES	310,856	29,592	11,336	2,856
23 PHYSICAL THERAPY VISITS	1,656	11	10	24
24 PHYSICAL THERAPY VISIT CHARGES	276,448	1,848	1,680	4,032
25 OCCUPATIONAL THERAPY VISITS	37	9	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	6,096	1,512	0	1,280
27 SPEECH PATHOLOGY VISITS	19	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	3,136	10	0	0
29 MEDICAL SOCIAL SERVICE VISITS	29	5	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	6,060	1,050	210	0
31 HOME HEALTH AIDE VISITS	348	10	0	0
32 HOME HEALTH AIDE VISIT CHARGES	30,828	890	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,948	213	79	41
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	633,424	34,902	13,226	8,168
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	265	0	33	4
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	4	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	9,396	364	217	0

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	2,122
22 SKILLED NURSING VISIT CHARGES	0	0	354,640
23 PHYSICAL THERAPY VISITS	0	0	1,701
24 PHYSICAL THERAPY VISIT CHARGES	0	0	284,008
25 OCCUPATIONAL THERAPY VISITS	0	0	46
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	8,888
27 SPEECH PATHOLOGY VISITS	0	0	19
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	3,146
29 MEDICAL SOCIAL SERVICE VISITS	0	0	35
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	7,320
31 HOME HEALTH AIDE VISITS	0	0	358
32 HOME HEALTH AIDE VISIT CHARGES	0	0	31,718
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	4,281
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	689,720
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	302
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	4
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	9,977

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0234
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/2/2008
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	4.02	4.03
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							
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 agree with the days reported on Wkst S-3, Part I column 4, line 3.

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0234
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/2/2008
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		TOTAL 5
			RUGs 4.05	SWING BED SNF DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC			7	
5	RVB			9	
6	RVA				
6 .01	RVX			7	
6 .02	RVL				
7	RHC			210	
8	RHB			377	
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC			74	
11	RMB			65	
12	RMA				
12 .01	RMX			136	
12 .02	RML			154	
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			45	
16	SE2			79	
17	SE1			5	
18	SSC				
19	SSB			2	
20	SSA			5	
21	CC2				
22	CC1			2	
23	CB2				
24	CB1			3	
25	CA2				
26	CA1			11	
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			2	
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA			1	
46	TOTAL			1,194	

(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.

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0234
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	SERVICES	PRIOR TO	OCTOBER 1ST	SERVICES	ON OR AFTER	OCTOBER 1ST
			BASE RATE	RATE	DAYS	BASE RATE	RATE	DAYS
	1		3a	3	3.01	4a	4	4.01
1	RUC		119.60			152.02		
2	RUB		109.65			139.37		
3	RUA		104.50			132.83		
3.01	RUX		140.88			179.07		
3.02	RUL		123.72			157.26		
4	RVC		96.18			122.24		
5	RVB		91.37			116.14		
6	RVA		82.10			104.36		
6.01	RVX		106.81			135.77		
6.02	RVL		99.61			126.61		
7	RHC		83.68			106.37		
8	RHB		79.91			101.57		
9	RHA		74.07			94.15		
9.01	RHX		90.55			115.09		
9.02	RHL		88.83			112.91		
10	RMC		76.89			97.73		
11	RMB		74.82			95.11		
12	RMA		73.11			92.93		
12.01	RMX		103.65			131.75		
12.02	RML		95.07			120.85		
13	RLB		67.75			86.12		
14	RLA		57.80			73.47		
14.01	RLX		73.59			93.53		
15	SE3		84.75			107.72		
16	SE2		72.05			91.58		
17	SE1		64.16			81.55		
18	SSC		63.13			80.24		
19	SSB		59.70			75.88		
20	SSA		58.67			74.57		
21	CC2		62.79			79.81		
22	CC1		57.30			72.83		
23	CB2		54.55			69.34		
24	CB1		52.15			66.28		
25	CA2		51.81			65.85		
26	CA1		48.37			61.49		
27	IB2		46.31			58.87		
28	IB1		45.63			58.00		
29	IA2		41.85			53.20		
30	IA1		40.14			51.02		
31	BB2		45.97			58.43		
32	BB1		44.60			56.69		
33	BA2		41.51			52.76		
34	BA1		38.76			49.27		
35	PE2		50.09			63.67		
36	PE1		49.06			62.36		
37	PD2		47.69			60.61		
38	PD1		47.00			59.74		
39	PC2		45.28			57.56		
40	PC1		44.60			56.69		
41	PB2		39.79			50.58		
42	PB1		39.45			50.14		
43	PA2		39.11			49.71		
44	PA1		38.08			48.40		
45	AAA		38.08			48.40		
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 agree with the days reported on Wkst S-3, Part I column 4, line 3.

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

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.
 [] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0234

PERIOD:
FROM 7/1/2007
TO 6/30/2008

PREPARED 12/2/2008
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		O 4 2 OCT. 1ST DAYS	S W I N G B E D S N F D A Y S	T O T A L	
			SERV PRI OR TO OCT. 1ST RATE	DAYS				SERV ON/AFTER OCT. 1ST RATE
	1	2	4.02	4.03	4.04	4.05	4.06	5
1	RUC		272.69		346.61			
2	RUB		250.00		317.76			
3	RUA		238.26		302.85			
3.01	RUX		321.21		408.28			
3.02	RUL		282.08		358.55			
4	RVC		219.29		278.71		7	
5	RVB		208.32		264.80		9	
6	RVA		187.19		237.94			
6.01	RVX		243.53		309.56		7	
6.02	RVL		227.11		288.67			
7	RHC		190.79		242.52		210	
8	RHB		182.19		231.58		377	
9	RHA		168.88		214.66			
9.01	RHX		206.45		262.41			
9.02	RHL		202.53		257.43			
10	RMC		175.31		222.82		74	
11	RMB		170.59		216.85		65	
12	RMA		166.69		211.88			
12.01	RMX		236.32		300.39		136	
12.02	RML		216.76		275.54		154	
13	RLB		154.47		196.35			
14	RLA		131.78		167.51			
14.01	RLX		167.79		213.25			
15	SE3		193.23		245.60		45	
16	SE2		164.27		208.80		79	
17	SE1		146.28		185.93		5	
18	SSC		143.94		182.95			
19	SSB		136.12		173.01		2	
20	SSA		133.77		170.02		5	
21	CC2		143.16		181.97			
22	CC1		130.64		166.05		2	
23	CB2		124.37		158.10			
24	CB1		118.90		151.12		3	
25	CA2		118.13		150.14			
26	CA1		110.28		140.20		11	
27	IB2		105.59		134.22			
28	IB1		104.04		132.24			
29	IA2		95.42		121.30			
30	IA1		91.52		116.33			
31	BB2		104.81		133.22			
32	BB1		101.69		129.25			
33	BA2		94.64		120.29			
34	BA1		88.37		112.34			
35	PE2		114.21		145.17			
36	PE1		111.86		142.18			
37	PD2		108.73		138.19			
38	PD1		107.16		136.21			
39	PC2		103.24		131.24			
40	PC1		101.69		129.25		2	
41	PB2		90.72		115.32			
42	PB1		89.95		114.32			
43	PA2		89.17		113.34			
44	PA1		86.82		110.35			
45	AAA		86.82		110.35		1	
46	TOTAL						1,194	

(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.

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

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.
 [] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0234

PERIOD:
FROM 7/1/2007
TO 6/30/2008
PREPARED 12/2/2008
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

	GROUP(1) 1	M3PI REVENUE CODE	SERVICES	PRIOR TO	OCTOBER 1ST	SERVICES	ON OR AFTER	OCTOBER 1ST
			BASE RATE 3a	RATE 3	DAYS 3.01	BASE RATE 4a	RATE 4	DAYS 4.01
1	RUC		115.46			119.60		
2	RUB		105.85			109.65		
3	RUA		100.88			104.50		
3.01	RUX		136.00			140.88		
3.02	RUL		119.44			123.72		
4	RVC		92.84			96.18		
5	RVB		88.20			91.37		
6	RVA		79.26			82.10		
6.01	RVX		103.11			106.81		
6.02	RVL		96.15			99.61		
7	RHC		80.78			83.68		
8	RHB		77.14			79.91		
9	RHA		71.50			74.07		
9.01	RHX		87.41			90.55		
9.02	RHL		85.75			88.83		
10	RMC		74.22			76.89		
11	RMB		72.23			74.82		
12	RMA		70.58			73.11		
12.01	RMX		100.06			103.65		
12.02	RML		91.78			95.07		
13	RLB		65.41			67.75		
14	RLA		55.80			57.80		
14.01	RLX		71.04			73.59		
15	SE3		81.81			84.75		
16	SE2		69.56			72.05		
17	SE1		61.94			64.16		
18	SSC		60.94			63.13		
19	SSB		57.63			59.70		
20	SSA		56.64			58.67		
21	CC2		60.61			62.79		
22	CC1		55.31			57.30		
23	CB2		52.66			54.55		
24	CB1		50.34			52.15		
25	CA2		50.01			51.81		
26	CA1		46.70			48.37		
27	IB2		44.71			46.31		
28	IB1		44.05			45.63		
29	IA2		40.40			41.85		
30	IA1		38.75			40.14		
31	BB2		44.38			45.97		
32	BB1		43.05			44.60		
33	BA2		40.07			41.51		
34	BA1		37.42			38.76		
35	PE2		48.35			50.09		
36	PE1		47.36			49.06		
37	PD2		46.03			47.69		
38	PD1		45.37			47.00		
39	PC2		43.72			45.28		
40	PC1		43.05			44.60		
41	PB2		38.41			39.79		
42	PB1		38.08			39.45		
43	PA2		37.75			39.11		
44	PA1		36.76			38.08		
45	AAA		36.76			38.08		
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 agree with the days reported on Wkst S-3, Part I column 4, line 3.

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

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.
 [] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0234

PERIOD:
FROM 7/1/2007
TO 6/30/2008
PREPARED 12/2/2008
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

	GROUP(1)	M3PI REVENUE CODE	A I D S		DIAGNOSIS		CODE		O42		SWING BED SNF DAYS	TOTAL
			SERV PRIOR TO	OCT. 1ST	SERV ON/AFTER	OCT. 1ST	RATE	DAYS	RATE	DAYS		
			4.02	4.03			4.04		4.05	4.06	5	
1	RUC		263.25				272.69					
2	RUB		241.34				250.00					
3	RUA		230.01				238.26					
3.01	RUX		310.08				321.21					
3.02	RUL		272.32				282.08					
4	RVC		211.68				219.29					
5	RVB		201.10				208.32					
6	RVA		180.71				187.19					
6.01	RVX		235.09				243.53					
6.02	RVL		219.22				227.11					
7	RHC		184.18				190.79					
8	RHB		175.88				182.19					
9	RHA		163.02				168.88					
9.01	RHX		199.29				206.45					
9.02	RHL		195.51				202.53					
10	RMC		169.22				175.31					
11	RMB		164.68				170.59					
12	RMA		160.92				166.69					
12.01	RMX		228.14				236.32					
12.02	RML		209.26				216.76					
13	RLB		149.13				154.47					
14	RLA		127.22				131.78					
14.01	RLX		161.97				167.79					
15	SE3		186.53				193.23					
16	SE2		158.60				164.27					
17	SE1		141.22				146.28					
18	SSC		138.94				143.94					
19	SSB		131.40				136.12					
20	SSA		129.14				133.77					
21	CC2		138.19				143.16					
22	CC1		126.11				130.64					
23	CB2		120.06				124.37					
24	CB1		114.78				118.90					
25	CA2		114.02				118.13					
26	CA1		106.48				110.28					
27	IB2		101.94				105.59					
28	IB1		100.43				104.04					
29	IA2		92.11				95.42					
30	IA1		88.35				91.52					
31	BB2		101.19				104.81					
32	BB1		98.15				101.69					
33	BA2		91.36				94.64					
34	BA1		85.32				88.37					
35	PE2		110.24				114.21					
36	PE1		107.98				111.86					
37	PD2		104.95				108.73					
38	PD1		103.44				107.16					
39	PC2		99.68				103.24					
40	PC1		98.15				101.69					
41	PB2		87.57				90.72					
42	PB1		86.82				89.95					
43	PA2		86.07				89.17					
44	PA1		83.81				86.82					
45	AAA		83.81				86.82					
46	TOTAL											

(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.

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

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.
 [] Transfer total to settlement worksheet.

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/1/2007	12/2/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET S-9
14-1533		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	3,828			
3 INPATIENT RESPIRE CARE	19			
4 GENERAL INPATIENT CARE	22			
5 TOTAL HOSPICE DAYS	3,869			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	929	4,757
3 INPATIENT RESPIRE CARE	18	37
4 GENERAL INPATIENT CARE	12	34
5 TOTAL HOSPICE DAYS	959	4,828

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	74			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) UNDUPLICATED CENSUS COUNT	52.28			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	9	83
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) UNDUPLICATED CENSUS COUNT	106.56	58.17

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	1,246,830
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	1,246,830
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)	.320998
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	11,954,285
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,837,302
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,729,216
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,518,069
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,837,302

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0234

PERIOD: FROM 7/1/2007 TO 6/30/2008

PREPARED 12/2/2008 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		4,714,399	4,714,399		4,714,399
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				825,583	825,583
5	0500	EMPLOYEE BENEFITS	185,407	5,575,876	5,761,283		5,761,283
6	0600	ADMINISTRATIVE & GENERAL	3,428,097	4,420,892	7,848,989	-540,822	7,308,167
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	651,062	1,494,474	2,145,536	-1,261	2,144,275
9	0900	LAUNDRY & LINEN SERVICE	44,399	198,984	243,383		243,383
10	1000	HOUSEKEEPING	620,054	188,258	808,312		808,312
11	1100	DIETARY	574,406	152,640	727,046	-298,181	428,865
12	1200	CAFETERIA	45,850	168,725	214,575	298,181	512,756
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	664,409	26,276	690,685		690,685
15	1500	CENTRAL SERVICES & SUPPLY	121,277	184,468	305,745	-153,805	151,940
16	1600	PHARMACY	482,522	1,258,910	1,741,432	-1,233,475	507,957
17	1700	MEDICAL RECORDS & LIBRARY	581,233	212,431	793,664		793,664
18	1800	SOCIAL SERVICE	226,883	67,754	294,637	-46,535	248,102
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	3,309,850	321,020	3,630,870	-27,753	3,603,117
26	2600	INTENSIVE CARE UNIT	593,699	96,791	690,490		690,490
31	3100	SUBPROVIDER					
33	3300	NURSERY	168,330	32,627	200,957		200,957
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,088,750	4,737,732	5,826,482	-2,941,421	2,885,061
37.01	3701	SAME DAY SURGERY	314,665	15,649	330,314		330,314
37.02	3950	LITHOTRIPSY					
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM	177,773	33,482	211,255		211,255
40	4000	ANESTHESIOLOGY	113,672	2,018,767	2,132,439	-603	2,131,836
41	4100	RADIOLOGY-DIAGNOSTIC	1,194,700	1,223,884	2,418,584	-286,177	2,132,407
44	4400	LABORATORY	1,047,017	1,812,694	2,859,711		2,859,711
46.30	4650	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY	254,142	249,912	504,054	-889	503,165
49	4900	RESPIRATORY THERAPY	295,043	76,136	371,179	-64,076	307,103
50	5000	PHYSICAL THERAPY	873,616	675,274	1,548,890	-281,039	1,267,851
53	5300	ELECTROCARDIOLOGY	123,404	171,750	295,154		295,154
53.02	3160	CARDIAC REHAB	60,025	3,506	63,531		63,531
54	5400	ELECTROENCEPHALOGRAPHY	2,035	154,171	156,206	-1,305	154,901
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,237,069	3,237,069
56	5600	DRUGS CHARGED TO PATIENTS				1,233,475	1,233,475
59	3951	I/P AMBULANCE SERVICES OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	1,026,434	1,785,240	2,811,674	-86,354	2,725,320
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310	RHC					
63.60	6320	FQHC					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	64,180	27,462	91,642		91,642
69.10	6910	CMHC					
69.20	6920	OUTPATIENT PHYSICAL THERAPY					
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940	OUTPATIENT SPEECH PATHOLOGY					
71	7100	HOME HEALTH AGENCY	695,019	109,111	804,130	-3,198	800,932
		SPEC PURPOSE COST CENTERS					
85.01	8510	PANCREAS ACQUISITION					
85.02	8520	INTESTINAL ACQUISITION					
93	9300	HOSPICE	270,353	193,989	464,342	-1,162	463,180
95		SUBTOTALS	19,298,306	32,403,284	51,701,590	-373,748	51,327,842
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	PRIVATE DUTY NURSING					
98.02	9802	COMMUNITY HEALTH	176,147	85,250	261,397	-11,275	250,122
98.03	9803	OCCUPATIONAL MEDICINE	184,194	3,341	187,535		187,535
98.04	9804	FAMILY PHARMACY					
98.05	9805	ADULT DAY CARE					
98.06	9806	PERSONAL TOUCH					
98.07	9807	IV HEALTH CORP					
98.08	9808	PUBLIC RELATIONS				385,023	385,023
101		TOTAL	19,658,647	32,491,875	52,150,522	-0-	52,150,522

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 14-0234 I
I I

I PERIOD: I
I FROM 7/ 1/2007 I
I TO 6/30/2008 I

I PREPARED 12/ 2/2008 I
I WORKSHEET A I

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-715,874	3,998,525
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-9,094	816,489
5	0500	EMPLOYEE BENEFITS		5,761,283
6	0600	ADMINISTRATIVE & GENERAL	-705,133	6,603,034
7	0700	MAINTENANCE & REPAIRS		
8	0800	OPERATION OF PLANT	-37,603	2,106,672
9	0900	LAUNDRY & LINEN SERVICE		243,383
10	1000	HOUSEKEEPING		808,312
11	1100	DIETARY	-8,000	420,865
12	1200	CAFETERIA	-154,621	358,135
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION		690,685
15	1500	CENTRAL SERVICES & SUPPLY		151,940
16	1600	PHARMACY	-5,548	502,409
17	1700	MEDICAL RECORDS & LIBRARY	-610	793,054
18	1800	SOCIAL SERVICE		248,102
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		3,603,117
26	2600	INTENSIVE CARE UNIT		690,490
31	3100	SUBPROVIDER		
33	3300	NURSERY		200,957
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		2,885,061
37.01	3701	SAME DAY SURGERY		330,314
37.02	3950	LITHOTRIPSY		
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM		211,255
40	4000	ANESTHESIOLOGY	-1,826,848	304,988
41	4100	RADIOLOGY-DIAGNOSTIC	-69,083	2,063,324
44	4400	LABORATORY	-30,110	2,829,601
46.30	4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
47	4700	BLOOD STORING, PROCESSING & TRANS.		
48	4800	INTRAVENOUS THERAPY		503,165
49	4900	RESPIRATORY THERAPY	-4,600	302,503
50	5000	PHYSICAL THERAPY		1,267,851
53	5300	ELECTROCARDIOLOGY	-104,150	191,004
53.02	3160	CARDIAC REHAB		63,531
54	5400	ELECTROENCEPHALOGRAPHY	-3,960	150,941
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,237,069
56	5600	DRUGS CHARGED TO PATIENTS		1,233,475
59	3951	I/P AMBULANCE SERVICES OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY	-1,659,259	1,066,061
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310	RHC		
63.60	6320	FQHC		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES		91,642
69.10	6910	CMHC		
69.20	6920	OUTPATIENT PHYSICAL THERAPY		
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940	OUTPATIENT SPEECH PATHOLOGY		
71	7100	HOME HEALTH AGENCY		800,932
		SPEC PURPOSE COST CENTERS		
85.01	8510	PANCREAS ACQUISITION		
85.02	8520	INTESTINAL ACQUISITION		
93	9300	HOSPICE	-20,004	443,176
95		SUBTOTALS	-5,354,497	45,973,345
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES	345,266	345,266
98.01	9801	PRIVATE DUTY NURSING		
98.02	9802	COMMUNITY HEALTH		250,122
98.03	9803	OCCUPATIONAL MEDICINE		187,535
98.04	9804	FAMILY PHARMACY	1,079,789	1,079,789
98.05	9805	ADULT DAY CARE	671,347	671,347
98.06	9806	PERSONAL TOUCH		
98.07	9807	IV HEALTH CORP	2,842,737	2,842,737
98.08	9808	PUBLIC RELATIONS		385,023
101		TOTAL	-415,358	51,735,164

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	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	
37.01	SAME DAY SURGERY	3701	OPERATING ROOM
37.02	LITHOTRIpsy	3950	OTHER ANCILLARY SERVICE COST CENTERS
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.02	CARDIAC REHAB	3160	CARDIOPULMONARY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	I/P AMBULANCE SERVICES	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PRIVATE DUTY NURSING	9801	PHYSICIANS' PRIVATE OFFICES
98.02	COMMUNITY HEALTH	9802	PHYSICIANS' PRIVATE OFFICES
98.03	OCCUPATIONAL MEDICINE	9803	PHYSICIANS' PRIVATE OFFICES
98.04	FAMILY PHARMACY	9804	PHYSICIANS' PRIVATE OFFICES
98.05	ADULT DAY CARE	9805	PHYSICIANS' PRIVATE OFFICES
98.06	PERSONAL TOUCH	9806	PHYSICIANS' PRIVATE OFFICES
98.07	IV HEALTH CORP	9807	PHYSICIANS' PRIVATE OFFICES
98.08	PUBLIC RELATIONS	9808	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140234

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----					
	CODE (1)	COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 CHARGEABLE DRUGS	A			56		1,233,475
2 PROPERTY INSURANCE	B			4		61,549
3 CAFETERIA/MOW COSTS	C			12	291,908	6,273
4 RENTALS	E			4		764,034
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18 O/R CHARGEABLE SUPPLIES	F			55		2,909,729
19 CHARGEABLE SUPPLIES	G			55		153,635
20 ADDITIONAL MEDICAL SUPPLIES	H			55		63,792
21				55		32,992
22				55		76,921
23 HHA BLDG UTILITIES	I			6		4,360
24						
25 PUBLIC RELATIONS	J			98.08	70,996	314,027
36 TOTAL RECLASSIFICATIONS					362,904	5,620,787

(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:
140234

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			6	LINE NO 7			
1 CHARGEABLE DRUGS	A	PHARMACY		16		1,233,475	
2 PROPERTY INSURANCE	B	ADMINISTRATIVE & GENERAL		6		61,549	10
3 CAFETERIA/MOW COSTS	C	DIETARY		11	291,908	6,273	
4 RENTALS	E	ADMINISTRATIVE & GENERAL		6		98,610	10
5		OPERATION OF PLANT		8		1,261	
6		SOCIAL SERVICE		18		46,535	
7		CENTRAL SERVICES & SUPPLY		15		170	
8		ADULTS & PEDIATRICS		25		27,753	
9		OPERATING ROOM		37		31,692	
10		ANESTHESIOLOGY		40		603	
11		RADIOLOGY-DIAGNOSTIC		41		286,177	
12		INTRAVENOUS THERAPY		48		889	
13		RESPIRATORY THERAPY		49		284	
14		PHYSICAL THERAPY		50		248,047	
15		EMERGENCY		61		9,433	
16		COMMUNITY HEALTH		98.02		11,275	
17		ELECTROENCEPHALOGRAPHY		54		1,305	
18 O/R CHARGEABLE SUPPLIES	F	OPERATING ROOM		37		2,909,729	
19 CHARGEABLE SUPPLIES	G	CENTRAL SERVICES & SUPPLY		15		153,635	
20 ADDITIONAL MEDICAL SUPPLIES	H	RESPIRATORY THERAPY		49		63,792	
21		PHYSICAL THERAPY		50		32,992	
22		EMERGENCY		61		76,921	
23 HHA BLDG UTILITIES	I	HOME HEALTH AGENCY		71		3,198	
24		HOSPICE		93		1,162	
25 PUBLIC RELATIONS	J	ADMINISTRATIVE & GENERAL		6	70,996	314,027	
36 TOTAL RECLASSIFICATIONS					362,904	5,620,787	

(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:
140234

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,233,475	PHARMACY	16	1,233,475	
TOTAL RECLASSIFICATIONS FOR CODE A			1,233,475				1,233,475

RECLASS CODE: B
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	61,549	ADMINISTRATIVE & GENERAL	6	61,549	
TOTAL RECLASSIFICATIONS FOR CODE B			61,549				61,549

RECLASS CODE: C
EXPLANATION : CAFETERIA/MOW COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	298,181	DIETARY	11	298,181	
TOTAL RECLASSIFICATIONS FOR CODE C			298,181				298,181

RECLASS CODE: E
EXPLANATION : RENTALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	764,034	ADMINISTRATIVE & GENERAL	6	98,610	
2.00			0	OPERATION OF PLANT	8	1,261	
3.00			0	SOCIAL SERVICE	18	46,535	
4.00			0	CENTRAL SERVICES & SUPPLY	15	170	
6.00			0	ADULTS & PEDIATRICS	25	27,753	
7.00			0	OPERATING ROOM	37	31,692	
8.00			0	ANESTHESIOLOGY	40	603	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	286,177	
10.00			0	INTRAVENOUS THERAPY	48	889	
11.00			0	RESPIRATORY THERAPY	49	284	
12.00			0	PHYSICAL THERAPY	50	248,047	
13.00			0	EMERGENCY	61	9,433	
14.00			0	COMMUNITY HEALTH	98.02	11,275	
15.00			0	ELECTROENCEPHALOGRAPHY	54	1,305	
TOTAL RECLASSIFICATIONS FOR CODE E			764,034				764,034

RECLASS CODE: F
EXPLANATION : O/R CHARGEABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,909,729	OPERATING ROOM	37	2,909,729	
TOTAL RECLASSIFICATIONS FOR CODE F			2,909,729				2,909,729

RECLASS CODE: G
EXPLANATION : CHARGEABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	153,635	CENTRAL SERVICES & SUPPLY	15	153,635	
TOTAL RECLASSIFICATIONS FOR CODE G			153,635				153,635

RECLASS CODE: H
EXPLANATION : ADDITIONAL MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	63,792	RESPIRATORY THERAPY	49	63,792	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	32,992	PHYSICAL THERAPY	50	32,992	
3.00	MEDICAL SUPPLIES CHARGED TO PA	55	76,921	EMERGENCY	61	76,921	
TOTAL RECLASSIFICATIONS FOR CODE H			173,705				173,705

RECLASS CODE: I
EXPLANATION : HHA BLDG UTILITIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	4,360	HOME HEALTH AGENCY	71	3,198	

RECLASSIFICATIONS

PROVIDER NO:
140234

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : HHA BLDG UTILITIES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
2.00		0	HOSPICE	93	1,162
TOTAL RECLASSIFICATIONS FOR CODE I		4,360			4,360

RECLASS CODE: J
EXPLANATION : PUBLIC RELATIONS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PUBLIC RELATIONS	385,023	ADMINISTRATIVE & GENERAL	6	385,023
TOTAL RECLASSIFICATIONS FOR CODE J		385,023			385,023

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,381,807					1,381,807	
2 LAND IMPROVEMENTS	1,055,115					1,055,115	
3 BUILDINGS & FIXTURE	45,284,106	724,026		724,026		46,008,132	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	231,421					231,421	
6 MOVABLE EQUIPMENT	25,611,178	1,947,107		1,947,107		27,558,285	
7 SUBTOTAL	73,563,627	2,671,133		2,671,133		76,234,760	
8 RECONCILING ITEMS							
9 TOTAL	73,563,627	2,671,133		2,671,133		76,234,760	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITALIZED GROSS ASSETS	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7
*								8
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	48,676,475		48,676,475	.638508			
4	NEW CAP REL COSTS-MV	27,558,285		27,558,285	.361492			
5	TOTAL	76,234,760		76,234,760	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,714,399		-715,874				3,998,525
4	NEW CAP REL COSTS-MV	-9,094	825,583					816,489
5	TOTAL	4,705,305	825,583	-715,874				4,815,014

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,714,399						4,714,399
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,714,399						4,714,399

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	A	-43,833	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-49,892	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES	B	-5,548	PHARMACY	16	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-21,033	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-7,098	ADMINISTRATIVE & GENERAL	6	
11 PARKING LOT	B	-11,554	OPERATION OF PLANT	8	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,696,542			
13 SALE OF SCRAP, WASTE, ETC.	B	-1,468	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-154,621	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-610	MEDICAL RECORDS & LIBRARY	17	
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			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 OTHER ADJUSTMENTS (SPECIFY)					
39 PARKING GARAGE PARKING TAXES	B	-18,768	OPERATION OF PLANT	8	
40 OTHER ADJUSTMENTS (SPECIFY)					
41 PHYSICIAN BILLING 2110	A	-55,306	ADMINISTRATIVE & GENERAL	6	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 A LOBBYING 25%	A	-20,217	ADMINISTRATIVE & GENERAL	6	
44 HYGENIC INSTITUTE	A	924,105	IV HEALTH CORP	98.07	
45 OTHER ADJUSTMENTS (SPECIFY)					
45.02 NUTRITIONAL SUPPORT G/L 4095.02	B	-8,000	DIETARY	11	
45.05 INTEREST EXPENSE	B	-672,041	NEW CAP REL COSTS-BLDG &	3	11
45.06 PHYSICIAN RECRUITMENT	A	-412,148	ADMINISTRATIVE & GENERAL	6	
45.07 MISCELLANEOUS REV G/L 5100.090	B	-63,928	ADMINISTRATIVE & GENERAL	6	
45.09 COMMUNICAL REVENUE G/L 5100.030	B	-72,480	ADMINISTRATIVE & GENERAL	6	
45.11 TV OPERATING COSTS	A	-7,281	OPERATION OF PLANT	8	
45.15 POB EXP	A	345,266	PHYSICIANS' PRIVATE OFFIC	98	
45.20 TV DEPR	A	-9,094	NEW CAP REL COSTS-MVBLE E	4	9
45.24 OTHER CORPS ADC	A	671,347	ADULT DAY CARE	98.05	
45.27 FOUNDATION	A	45,567	IV HEALTH CORP	98.07	
45.29 FAMILY RX	A	1,079,789	FAMILY PHARMACY	98.04	
45.30 IVHS PHYSICIANS	A	1,863,691	IV HEALTH CORP	98.07	
45.31 PHO	A	9,374	IV HEALTH CORP	98.07	
45.32 PHYSICIAN COMPENSATION	A	-20,004	HOSPICE	93	
45.33					
46 AMORTIZATION	A	-3,031	ADMINISTRATIVE & GENERAL	6	
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-415,358			

(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

I PROVIDER NO:	I PERIOD:	I PREPARED 12/ 2/2008
I 14-0234	I FROM 7/ 1/2007	I WORKSHEET A-8-2
I	I TO 6/30/2008	I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	LABORATORY	30,110	30,110		208,000			
2 41	RADIOLOGY-DIAGNOSTIC	67,615	67,615		217,600			
3 49	RESPIRATORY THERAPY	4,600	4,600		159,800			
4 53	ELECTROCARDIOLOGY	104,150	104,150		159,800			
5 54	ELECTROENCEPHALOGRAPHY	3,960	3,960		159,800			
6 61	EMERGENCY	1,659,259	1,659,259		159,800			
7 40	ANESTHESIOLOGY	1,826,848	1,826,848		167,500			
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	3,696,542	3,696,542					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0234
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	HOURS OF	SERVICE	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	FTES	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	10	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	11	DIRECT	NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUIS	ENTERED
16	PHARMACY	13	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	15	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	17	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	18	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	21	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	3,998,525			3,998,525			
005 NEW CAP REL COSTS-MVBLE E	816,489				816,489		
006 EMPLOYEE BENEFITS	5,761,283			20,233	4,131	5,785,647	
007 ADMINISTRATIVE & GENERAL	6,603,034			776,584	158,576	997,413	8,535,607
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	2,106,672			758,369	154,857	193,436	3,213,334
010 LAUNDRY & LINEN SERVICE	243,383			86,340	17,630	13,191	360,544
011 HOUSEKEEPING	808,312			58,075	11,859	184,223	1,062,469
012 DIETARY	420,865			96,901	19,787	83,932	621,485
013 CAFETERIA	358,135			56,576	11,553	100,351	526,615
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	690,685			31,965	6,527	197,401	926,578
016 CENTRAL SERVICES & SUPPLY	151,940			62,782	12,820	36,032	263,574
017 PHARMACY	502,409			29,553	6,035	143,361	681,358
018 MEDICAL RECORDS & LIBRARY	793,054			39,482	8,062	172,689	1,013,287
020 SOCIAL SERVICE	248,102			10,116	2,066	67,409	327,693
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	3,603,117			675,870	138,011	983,383	5,400,381
028 INTENSIVE CARE UNIT	690,490			80,719	16,483	176,393	964,085
031 SUBPROVIDER							
033 NURSERY	200,957			21,731	4,437	50,012	277,137
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	2,885,061			192,514	39,311	323,476	3,440,362
037 02 SAME DAY SURGERY	330,314			72,898	14,886	93,489	511,587
038 LI THOTRI PSY							
039 RECOVERY ROOM				20,256	4,136		24,392
040 DELIVERY ROOM & LABOR ROO	211,255			30,630	6,255	52,818	300,958
041 ANESTHESIOLOGY	304,988			4,215	861	33,773	343,837
044 RADIOLOGY-DIAGNOSTIC	2,063,324			187,971	38,383	354,955	2,644,633
046 LABORATORY	2,829,601			81,492	16,640	311,077	3,238,810
047 BLOOD CLOTTING FACTORS AD							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY	503,165			94,348	19,266	75,508	692,287
050 RESPIRATORY THERAPY	302,503			22,855	4,667	87,660	417,685
053 PHYSICAL THERAPY	1,267,851			160,853	32,846	259,558	1,721,108
055 ELECTROCARDIOLOGY	191,004			12,552	2,563	36,664	242,783
053 02 CARDIAC REHAB	63,531			16,158	3,299	17,834	100,822
054 ELECTROENCEPHALOGRAPHY	150,941					605	151,546
055 MEDICAL SUPPLIES CHARGED	3,237,069						3,237,069
056 DRUGS CHARGED TO PATIENTS	1,233,475						1,233,475
059 I/P AMBULANCE SERVICES							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,066,061			76,856	15,694	304,962	1,463,573
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES	91,642			984	201	19,068	111,895
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	800,932			159,355	32,540	206,496	1,199,323
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE	443,176			44,844	9,157	80,324	577,501
095 SUBTOTALS	45,973,345			3,984,077	813,539	5,657,493	45,827,793
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				7,681	1,568		9,249
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	345,266						345,266
098 01 PRIVATE DUTY NURSING							
098 02 COMMUNITY HEALTH	250,122					52,335	302,457
098 03 OCCUPATIONAL MEDICINE	187,535			3,770	770	54,726	246,801
098 04 FAMILY PHARMACY	1,079,789						1,079,789
098 05 ADULT DAY CARE	671,347						671,347
098 06 PERSONAL TOUCH							
098 07 IV HEALTH CORP	2,842,737						2,842,737
098 08 PUBLIC RELATIONS	385,023			2,997	612	21,093	409,725
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	51,735,164			3,998,525	816,489	5,785,647	51,735,164

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	8,535,607						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	634,910		3,848,244				
010 LAUNDRY & LINEN SERVICE	71,238		135,984	567,766			
011 HOUSEKEEPING	209,929		91,468	1,311	1,365,177		
012 DIETARY	122,797		152,618	3,457	35,097	935,454	
013 CAFETERIA	104,052		89,107				719,774
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	183,079		50,344		4,087		24,054
016 CENTRAL SERVICES & SUPPLY	52,079		98,881	5,017	16,547		11,392
017 PHARMACY	134,627		46,545		12,060		17,656
018 MEDICAL RECORDS & LIBRARY	200,211		62,183		7,973		54,262
020 SOCIAL SERVICE	64,748		15,933				9,827
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	1,067,019		1,064,492	318,209	508,705	767,996	209,922
033 INTENSIVE CARE UNIT	190,490		127,133	17,334	49,480	46,194	26,942
037 SUBPROVIDER							
038 NURSERY	54,758		34,227		79,489		9,557
037 01 ANCILLARY SRVC COST CNTRS							
037 02 OPERATING ROOM	679,767		303,208	45,229	190,109		55,936
038 SAME DAY SURGERY	101,082		114,814	40,782	62,822		15,334
039 LI THOTRI PSY							
040 RECOVERY ROOM	4,820		31,903				
041 DELIVERY ROOM & LABOR ROO	59,465		48,242	11,718			8,990
042 ANESTHESIOLOGY	67,937		6,639	4,453			6,182
043 RADIOLOGY-DIAGNOSTIC	522,542		296,053	40,357	34,015		59,662
044 LABORATORY	639,944		128,350	624	30,930		61,227
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	136,786		148,598	3,028			13,012
049 RESPIRATORY THERAPY	82,529		35,997	1,456	25,762		16,198
050 PHYSICAL THERAPY	340,067		253,343	999	8,053		49,592
053 ELECTROCARDIOLOGY	47,971		19,769	3,288	12,220		10,610
053 02 CARDIAC REHAB	19,921		25,449				4,508
054 ELECTROENCEPHALOGRAPHY	29,943				6,651		162
055 MEDICAL SUPPLIES CHARGED	639,600						
056 DRUGS CHARGED TO PATIENTS	243,717						
059 I/P AMBULANCE SERVICES							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	289,182		121,047	31,367	64,344		51,833
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES	22,109		1,549	16,331			2,916
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	236,969		250,983				
085 01 SPEC PURPOSE COST CENTERS							
085 02 PANCREAS ACQUISITION							
093 INTTESTINAL ACQUISITION							
095 HOSPICE	114,106		70,629				
096 SUBTOTALS	7,368,394		3,825,488	544,960	1,148,344	814,190	719,774
097 NONREIMBURS COST CENTERS							
098 GI FT, FLOWER, COFFEE SHOP	1,827		12,097				
098 RESEARCH						121,264	
098 PHYSICIANS' PRIVATE OFFIC	68,220			10,747	198,603		
098 01 PRIVATE DUTY NURSING							
098 02 COMMUNITY HEALTH	59,761				601		
098 03 OCCUPATIONAL MEDICINE	48,764		5,938		17,629		
098 04 FAMILY PHARMACY	213,351						
098 05 ADULT DAY CARE	132,649			12,059			
098 06 PERSONAL TOUCH							
098 07 IV HEALTH CORP	561,685						
098 08 PUBLIC RELATIONS	80,956		4,721				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,535,607		3,848,244	567,766	1,365,177	935,454	719,774

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY	SOCI AL SERVI C E	NONPHYSICI AN ANESTHETI STS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINI STRATIVE & GENERAL							
008 MAI NTENANCE & REPAI RS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI CE							
011 HOUSEKEEPING							
012 DI ETARY							
013 CAFETERIA							
014 MAI NTENANCE OF PERSONNEL							
015 NURSING ADMINI STRATION		1,188,142					
016 CENTRAL SERVI CES & SUPPLY			447,490				
017 PHARMACY				892,246			
018 MEDI CAL RECORDS & LIBRARY					1,337,916		
020 SOCI AL SERVI CE		23,737				441,938	
021 NONPHYSICI AN ANESTHETI STS							
022 NURSING SCHOOL							
023 I&R SERVI CES-SALARY & FRI							
024 I&R SERVI CES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		507,080		1,738	90,547	405,992	
028 INTENSIVE CARE UNIT		65,080		825	19,734		
031 SUBPROVIDER							
033 NURSERY		23,085			6,050	35,946	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		135,117		5,294	232,866		
037 02 SAME DAY SURGERY		37,040		662	16,194		
038 LI THOTRI PSY							
039 RECOVERY ROOM				47	28,580		
040 DELI VERY ROOM & LABOR ROO		21,715			12,275		
041 ANESTHESI OLOGY		14,933		24,538	35,074		
044 RADIOLOGY-DI AGNOSTI C				2,654	253,009		
046 LABORATORY				19	191,146		
047 BLOOD CLOTTING FACTORS AD							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY		31,432		29,913	69,236		
050 RESPI RATORY THERAPY				188	20,031		
053 PHYSI CAL THERAPY		119,792		76	49,671		
053 02 ELECTROCARDIOLOGY				16	23,139		
054 CARDIAC REHAB					2,100		
055 ELECTROENCEPHALOGRAPHY					6,980		
056 MEDI CAL SUPPLI ES CHARGED			447,490	304	80,248		
059 DRUGS CHARGED TO PATI ENTS				819,671	107,837		
061 I/P AMBULANCE SERVI CES							
062 OUTPAT SERVI CE COST CNTRS							
063 EMERGENCY		122,466		1,909	93,051		
063 50 OBSERVATION BEDS (NON-DI S							
063 60 RHC							
065 FOHC							
065 OTHER REIMBURS COST CNTRS							
069 10 AMBULANCE SERVI CES				72	148		
069 20 CMHC							
069 30 OUTPATI ENT PHYSI CAL THERA							
069 40 OUTPATI ENT OCCUPATI ONAL T							
071 OUTPATI ENT SPEECH PATHOLO							
085 HOME HEALTH AGENCY		86,665		556			
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUI SITI ON							
085 02 I NTESTI NAL ACQUI SITI ON							
093 HOSPI CE							
095 SUBTOTALS		1,188,142	447,490	888,482	1,337,916	441,938	
096 NONREIMBURS COST CENTERS							
097 GI FT, FLOWER, COFFEE SHOP							
098 RESEARCH							
098 PHYSI CI ANS' PRI VATE OFFI C							
098 01 PRI VATE DUTY NURSING							
098 02 COMMUNI TY HEALTH				645			
098 03 OCCUPATI ONAL MEDI CI NE				3,119			
098 04 FAMI LY PHARMACY							
098 05 ADULT DAY CARE							
098 06 PERSONAL TOUCH							
098 07 IV HEALTH CORP							
098 08 PUBLI C RELATI ON							
101 CROSS FOOT ADJUSTMENT							
102 NEGATI VE COST CENTER							
103 TOTAL		1,188,142	447,490	892,246	1,337,916	441,938	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM-(SPECIFY)						
026	INPAT ROUTINE SRVC CNTRS						
031	ADULTS & PEDIATRICS				10,342,081		10,342,081
033	INTENSIVE CARE UNIT				1,507,297		1,507,297
037	SUBPROVIDER						
037	NURSERY				520,249		520,249
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM				5,087,888		5,087,888
037	01 SAME DAY SURGERY				900,317		900,317
037	02 LITHOTRIpsy						
038	RECOVERY ROOM				89,742		89,742
039	DELIVERY ROOM & LABOR ROO				463,363		463,363
040	ANESTHESIOLOGY				503,593		503,593
041	RADIOLOGY-DIAGNOSTIC				3,852,925		3,852,925
044	LABORATORY				4,291,050		4,291,050
046	30 BLOOD CLOTTING FACTORS AD						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY				1,124,292		1,124,292
049	RESPIRATORY THERAPY				599,846		599,846
050	PHYSICAL THERAPY				2,542,701		2,542,701
053	ELECTROCARDIOLOGY				359,796		359,796
053	02 CARDIAC REHAB				152,800		152,800
054	ELECTROENCEPHALOGRAPHY				195,282		195,282
055	MEDICAL SUPPLIES CHARGED				4,404,711		4,404,711
056	DRUGS CHARGED TO PATIENTS				2,404,700		2,404,700
059	I/P AMBULANCE SERVICES						
061	OUTPAT SERVICE COST CNTRS						
062	EMERGENCY				2,238,772		2,238,772
063	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FOHC						
065	OTHER REIMBURS COST CNTRS						
069	AMBULANCE SERVICES				155,020		155,020
069	10 CMHC						
069	20 OUTPATIENT PHYSICAL THERA						
069	30 OUTPATIENT OCCUPATIONAL T						
069	40 OUTPATIENT SPEECH PATHOLO						
071	HOME HEALTH AGENCY				1,774,496		1,774,496
085	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION						
085	02 INTESTINAL ACQUISITION						
093	HOSPICE				762,236		762,236
095	SUBTOTALS				44,273,157		44,273,157
096	NONREIMBURS COST CENTERS						
097	GIFT, FLOWER, COFFEE SHOP				23,173		23,173
098	RESEARCH				121,264		121,264
098	PHYSICIANS' PRIVATE OFFIC				622,836		622,836
098	01 PRIVATE DUTY NURSING						
098	02 COMMUNITY HEALTH				363,464		363,464
098	03 OCCUPATIONAL MEDICINE				322,251		322,251
098	04 FAMILY PHARMACY				1,293,140		1,293,140
098	05 ADULT DAY CARE				816,055		816,055
098	06 PERSONAL TOUCH						
098	07 IV HEALTH CORP				3,404,422		3,404,422
098	08 PUBLIC RELATIONS				495,402		495,402
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL				51,735,164		51,735,164

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				20,233	4,131	24,364	24,364
007 ADMINISTRATIVE & GENERAL				776,584	158,576	935,160	4,202
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				758,369	154,857	913,226	814
010 LAUNDRY & LINEN SERVICE				86,340	17,630	103,970	56
011 HOUSEKEEPING				58,075	11,859	69,934	776
012 DIETARY				96,901	19,787	116,688	353
013 CAFETERIA				56,576	11,553	68,129	423
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				31,965	6,527	38,492	831
016 CENTRAL SERVICES & SUPPLY				62,782	12,820	75,602	152
017 PHARMACY				29,553	6,035	35,588	604
018 MEDICAL RECORDS & LIBRARY				39,482	8,062	47,544	727
020 SOCIAL SERVICE				10,116	2,066	12,182	284
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS				675,870	138,011	813,881	4,141
033 INTENSIVE CARE UNIT				80,719	16,483	97,202	743
037 SUBPROVIDER							
037 01 NURSERY				21,731	4,437	26,168	211
037 02 ANCILLARY SRVC COST CNTRS							
037 02 OPERATING ROOM				192,514	39,311	231,825	1,362
037 02 SAME DAY SURGERY				72,898	14,886	87,784	394
037 02 LITHOTRIpsy							
038 RECOVERY ROOM				20,256	4,136	24,392	
039 DELIVERY ROOM & LABOR ROO				30,630	6,255	36,885	222
040 ANESTHESIOLOGY				4,215	861	5,076	142
041 RADIOLOGY-DIAGNOSTIC				187,971	38,383	226,354	1,495
044 LABORATORY				81,492	16,640	98,132	1,310
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY				94,348	19,266	113,614	318
049 RESPIRATORY THERAPY				22,855	4,667	27,522	369
050 PHYSICAL THERAPY				160,853	32,846	193,699	1,093
053 ELECTROCARDIOLOGY				12,552	2,563	15,115	154
053 02 CARDIAC REHAB				16,158	3,299	19,457	75
054 ELECTROENCEPHALOGRAPHY							3
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 I/P AMBULANCE SERVICES							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				76,856	15,694	92,550	1,284
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
069 10 AMBULANCE SERVICES				984	201	1,185	80
069 20 CMHC							
069 30 OUTPATIENT PHYSICAL THERA							
069 40 OUTPATIENT OCCUPATIONAL T							
071 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY				159,355	32,540	191,895	869
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE				44,844	9,157	54,001	338
095 SUBTOTALS				3,984,077	813,539	4,797,616	23,825
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				7,681	1,568	9,249	
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PRIVATE DUTY NURSING							
098 02 COMMUNITY HEALTH							220
098 03 OCCUPATIONAL MEDICINE				3,770	770	4,540	230
098 04 FAMILY PHARMACY							
098 05 ADULT DAY CARE							
098 06 PERSONAL TOUCH							
098 07 IV HEALTH CORP							
098 08 PUBLIC RELATIONS				2,997	612	3,609	89
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				3,998,525	816,489	4,815,014	24,364

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL	939,362						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	69,874		983,914				
010 LAUNDRY & LINEN SERVICE	7,840		34,768	146,634			
011 HOUSEKEEPING	23,103		23,386	339	117,538		
012 DIETARY	13,514		39,021	893	3,022	173,491	
013 CAFETERIA	11,451		22,783				102,786
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	20,148		12,872		352		3,435
016 CENTRAL SERVICES & SUPPLY	5,731		25,282	1,296	1,425		1,627
017 PHARMACY	14,816		11,901		1,038		2,521
018 MEDICAL RECORDS & LIBRARY	22,034		15,899		686		7,749
019 SOCIAL SERVICE	7,126		4,074				1,403
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	117,423		272,170	82,182	43,797	142,434	29,978
031 INTENSIVE CARE UNIT	20,964		32,505	4,477	4,260	8,567	3,847
033 SUBPROVIDER							
037 NURSERY	6,026		8,751		6,844		1,365
037 01 ANCILLARY SRVC COST CNTRS							
037 02 OPERATING ROOM	74,811		77,524	11,681	16,368		7,988
038 SAME DAY SURGERY	11,124		29,356	10,533	5,409		2,190
039 LI THOTRI PSY							
040 RECOVERY ROOM	530		8,157				
041 DELIVERY ROOM & LABOR ROO	6,544		12,334	3,026			1,284
042 ANESTHESIOLOGY	7,477		1,697	1,150			883
043 RADIOLOGY-DIAGNOSTIC	57,508		75,694	10,423	2,929		8,520
044 LABORATORY	70,428		32,816	161	2,663		8,743
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	15,054		37,993	782			1,858
049 RESPIRATORY THERAPY	9,083		9,204	376	2,218		2,313
050 PHYSICAL THERAPY	37,425		64,774	258	693		7,082
053 ELECTROCARDIOLOGY	5,279		5,054	849	1,052		1,515
053 02 CARDIAC REHAB	2,192		6,507				644
054 ELECTROENCEPHALOGRAPHY	3,295				573		23
055 MEDICAL SUPPLIES CHARGED	70,390						
056 DRUGS CHARGED TO PATIENTS	26,822						
059 I/P AMBULANCE SERVICES							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	31,825		30,949	8,101	5,540		7,402
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 10 AMBULANCE SERVICES	2,433		396	4,218			416
069 20 CMHC							
069 30 OUTPATIENT PHYSICAL THERA							
069 40 OUTPATIENT OCCUPATIONAL T							
071 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	26,079		64,171				
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE	12,558		18,058				
095 SUBTOTALS	810,907		978,096	140,745	98,869	151,001	102,786
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	201		3,093				
097 RESEARCH						22,490	
098 PHYSICIANS' PRIVATE OFFIC	7,508			2,775	17,099		
098 01 PRIVATE DUTY NURSING							
098 02 COMMUNITY HEALTH	6,577				52		
098 03 OCCUPATIONAL MEDICINE	5,367		1,518		1,518		
098 04 FAMILY PHARMACY	23,480						
098 05 ADULT DAY CARE	14,598			3,114			
098 06 PERSONAL TOUCH							
098 07 IV HEALTH CORP	61,815						
098 08 PUBLIC RELATIONS	8,909		1,207				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	939,362		983,914	146,634	117,538	173,491	102,786

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		76,130						
016 CENTRAL SERVICES & SUPPLY			111,115					
017 PHARMACY				66,468				
018 MEDICAL RECORDS & LIBRARY					94,639			
019 SOCIAL SERVICE		1,521				26,590		
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM-(SPECIFY)								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS		32,491		130	6,406	24,427		
031 INTENSIVE CARE UNIT		4,170		61	1,396			
033 SUBPROVIDER								
037 NURSERY		1,479			428	2,163		
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM		8,658		394	16,475			
037 01 SAME DAY SURGERY		2,373		49	1,146			
037 02 LITHOTRIpsy								
038 RECOVERY ROOM				3	2,022			
039 DELIVERY ROOM & LABOR ROO		1,391			868			
040 ANESTHESIOLOGY		957		1,828	2,481			
041 RADIOLOGY-DIAGNOSTIC				198	17,886			
044 LABORATORY				1	13,523			
046 30 BLOOD CLOTTING FACTORS AD								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY		2,014		2,228	4,898			
049 RESPIRATORY THERAPY				14	1,417			
050 PHYSICAL THERAPY		7,676		6	3,514			
053 ELECTROCARDIOLOGY				1	1,637			
053 02 CARDIAC REHAB					149			
054 ELECTROENCEPHALOGRAPHY					494			
055 MEDICAL SUPPLIES CHARGED			111,115	23	5,677			
056 DRUGS CHARGED TO PATIENTS				61,064	7,629			
059 I/P AMBULANCE SERVICES								
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY		7,847		142	6,583			
062 OBSERVATION BEDS (NON-DIS								
063 50 RHC								
063 60 FOHC								
065 OTHER REIMBURS COST CNTRS								
065 10 CMHC				5	10			
069 20 OUTPATIENT PHYSICAL THERA								
069 30 OUTPATIENT OCCUPATIONAL T								
069 40 OUTPATIENT SPEECH PATHOLO								
071 HOME HEALTH AGENCY		5,553		41				
085 01 PANCREAS ACQUISITION								
085 02 INTESTINAL ACQUISITION								
093 HOSPICE								
095 SUBTOTALS		76,130	111,115	66,188	94,639	26,590		
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP								
098 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 PRIVATE DUTY NURSING								
098 02 COMMUNITY HEALTH				48				
098 03 OCCUPATIONAL MEDICINE				232				
098 04 FAMILY PHARMACY								
098 05 ADULT DAY CARE								
098 06 PERSONAL TOUCH								
098 07 IV HEALTH CORP								
098 08 PUBLIC RELATIONS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		76,130	111,115	66,468	94,639	26,590		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM-(SPECIFY)						
026	INPAT ROUTINE SRVC CNTRS						
031	ADULTS & PEDIATRICS				1,569,460		1,569,460
033	INTENSIVE CARE UNIT				178,192		178,192
037	SUBPROVIDER						
037	NURSERY				53,435		53,435
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM				447,086		447,086
037	01 SAME DAY SURGERY				150,358		150,358
037	02 LITHOTRIpsy						
038	RECOVERY ROOM				35,104		35,104
039	DELIVERY ROOM & LABOR ROO				62,554		62,554
040	ANESTHESIOLOGY				21,691		21,691
041	RADIOLOGY-DIAGNOSTIC				401,007		401,007
044	LABORATORY				227,777		227,777
046	30 BLOOD CLOTTING FACTORS AD						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY				178,759		178,759
049	RESPIRATORY THERAPY				52,516		52,516
050	PHYSICAL THERAPY				316,220		316,220
053	ELECTROCARDIOLOGY				30,656		30,656
053	02 CARDIAC REHAB				29,024		29,024
054	ELECTROENCEPHALOGRAPHY				4,388		4,388
055	MEDICAL SUPPLIES CHARGED				187,205		187,205
056	DRUGS CHARGED TO PATIENTS				95,515		95,515
059	I/P AMBULANCE SERVICES						
061	OUTPAT SERVICE COST CNTRS						
062	EMERGENCY				192,223		192,223
063	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FOHC						
065	OTHER REIMBURS COST CNTRS						
069	AMBULANCE SERVICES				8,743		8,743
069	10 CMHC						
069	20 OUTPATIENT PHYSICAL THERA						
069	30 OUTPATIENT OCCUPATIONAL T						
069	40 OUTPATIENT SPEECH PATHOLO						
071	HOME HEALTH AGENCY				288,608		288,608
085	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION						
085	02 INTESTINAL ACQUISITION						
093	HOSPICE				84,955		84,955
095	SUBTOTALS				4,615,476		4,615,476
096	NONREIMBURS COST CENTERS						
097	GIFT, FLOWER, COFFEE SHOP				12,543		12,543
098	RESEARCH				22,490		22,490
098	PHYSICIANS' PRIVATE OFFIC				27,382		27,382
098	01 PRIVATE DUTY NURSING						
098	02 COMMUNITY HEALTH				6,897		6,897
098	03 OCCUPATIONAL MEDICINE				13,405		13,405
098	04 FAMILY PHARMACY				23,480		23,480
098	05 ADULT DAY CARE				17,712		17,712
098	06 PERSONAL TOUCH						
098	07 IV HEALTH CORP				61,815		61,815
098	08 PUBLIC RELATIONS				13,814		13,814
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL				4,815,014		4,815,014

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
		1	2	3	4	5	6a. 00
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	170,751					
003	OLD CAP REL COSTS-MVB		170,751				
004	NEW CAP REL COSTS-BLD			170,751			
005	NEW CAP REL COSTS-MVB				170,751		
006	EMPLOYEE BENEFITS	864	864	864	864	19,473,240	
007	ADMINISTRATIVE & GENE	33,163	33,163	33,163	33,163	3,357,101	-8,535,607
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT	32,385	32,385	32,385	32,385	651,062	
010	LAUNDRY & LINEN SERVI	3,687	3,687	3,687	3,687	44,399	
011	HOUSEKEEPING	2,480	2,480	2,480	2,480	620,054	
012	DIETARY	4,138	4,138	4,138	4,138	282,498	
013	CAFETERIA	2,416	2,416	2,416	2,416	337,758	
014	MAINTENANCE OF PERSON						
015	NURSING ADMINISTRATION	1,365	1,365	1,365	1,365	664,409	
016	CENTRAL SERVICES & SU	2,681	2,681	2,681	2,681	121,277	
017	PHARMACY	1,262	1,262	1,262	1,262	482,522	
018	MEDICAL RECORDS & LIB	1,686	1,686	1,686	1,686	581,233	
019	SOCIAL SERVICE	432	432	432	432	226,883	
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &						
023	I&R SERVICES-OTHER PR						
024	PARAMEDICAL PRGM-(SPEC						
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	28,862	28,862	28,862	28,862	3,309,850	
027	INTENSIVE CARE UNIT	3,447	3,447	3,447	3,447	593,699	
028	SUBPROVIDER						
029	NURSERY	928	928	928	928	168,330	
030	ANCILLARY SRVC COST C						
031	OPERATING ROOM	8,221	8,221	8,221	8,221	1,088,750	
032	SAME DAY SURGERY	3,113	3,113	3,113	3,113	314,665	
033	LITHOTRIpsy						
034	RECOVERY ROOM	865	865	865	865		
035	DELIVERY ROOM & LABOR	1,308	1,308	1,308	1,308	177,773	
036	ANESTHESIOLOGY	180	180	180	180	113,672	
037	RADIOLOGY-DIAGNOSTIC	8,027	8,027	8,027	8,027	1,194,700	
038	LABORATORY	3,480	3,480	3,480	3,480	1,047,017	
039	BLOOD CLOTTING FACTOR						
040	BLOOD STORING, PROCES						
041	INTRAVENOUS THERAPY	4,029	4,029	4,029	4,029	254,142	
042	RESPIRATORY THERAPY	976	976	976	976	295,043	
043	PHYSICAL THERAPY	6,869	6,869	6,869	6,869	873,616	
044	ELECTROCARDIOLOGY	536	536	536	536	123,404	
045	CARDIAC REHAB	690	690	690	690	60,025	
046	ELECTROENCEPHALOGRAPH					2,035	
047	MEDICAL SUPPLIES CHAR						
048	DRUGS CHARGED TO PATI						
049	I/P AMBULANCE SERVICE						
050	OUTPAT SERVICE COST C						
051	EMERGENCY	3,282	3,282	3,282	3,282	1,026,434	
052	OBSERVATION BEDS (NON						
053	RHC						
054	FQHC						
055	OTHER REIMBURS COST C						
056	AMBULANCE SERVICES	42	42	42	42	64,180	
057	CMHC						
058	OUTPATIENT PHYSICAL T						
059	OUTPATIENT OCCUPATION						
060	OUTPATIENT SPEECH PAT						
061	HOME HEALTH AGENCY	6,805	6,805	6,805	6,805	695,019	
062	SPEC PURPOSE COST CEN						
063	PANCREAS ACQUISITION						
064	INTESTINAL ACQUISITIO						
065	HOSPICE	1,915	1,915	1,915	1,915	270,353	
066	SUBTOTALS	170,134	170,134	170,134	170,134	19,041,903	-8,535,607
067	NONREIMBURS COST CENT						
068	GIFT, FLOWER, COFFEE	328	328	328	328		
069	RESEARCH						
070	PHYSICIANS' PRIVATE O						
071	PRIVATE DUTY NURSING						
072	COMMUNITY HEALTH					176,147	
073	OCCUPATIONAL MEDICINE	161	161	161	161	184,194	
074	FAMILY PHARMACY						
075	ADULT DAY CARE						
076	PERSONAL TOUCH						
077	IV HEALTH CORP						
078	PUBLIC RELATIONS	128	128	128	128	70,996	
079	CROSS FOOT ADJUSTMENT						
080	NEGATIVE COST CENTER						
081	COST TO BE ALLOCATED			3,998,525	816,489	5,785,647	

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTES SERVED)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	43,199,557						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	3,213,334		104,339				
009 LAUNDRY & LINEN SERVICE	360,544		3,687	439,456			
010 HOUSEKEEPING	1,062,469		2,480	1,015	34,074		
011 DIETARY	621,485		4,138	2,676	876	46,131	
012 CAFETERIA	526,615		2,416				26,662
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIVE	926,578		1,365		102		891
015 CENTRAL SERVICES & SUPPLIES	263,574		2,681	3,883	413		422
016 PHARMACY	681,358		1,262		301		654
017 MEDICAL RECORDS & LIBRARY	1,013,287		1,686		199		2,010
018 SOCIAL SERVICE	327,693		432				364
020 NONPHYSICIAN ANESTHESIA							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)							
025 ADULTS & PEDIATRICS	5,400,381		28,862	246,295	12,697	37,873	7,776
026 INTENSIVE CARE UNIT	964,085		3,447	13,417	1,235	2,278	998
031 SUBPROVIDER							
033 NURSERY	277,137		928		1,984		354
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	3,440,362		8,221	35,008	4,745		2,072
037 01 SAME DAY SURGERY	511,587		3,113	31,566	1,568		568
037 02 LIOTHOTRI PSY							
038 RECOVERY ROOM	24,392		865				
039 DELIVERY ROOM & LABOR	300,958		1,308	9,070			333
040 ANESTHESIOLOGY	343,837		180	3,447			229
041 RADIOLOGY-DIAGNOSTIC	2,644,633		8,027	31,237	849		2,210
044 LABORATORY	3,238,810		3,480	483	772		2,268
046 30 BLOOD CLOTTING FACTOR							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY	692,287		4,029	2,344			482
049 RESPIRATORY THERAPY	417,685		976	1,127	643		600
050 PHYSICAL THERAPY	1,721,108		6,869	773	201		1,837
053 ELECTROCARDIOLOGY	242,783		536	2,545	305		393
053 02 CARDIAC REHAB	100,822		690				167
054 ELECTROENCEPHALOGRAPH	151,546				166		6
055 MEDICAL SUPPLIES CHAR	3,237,069						
056 DRUGS CHARGED TO PATIENT	1,233,475						
059 I/P AMBULANCE SERVICE							
061 OUTPAT SERVICE COST CENTER							
062 EMERGENCY	1,463,573		3,282	24,278	1,606		1,920
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FQHC							
OTHER REIMBURS COST CENTER							
065 AMBULANCE SERVICES	111,895		42	12,640			108
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY	1,199,323		6,805				
SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE	577,501		1,915				
095 SUBTOTALS	37,292,186		103,722	421,804	28,662	40,151	26,662
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE	9,249		328				
097 RESEARCH						5,980	
098 PHYSICIANS' PRIVATE OFFICE	345,266			8,318	4,957		
098 01 PRIVATE DUTY NURSING							
098 02 COMMUNITY HEALTH	302,457				15		
098 03 OCCUPATIONAL MEDICINE	246,801		161		440		
098 04 FAMILY PHARMACY	1,079,789						
098 05 ADULT DAY CARE	671,347			9,334			
098 06 PERSONAL TOUCH							
098 07 IV HEALTH CORP	2,842,737						
098 08 PUBLIC RELATIONS	409,725		128				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	8,535,607		3,848,244	567,766	1,365,177	935,454	719,774

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTES SERVED)
		6	7	8	9	10	11	12
	NONREIMBURS COST CENT (WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.197586		36.882125	1.291975	40.065064	20.278208	26.996249
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	939,362		983,914	146,634	117,538	173,491	102,786
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.021745		9.429973	.333672	3.449492	3.760833	3.855150

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT NRSNG HRS)	(COSTED REQUIS)	(COSTED REQUIS)	(GROSS CHARGES)	(TIME SPENT)	(ASSIGNED TIME)
NONREIMBURS COST CENT	13	14	15	16	17	18	20
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		65.210867		.664522		34.266729	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			4,474.900000		.010290		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		76,130	111,115	66,468	94,639	26,590	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		4.178375		.049504		2.061720	
			1,111.150000		.000728		

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	10,342,081		10,342,081		10,342,081
26	INTENSIVE CARE UNIT	1,507,297		1,507,297		1,507,297
31	SUBPROVIDER					
33	NURSERY	520,249		520,249		520,249
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,087,888		5,087,888		5,087,888
37 01	SAME DAY SURGERY	900,317		900,317		900,317
37 02	LITHOTRIpsy					
38	RECOVERY ROOM	89,742		89,742		89,742
39	DELIVERY ROOM & LABOR ROO	463,363		463,363		463,363
40	ANESTHESIOLOGY	503,593		503,593		503,593
41	RADIOLOGY-DIAGNOSTIC	3,852,925		3,852,925		3,852,925
44	LABORATORY	4,291,050		4,291,050		4,291,050
46 30	BLOOD CLOTTING FACTORS AD					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY	1,124,292		1,124,292		1,124,292
49	RESPIRATORY THERAPY	599,846		599,846		599,846
50	PHYSICAL THERAPY	2,542,701		2,542,701		2,542,701
53	ELECTROCARDIOLOGY	359,796		359,796		359,796
53 02	CARDIAC REHAB	152,800		152,800		152,800
54	ELECTROENCEPHALOGRAPHY	195,282		195,282		195,282
55	MEDICAL SUPPLIES CHARGED	4,404,711		4,404,711		4,404,711
56	DRUGS CHARGED TO PATIENTS	2,404,700		2,404,700		2,404,700
59	I/P AMBULANCE SERVICES					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,238,772		2,238,772		2,238,772
62	OBSERVATION BEDS (NON-DIS	1,243,887		1,243,887		1,243,887
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	155,020		155,020		155,020
101	SUBTOTAL	42,980,312		42,980,312		42,980,312
102	LESS OBSERVATION BEDS	1,243,887		1,243,887		1,243,887
103	TOTAL	41,736,425		41,736,425		41,736,425

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0234

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 2/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	10,342,081		10,342,081		10,342,081
26	INTENSIVE CARE UNIT	1,507,297		1,507,297		1,507,297
31	SUBPROVIDER					
33	NURSERY	520,249		520,249		520,249
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,087,888		5,087,888		5,087,888
37 01	SAME DAY SURGERY	900,317		900,317		900,317
37 02	LITHOTRIpsy					
38	RECOVERY ROOM	89,742		89,742		89,742
39	DELIVERY ROOM & LABOR ROO	463,363		463,363		463,363
40	ANESTHESIOLOGY	503,593		503,593		503,593
41	RADIOLOGY-DIAGNOSTIC	3,852,925		3,852,925		3,852,925
44	LABORATORY	4,291,050		4,291,050		4,291,050
46 30	BLOOD CLOTTING FACTORS AD					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY	1,124,292		1,124,292		1,124,292
49	RESPIRATORY THERAPY	599,846		599,846		599,846
50	PHYSICAL THERAPY	2,542,701		2,542,701		2,542,701
53	ELECTROCARDIOLOGY	359,796		359,796		359,796
53 02	CARDIAC REHAB	152,800		152,800		152,800
54	ELECTROENCEPHALOGRAPHY	195,282		195,282		195,282
55	MEDICAL SUPPLIES CHARGED	4,404,711		4,404,711		4,404,711
56	DRUGS CHARGED TO PATIENTS	2,404,700		2,404,700		2,404,700
59	I/P AMBULANCE SERVICES					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,238,772		2,238,772		2,238,772
62	OBSERVATION BEDS (NON-DIS	1,243,887		1,243,887		1,243,887
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	155,020		155,020		155,020
101	SUBTOTAL	42,980,312		42,980,312		42,980,312
102	LESS OBSERVATION BEDS	1,243,887		1,243,887		1,243,887
103	TOTAL	41,736,425		41,736,425		41,736,425

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	5,087,888	447,086	4,640,802			5,087,888
37 01	SAME DAY SURGERY	900,317	150,358	749,959			900,317
37 02	LITHOTRIpsy						
38	RECOVERY ROOM	89,742	35,104	54,638			89,742
39	DELIVERY ROOM & LABOR ROO	463,363	62,554	400,809			463,363
40	ANESTHESIOLOGY	503,593	21,691	481,902			503,593
41	RADIOLOGY-DIAGNOSTIC	3,852,925	401,007	3,451,918			3,852,925
44	LABORATORY	4,291,050	227,777	4,063,273			4,291,050
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	1,124,292	178,759	945,533			1,124,292
49	RESPIRATORY THERAPY	599,846	52,516	547,330			599,846
50	PHYSICAL THERAPY	2,542,701	316,220	2,226,481			2,542,701
53	ELECTROCARDIOLOGY	359,796	30,656	329,140			359,796
53 02	CARDIAC REHAB	152,800	29,024	123,776			152,800
54	ELECTROENCEPHALOGRAPHY	195,282	4,388	190,894			195,282
55	MEDICAL SUPPLIES CHARGED	4,404,711	187,205	4,217,506			4,404,711
56	DRUGS CHARGED TO PATIENTS	2,404,700	95,515	2,309,185			2,404,700
59	I/P AMBULANCE SERVICES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,238,772	192,223	2,046,549			2,238,772
62	OBSERVATION BEDS (NON-DIS	1,243,887	193,079	1,050,808			1,243,887
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	155,020	8,743	146,277			155,020
101	SUBTOTAL	30,610,685	2,633,905	27,976,780			30,610,685
102	LESS OBSERVATION BEDS	1,243,887	193,079	1,050,808			1,243,887
103	TOTAL	29,366,798	2,440,826	26,925,972			29,366,798

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	5,087,888	447,086	4,640,802	44,709	269,167	4,774,012
37 01	SAME DAY SURGERY	900,317	150,358	749,959	15,036	43,498	841,783
37 02	LITHOTRIpsy						
38	RECOVERY ROOM	89,742	35,104	54,638	3,510	3,169	83,063
39	DELIVERY ROOM & LABOR ROO	463,363	62,554	400,809	6,255	23,247	433,861
40	ANESTHESIOLOGY	503,593	21,691	481,902	2,169	27,950	473,474
41	RADIOLOGY-DIAGNOSTIC	3,852,925	401,007	3,451,918	40,101	200,211	3,612,613
44	LABORATORY	4,291,050	227,777	4,063,273	22,778	235,670	4,032,602
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	1,124,292	178,759	945,533	17,876	54,841	1,051,575
49	RESPIRATORY THERAPY	599,846	52,516	547,330	5,252	31,745	562,849
50	PHYSICAL THERAPY	2,542,701	316,220	2,226,481	31,622	129,136	2,381,943
53	ELECTROCARDIOLOGY	359,796	30,656	329,140	3,066	19,090	337,640
53 02	CARDIAC REHAB	152,800	29,024	123,776	2,902	7,179	142,719
54	ELECTROENCEPHALOGRAPHY	195,282	4,388	190,894	439	11,072	183,771
55	MEDICAL SUPPLIES CHARGED	4,404,711	187,205	4,217,506	18,721	244,615	4,141,375
56	DRUGS CHARGED TO PATIENTS	2,404,700	95,515	2,309,185	9,552	133,933	2,261,215
59	I/P AMBULANCE SERVICES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,238,772	192,223	2,046,549	19,222	118,700	2,100,850
62	OBSERVATION BEDS (NON-DIS	1,243,887	193,079	1,050,808	19,308	60,947	1,163,632
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	155,020	8,743	146,277	874	8,484	145,662
101	SUBTOTAL	30,610,685	2,633,905	27,976,780	263,392	1,622,654	28,724,639
102	LESS OBSERVATION BEDS	1,243,887	193,079	1,050,808	19,308	60,947	1,163,632
103	TOTAL	29,366,798	2,440,826	26,925,972	244,084	1,561,707	27,561,007

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	22,630,278	.210957	.222851
37 01	SAME DAY SURGERY	1,573,754	.534889	.562528
37 02	LITHOTRIpsy			
38	RECOVERY ROOM	2,777,464	.029906	.031047
39	DELIVERY ROOM & LABOR ROO	1,192,907	.363701	.383188
40	ANESTHESIOLOGY	3,408,538	.138908	.147108
41	RADIOLOGY-DIAGNOSTIC	24,587,736	.146927	.155070
44	LABORATORY	18,575,856	.217088	.229775
46 30	BLOOD CLOTTING FACTORS AD			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY	6,728,498	.156287	.164437
49	RESPIRATORY THERAPY	1,946,634	.289140	.305447
50	PHYSICAL THERAPY	4,827,139	.493448	.520200
53	ELECTROCARDIOLOGY	2,248,732	.150147	.158636
53 02	CARDIAC REHAB	204,038	.699473	.734657
54	ELECTROENCEPHALOGRAPHY	678,286	.270934	.287258
55	MEDICAL SUPPLIES CHARGED	7,798,653	.531037	.562404
56	DRUGS CHARGED TO PATIENTS	10,479,776	.215769	.228550
59	I/P AMBULANCE SERVICES			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	9,042,815	.232323	.245449
62	OBSERVATION BEDS (NON-DIS	1,362,204	.854227	.898969
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	14,357	10.145713	10.736644
101	SUBTOTAL	120,077,665		
102	LESS OBSERVATION BEDS	1,362,204		
103	TOTAL	118,715,461		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,569,460	35,060	1,534,400
26	INTENSIVE CARE UNIT				178,192		178,192
31	SUBPROVIDER						
33	NURSERY				53,435		53,435
101	TOTAL				1,801,087		1,766,027

TITLE XVIII, PART A

PPS

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	11,128	6,378			137.89	879,462
26	INTENSIVE CARE UNIT	668	415			266.75	110,701
31	SUBPROVIDER						
33	NURSERY	1,027				52.03	
101	TOTAL	12,823	6,793				990,163

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

PROVIDER NO: 14-0234
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/2/2008
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					11,128	
26	INTENSIVE CARE UNIT					668	
31	SUBPROVIDER						
33	NURSERY					1,027	
101	TOTAL					12,823	

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

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
14-0234	FROM 7/ 1/2007	WORKSHEET D
	TO 6/30/2008	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	6,378	
26	INTENSIVE CARE UNIT	415	
31	SUBPROVIDER		
33	NURSERY		
101	TOTAL	6,793	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 SAME DAY SURGERY						
37	02 LITHOTRI PSY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	02 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	I/P AMBULANCE SERVICES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			22,630,278			3,368,713	
37 01	SAME DAY SURGERY			1,573,754			27,548	
37 02	LITHOTRI PSY							
38	RECOVERY ROOM			2,777,464			439,715	
39	DELIVERY ROOM & LABOR ROO			1,192,907			2,771	
40	ANESTHESIOLOGY			3,408,538			296,000	
41	RADIOLOGY-DIAGNOSTIC			24,587,736			3,247,691	
44	LABORATORY			18,575,856			4,248,350	
46 30	BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY			6,728,498			2,780,070	
49	RESPIRATORY THERAPY			1,946,634			1,103,060	
50	PHYSICAL THERAPY			4,827,139			1,350,486	
53	ELECTROCARDIOLOGY			2,248,732			430,683	
53 02	CARDIAC REHAB			204,038				
54	ELECTROENCEPHALOGRAPHY			678,286			4,704	
55	MEDICAL SUPPLIES CHARGED			7,798,653			4,691,360	
56	DRUGS CHARGED TO PATIENTS			10,479,776			3,123,322	
59	I/P AMBULANCE SERVICES							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			9,042,815			1,050,074	
62	OBSERVATION BEDS (NON-DIS			1,362,204			231,336	
63 50	RHC							
63 60	FOHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			120,063,308			26,395,883	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,833,516					
37 01	SAME DAY SURGERY	802,053					
37 02	LITHOTRI PSY						
38	RECOVERY ROOM	1,286,046					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	333,526					
41	RADIOLOGY-DIAGNOSTIC	8,493,199					
44	LABORATORY	575,984					
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	1,059,857					
49	RESPIRATORY THERAPY	331,814					
50	PHYSICAL THERAPY	6,267					
53	ELECTROCARDIOLOGY	526,049					
53 02	CARDIAC REHAB	200,881					
54	ELECTROENCEPHALOGRAPHY	183,186					
55	MEDICAL SUPPLIES CHARGED	558,161					
56	DRUGS CHARGED TO PATIENTS	1,219,301					
59	I/P AMBULANCE SERVICES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,085,646					
62	OBSERVATION BEDS (NON-DIS	453,862					
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	22,949,348					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,311,532	
37 01 SAME DAY SURGERY				458,840	
37 02 LITHOTRIPSY					
38 RECOVERY ROOM				41,553	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				49,277	
41 RADIOLOGY-DIAGNOSTIC				1,330,893	21
44 LABORATORY				133,053	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY				177,096	
49 RESPIRATORY THERAPY				102,247	
50 PHYSICAL THERAPY				3,301	
53 ELECTROCARDIOLOGY				84,168	
53 02 CARDIAC REHAB				150,436	
54 ELECTROENCEPHALOGRAPHY				52,740	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				315,252	
56 DRUGS CHARGED TO PATIENTS				279,782	1,057
59 I/P AMBULANCE SERVICES					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				268,779	
62 OBSERVATION BEDS (NON-DISTINCT PART)				414,441	
63 50 RHC					
63 60 FOHC					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				5,173,390	1,078
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				5,173,390	1,078

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: | PERIOD: | PREPARED 12/ 2/2008
 | 14-0234 | FROM 7/ 1/2007 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2008 | PART II
 | 14-S234 | |

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.019756	
37 01	SAME DAY SURGERY	.095541	
37 02	LITHOTRI PSY		
38	RECOVERY ROOM	.012639	
39	DELIVERY ROOM & LABOR ROO	.052438	
40	ANESTHESIOLOGY	.006364	
41	RADIOLOGY-DIAGNOSTIC	.016309	
44	LABORATORY	.012262	
46 30	BLOOD CLOTTING FACTORS AD		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY	.026567	
49	RESPIRATORY THERAPY	.026978	
50	PHYSICAL THERAPY	.065509	
53	ELECTROCARDIOLOGY	.013633	
53 02	CARDIAC REHAB	.142248	
54	ELECTROENCEPHALOGRAPHY	.006469	
55	MEDICAL SUPPLIES CHARGED	.024005	
56	DRUGS CHARGED TO PATIENTS	.009114	
59	I/P AMBULANCE SERVICES		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.021257	
62	OBSERVATION BEDS (NON-DIS	.141740	
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

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			22,630,278				
37	01 OPERATING ROOM			1,573,754				
37	02 LITHOTRI PSY							
38	RECOVERY ROOM			2,777,464				
39	DELIVERY ROOM & LABOR ROO			1,192,907				
40	ANESTHESIOLOGY			3,408,538				
41	RADIOLOGY-DIAGNOSTIC			24,587,736				
44	LABORATORY			18,575,856				
46	30 BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY			6,728,498				
49	RESPIRATORY THERAPY			1,946,634				
50	PHYSICAL THERAPY			4,827,139				
53	ELECTROCARDIOLOGY			2,248,732				
53	02 CARDIAC REHAB			204,038				
54	ELECTROENCEPHALOGRAPHY			678,286				
55	MEDICAL SUPPLIES CHARGED			7,798,653				
56	DRUGS CHARGED TO PATIENTS			10,479,776				
59	I/P AMBULANCE SERVICES							
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			9,042,815				
62	OBSERVATION BEDS (NON-DIS			1,362,204				
63	50 RHC							
63	60 FOHC							
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			120,063,308				

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

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						
37 01	SAME DAY SURGERY						
37 02	LITHOTRI PSY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 02	CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	I/P AMBULANCE SERVICES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	1,917,617	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,294,298	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	4,514,532	
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		
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)	64,430	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	63.58	
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		
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)		2.38
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		15.29
4.02 SUM OF LINES 4 AND 4.01		17.67
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.24
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		370,001
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	9,160,878	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	12,021,711	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	11,306,503	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	754,190	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	12,060,693	
17 PRIMARY PAYER PAYMENTS	8,265	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	12,052,428	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,234,176	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	21,552	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	129,093	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	90,365	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	92,709	
22 SUBTOTAL	10,887,065	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	10,887,065	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	10,375,125	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	511,940	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

TITLE XVII I SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		366,947		
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		366,947		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
7 TOTAL MEDICARE PROGRAM LIABILITY				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				

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

- 1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)
- 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)
- 1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT
- 1.03 MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)
- 1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)
- 1.05 OUTLIER PAYMENTS
- 1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)
- 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)

INPATIENT PSYCHIATRIC FACILITY (IPF)

- 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)
- 1.09 NET IPF PPS OUTLIER PAYMENTS
- 1.10 NET IPF PPS ECT PAYMENTS
- 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)
- 1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.
- 1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).
- 1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)
- 1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)
- 1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)
- 1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)
- 1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)

INPATIENT REHABILITATION FACILITY (IRF)

- 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)
- 1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.
- 1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).

- 2 ORGAN ACQUISITION
- 3 COST OF TEACHING PHYSICIANS
- 4 SUBTOTAL (SEE INSTRUCTIONS)
- 5 PRIMARY PAYER PAYMENTS
- 6 SUBTOTAL
- 7 DEDUCTIBLES
- 8 SUBTOTAL
- 9 COINSURANCE
- 10 SUBTOTAL
- 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV) 8,528
- 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 5,970
- 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 12 SUBTOTAL 5,970
- 13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)
- 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 15 OTHER ADJUSTMENTS (SPECIFY)
- 15.99 OUTLIER RECONCILIATION ADJUSTMENT

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,970
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	5,970
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.

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		36,134,429		
2	NET INCOME (LOSS)		1,660,720		
3	TOTAL		37,795,149		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	RECONCILING ITEM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		37,795,149		
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		37,795,149		

		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	RECONCILING ITEM				
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				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	8,025,297		8,025,297
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	8,025,297		8,025,297
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,917,786		1,917,786
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,917,786		1,917,786
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	9,943,083		9,943,083
17 00 ANCILLARY SERVICES	35,111,595	77,873,679	112,985,274
18 00 OUTPATIENT SERVICES		7,244,633	7,244,633
18 50 RHC			
18 60 FHCC			
19 00 HOME HEALTH AGENCY		1,013,313	1,013,313
20 00 AMBULANCE SERVICES			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
23 00 HOSPICE		689,439	689,439
24 00 NR/PROFESSIONAL FEES		9,303,219	9,303,219
25 00 TOTAL PATIENT REVENUES	45,054,678	96,124,283	141,178,961

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		52,150,522	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 GAAP BAD DEBTS	4,084,670		
29 00 RECONCILING ITEM		823	
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		4,085,493	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		56,236,015	

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	108,719				66,647	175,366
HHA REIMBURSABLE SERVICES						
6	379,228		19,018			398,246
7	189,959		9,526			199,485
8	4,198		211			4,409
9	2,027		102			2,129
10	3,023		152			3,175
11	7,865		394			8,259
12					13,061	13,061
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	695,019		29,403		79,708	804,130

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-3,198	172,168		172,168
HHA REIMBURSABLE SERVICES				
6		398,246		398,246
7		199,485		199,485
8		4,409		4,409
9		2,129		2,129
10		3,175		3,175
11		8,259		8,259
12		13,061		13,061
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-3,198	800,932		800,932

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				-172,168	628,764
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					398,246
7	PHYSICAL THERAPY					199,485
8	OCCUPATIONAL THERAPY					4,409
9	SPEECH PATHOLOGY					2,129
10	MEDICAL SOCIAL SERVICES					3,175
11	HOME HEALTH AIDE					8,259
12	SUPPLIES					13,061
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)				-172,168	628,764
25	COST TO BE ALLOCATED					172,168
26	UNIT COST MULTIPLIER					.273820

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL				159,355	32,540	32,301
2 SKILLED NURSING CARE	507,295					112,673
3 PHYSICAL THERAPY	254,108					56,438
4 OCCUPATIONAL THERAPY	5,616					1,247
5 SPEECH PATHOLOGY	2,712					602
6 MEDICAL SOCIAL SERVICES	4,044					898
7 HOME HEALTH AIDE	10,520					2,337
8 SUPPLIES	16,637					
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)	800,932			159,355	32,540	206,496
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
1 ADMIN & GENERAL	224,196	44,298		250,983		
2 SKILLED NURSING CARE	619,968	122,497				
3 PHYSICAL THERAPY	310,546	61,360				
4 OCCUPATIONAL THERAPY	6,863	1,356				
5 SPEECH PATHOLOGY	3,314	655				
6 MEDICAL SOCIAL SERVICES	4,942	976				
7 HOME HEALTH AIDE	12,857	2,540				
8 SUPPLIES	16,637	3,287				
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)	1,199,323	236,969		250,983		
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	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16
1 ADMIN & GENERAL				86,665		556
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)				86,665		556
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
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	PARAMED ED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		606,698		606,698		
2 SKILLED NURSING CARE		742,465		742,465	385,727	1,128,192
3 PHYSICAL THERAPY		371,906		371,906	193,214	565,120
4 OCCUPATIONAL THERAPY		8,219		8,219	4,270	12,489
5 SPEECH PATHOLOGY		3,969		3,969	2,062	6,031
6 MEDICAL SOCIAL SERVICES		5,918		5,918	3,075	8,993
7 HOME HEALTH AIDE		15,397		15,397	7,999	23,396
8 SUPPLIES		19,924		19,924	10,351	30,275
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)		1,774,496		1,774,496	606,698	1,774,496
21 UNIT COST MULTIPLIER					0.519523	

(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	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-MVBLE (SQUARE FEET) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1 ADMIN & GENERAL	6,805	6,805	6,805	6,805	108,719	
2 SKILLED NURSING CARE					379,228	
3 PHYSICAL THERAPY					189,959	
4 OCCUPATIONAL THERAPY					4,198	
5 SPEECH PATHOLOGY					2,027	
6 MEDICAL SOCIAL SERVICES					3,023	
7 HOME HEALTH AIDE					7,865	
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)	6,805	6,805	6,805	6,805	695,019	
21 COST TO BE ALLOCATED			159,355	32,540	206,496	
22 UNIT COST MULTIPLIER			23.417340	4.781778	0.297108	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11
1 ADMIN & GENERAL	224,196		6,805			
2 SKILLED NURSING CARE	619,968					
3 PHYSICAL THERAPY	310,546					
4 OCCUPATIONAL THERAPY	6,863					
5 SPEECH PATHOLOGY	3,314					
6 MEDICAL SOCIAL SERVICES	4,942					
7 HOME HEALTH AIDE	12,857					
8 SUPPLIES	16,637					
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)	1,199,323		6,805			
21 COST TO BE ALLOCATED	236,969		250,983			
22 UNIT COST MULTIPLIER	0.197586		36.882145			

HHA 1

HHA COST CENTER	CAFETERIA (FTES SERVED) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPL (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRAR (GROSS CHARGES) 17
1 ADMIN & GENERAL			1,329		836	
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)			1,329		836	
21 COST TO BE ALLOCATED			86,665		556	
22 UNIT COST MULTIPLIER			65.210685		0.665072	

HHA COST CENTER	SOCIAL SERVICE (TIME SPENT) 18	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME) 20	NURSING SCHOOL (ASSIGNED TIME) 21	I&R SERVICES -SALARY & FR (ASSIGNED TIME) 22	I&R SERVICES -OTHER PRGM (ASSIGNED TIME) 23	PARAMEDICAL P RGM-(SPECIFY (ASSIGNED TIME) 24
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM (FROM PART I) WKST H-5 PART I)	(FROM PART II)				PART A
1 SKILLED NURSING	2	1,128,192	1,128,192	2	1,128,192	3,408	331.04	1,364
2 PHYSICAL THERAPY	3	565,120	565,120		565,120	2,200	256.87	1,293
3 OCCUPATIONAL THERAPY	4	12,489	12,489		12,489	92	135.75	29
4 SPEECH PATHOLOGY	5	6,031	6,031		6,031	34	177.38	19
5 MEDICAL SOCIAL SERVICES	6	8,993	8,993		8,993	41	219.34	18
6 HOME HEALTH AIDE SERVICE	7	23,396	23,396		23,396	391	59.84	217
7 TOTAL		1,744,221	1,744,221		1,744,221	6,166		2,940

PROGRAM VISITS	COST OF SERVICES	PART B		TOTAL PROGRAM COST
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	758	7	8	12
2 PHYSICAL THERAPY	408			702,467
3 OCCUPATIONAL THERAPY	17			436,936
4 SPEECH PATHOLOGY				6,245
5 MEDICAL SOCIAL SERVICES	17			3,370
6 HOME HEALTH AIDE SERVICES	141			3,948
7 TOTAL	1,341			12,985
				8,437
				370,205
				1,178,117

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	PART A 6
8 SKILLED NURSING		9914					
8.01 SKILLED NURSING							
8.02 SKILLED NURSING							
9 PHYSICAL THERAPY		9914					
9.01 PHYSICAL THERAPY							
9.02 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY		9914					
10.01 OCCUPATIONAL THERAPY							
10.02 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY		9914					
11.01 SPEECH PATHOLOGY							
11.02 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES		9914					
12.01 MEDICAL SOCIAL SERVICES							
12.02 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE		9914					
13.01 HOME HEALTH AIDE SERVICE							
13.02 HOME HEALTH AIDE SERVICE							
14 TOTAL							

PROGRAM VISITS	COST OF SERVICES	PART B		TOTAL PROGRAM COST
NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	758	7	8	12
8.01 SKILLED NURSING				
8.02 SKILLED NURSING				
9 PHYSICAL THERAPY	17			6,245
9.01 PHYSICAL THERAPY				3,370
9.02 PHYSICAL THERAPY				3,948
10 OCCUPATIONAL THERAPY	141			12,985
10.01 OCCUPATIONAL THERAPY				8,437
10.02 OCCUPATIONAL THERAPY				370,205
11 SPEECH PATHOLOGY				1,178,117
11.01 SPEECH PATHOLOGY				
11.02 SPEECH PATHOLOGY				
12 MEDICAL SOCIAL SERVICES				
12.01 MEDICAL SOCIAL SERVICES				
12.02 MEDICAL SOCIAL SERVICES				
13 HOME HEALTH AIDE SERVICE				
13.01 HOME HEALTH AIDE SERVICE				
13.02 HOME HEALTH AIDE SERVICE				

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
14-0234	FROM 7/ 1/2007	WORKSHEET H-6
HHA NO:	TO 6/30/2008	PARTS I II & III
14-7440		HHA 1

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

-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
-----PART B-----		-----PART B-----		
NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	SUBJECT TO DEDUCT & COINSUR	
7	8	9	11	12

14 TOTAL

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	30,275	8,592	38,867	15,225	2.552841	9,418
16 COST OF DRUGS	9.00				325		
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	5,807		24,043	14,824
16 COST OF DRUGS	325			
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4	9914	
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)	9914	
17.01 PER BENE COST LIMITATION (FRM FI)		
17.02 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.526751			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	.564804	15,212	8,592	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.229461			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS 4	PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS 1/1/1998 TO 12/31/1998 4		
1 PHYSICAL THERAPY		256.87	2.01	3	3.01	
2 OCCUPATIONAL THERAPY		135.75				
3 SPEECH PATHOLOGY		177.38				
4 TOTAL (SUM OF LINES 1-3)						

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		598,608		189,181
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
		598,608		189,181
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

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 12/ 2/2008
14-0234	FROM 7/ 1/2007	WORKSHEET K
HOSPICE NO:	TO 6/30/2008	
14-1533		

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	270,363		24,538	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	270,363		24,538	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2007	12/ 2/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K
14-1533		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	169,441	464,342	-1,162	463,180
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	169,441	464,342	-1,162	463,180

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
14-0234	FROM 7/ 1/2007	WORKSHEET K
HOSPICE NO:	TO 6/30/2008	
14-1533		

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		
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE	-20,004	443,176
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-20,004	443,176

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/1/2007	12/2/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-1
14-1533		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/1/2007	12/2/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-1
14-1533		

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	270,363			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	270,363			

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/1/2007	12/2/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-1
14-1533		

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	270,363
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	270,363

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

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
HOSPICE GENERAL SERVICE COST	14-0234	FROM 7/ 1/2007	WORKSHEET K-4
	HOSPICE NO:	TO 6/30/2008	PART I
	14-1533		

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

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	443,176		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	443,176		

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
HOSPICE GENERAL SERVICE COST	14-0234	FROM 7/ 1/2007	WORKSHEET K-4
	HOSPICE NO:	TO 6/30/2008	PART I
	14-1533		

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			443,176	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			443,176	

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2007	12/ 2/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-4
14-1533		PART I

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	443,176
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	11 PHYSICAL THERAPY	
16	12 OCCUPATIONAL THERAPY	
17	13 SPEECH/LANGUAGE PATHOLOGY	
18	14 MEDICAL SOCIAL SERVICES	
19	15 SPIRITUAL COUNSELING	
20	16 DIETARY COUNSELING	
21	17 COUNSELING - OTHER	
22	18 HOME HEALTH AIDE AND HOMEMAKER	
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	19 OTHER	
26	20 DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	22 PATIENT TRANSPORTATION	
32	23 IMAGING SERVICES	
33	24 LABS AND DIAGNOSTICS	
34	25 MEDICAL SUPPLIES	
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	
39	30 BEREAVEMENT PROGRAM COSTS	
40	31 VOLUNTEER PROGRAM COSTS	
41	32 FUNDRAISING	
42	33 OTHER PROGRAM COSTS	
43	34 TOTAL (SUM OF LINES 1 THRU 33)	443,176

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2007	12/ 2/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-4
14-1533		PART 11

HOSPICE 1

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

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

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2007	12/ 2/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-4
14-1533		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINSTRATIVE AND GENERAL		-15,676	427,500
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE		-15,676	427,500
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 I)			
45 UNIT COST MULTIPLIER	.000000		.000000

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	443,176			44,844
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				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
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)		443,176			44,844
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	9,157	80,324	577,501	114,106
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	9,157	80,324	577,501	114,106
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
HOSPICE COST CENTER	7	8	9	10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		70,629		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		70,629		
30.00 UNIT COST MULTIPLIER				

	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
HOSPICE COST CENTER	11	12	13	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD
	20	21	22	23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	PARAMED ED PRGM- (SPECIFY)	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL
	24	25	26	27
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		762,236		762,236
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		762,236		762,236
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		762,236
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		762,236
30.00 UNIT COST MULTIPLIER	.000000	

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

HOSPICE 1

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

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

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	1,915	1,915	1,915	1,915
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)	1,915	1,915	1,915	1,915
30.00 TOTAL COST TO BE ALLOCATED			44,844	9,157
31.00 UNIT COST MULTIPLIER	.000000	.000000	23.417232	4.781723

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	(GROSS SALARIES)		(ACCUMULATED COST)	(SQUARE FEET)
	5	6A	6	7
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	270,353		577,501	
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				

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)
	12	13	14	15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	16	17	18	20
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

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	.526751	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.229461	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.231001	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.564804	
8	EMERGENCY	61	.247575	
9	RADIOLOGY-DIAGNOSTIC	41	.156701	
10	I/P AMBULANCE SERVICES	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2007	12/ 2/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-6
14-1533		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				762,236
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				4,828
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				157.88
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	3,869			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	610,838			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			959	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			151,407	

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

