

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 7/1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2009 TIME 19:21

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 7/1/2008 AND ENDING 6/30/2009 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	-60,007	77,654	0	
3	SWING BED - SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	-60,007	77,654	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 WAGE INDEX INFORMATION

PROVIDER NO:
14-0234

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET S-3
PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	20,482,717		20,482,717	918,282.38	22.31	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,300,108	72,593	1,372,701	52,618.00	26.09	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,310,733		1,310,733	17,618.00	74.40	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,146,519		6,146,519			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	384,554		384,554			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	198,531		198,531	6,418.00	30.93	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	3,745,460	-72,593	3,672,867	167,674.00	21.90	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	683,790		683,790	32,890.00	20.79	
25 LAUNDRY & LINEN SERVICE	38,017		38,017	2,275.00	16.71	
26 HOUSEKEEPING	657,500		657,500	48,290.00	13.62	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	584,738	-263,222	321,516	22,092.00	14.55	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	54,900	263,222	318,122	21,858.00	14.55	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	617,967		617,967	18,660.00	33.12	
31 CENTRAL SERVICE AND SUPPLY	144,689		144,689	9,568.00	15.12	
32 PHARMACY	541,860		541,860	16,036.00	33.79	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	557,764		557,764	38,322.00	14.55	
34 SOCIAL SERVICE	240,290		240,290	9,888.00	24.30	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	20,482,717		20,482,717	918,282.38	22.31	
2 EXCLUDED AREA SALARIES	1,300,108	72,593	1,372,701	52,618.00	26.09	
3 SUBTOTAL SALARIES	19,182,609	-72,593	19,110,016	865,664.38	22.08	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,310,733		1,310,733	17,618.00	74.40	
5 SUBTOTAL WAGE-RELATED COSTS	6,146,519		6,146,519		32.16	
6 TOTAL	26,639,861	-72,593	26,567,268	883,282.38	30.08	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	8,065,506	-72,593	7,992,913	393,971.00	20.29	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	391	28	140
2 UNDUPLICATED CENSUS COUNT		231.00	18.00	85.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	559
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	2.63		2.63
6 DIRECTING NURSING SERVICE	4.94		4.94
7 NURSING SUPERVISOR	1.00		1.00
8 PHYSICAL THERAPY SERVICE	2.00		2.00
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	.01		.01
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.27		.27
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	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 EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	1,762	102	50	59
22 SKILLED NURSING VISIT CHARGES	304,101	17,476	8,640	10,207
23 PHYSICAL THERAPY VISITS	1,352	9	4	26
24 PHYSICAL THERAPY VISIT CHARGES	233,316	1,557	677	4,498
25 OCCUPATIONAL THERAPY VISITS	88	0	0	10
26 OCCUPATIONAL THERAPY VISIT CHARGES	15,209	0	0	1,730
27 SPEECH PATHOLOGY VISITS	13	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	2,249	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	13	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	2,802	0	0	216
31 HOME HEALTH AIDE VISITS	218	0	0	35
32 HOME HEALTH AIDE VISIT CHARGES	20,008	0	0	3,220
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,446	111	54	131
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	577,685	19,033	9,317	19,871
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	262	0	19	8
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	5,136	39	1,926	206

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,973
22 SKILLED NURSING VISIT CHARGES	0	0	340,424
23 PHYSICAL THERAPY VISITS	0	0	1,391
24 PHYSICAL THERAPY VISIT CHARGES	0	0	240,048
25 OCCUPATIONAL THERAPY VISITS	0	0	98
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	16,939
27 SPEECH PATHOLOGY VISITS	0	0	13
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,249
29 MEDICAL SOCIAL SERVICE VISITS	0	0	14
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	3,018
31 HOME HEALTH AIDE VISITS	0	0	253
32 HOME HEALTH AIDE VISIT CHARGES	0	0	23,228
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,742
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	625,906
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	289
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	7,307

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0234
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/24/2009
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	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
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 7/1/2008 TO 6/30/2009
PREPARED 11/24/2009
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		TOTAL 5
			RUGs DAYS 4.05	SWING BED DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB			14	
6	RVA				
6 .01	RVX				
6 .02	RVL			5	
7	RHC			233	
8	RHB			301	
9	RHA			5	
9 .01	RHX				
9 .02	RHL				
10	RMC			83	
11	RMB			81	
12	RMA				
12 .01	RMX			123	
12 .02	RML			121	
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			5	
16	SE2			146	
17	SE1			22	
18	SSC				
19	SSB			5	
20	SSA			17	
21	CC2				
22	CC1			12	
23	CB2				
24	CB1				
25	CA2				
26	CA1			4	
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1			2	
37	PD2				
38	PD1				
39	PC2				
40	PC1			2	
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA			2	
46	TOTAL			1,183	

(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

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	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	2,968			
3 INPATIENT RESPIRE CARE	8			
4 GENERAL INPATIENT CARE	25			
5 TOTAL HOSPICE DAYS	3,001			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	733	3,701
3 INPATIENT RESPIRE CARE	3	11
4 GENERAL INPATIENT CARE	1	26
5 TOTAL HOSPICE DAYS	737	3,738

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	64			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	46.89			
9 UNDUPLICATED CENSUS COUNT				

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	14	78
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	52.64	47.92
9 UNDUPLICATED CENSUS COUNT		

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	1,475,777
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	1,475,777
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)	.291097
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	15,514,429
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,516,204
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,500,184
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,892,184
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,516,204

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0234

PERIOD: FROM 7/1/2008 TO 6/30/2009

PREPARED 11/24/2009 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		4,979,319	4,979,319		4,979,319
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				794,056	794,056
5	0500	EMPLOYEE BENEFITS	198,531	6,594,574	6,793,105		6,793,105
6	0600	ADMINISTRATIVE & GENERAL	3,745,460	4,072,584	7,818,044	-530,770	7,287,274
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	683,790	1,587,182	2,270,972	-2,938	2,268,034
9	0900	LAUNDRY & LINEN SERVICE	38,017	208,265	246,282		246,282
10	1000	HOUSEKEEPING	657,500	211,761	869,261		869,261
11	1100	DIETARY	584,738	165,038	749,776	-264,289	485,487
12	1200	CAFETERIA	54,900	161,173	216,073	264,289	480,362
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	617,967	31,900	649,867		649,867
15	1500	CENTRAL SERVICES & SUPPLY	144,689	278,634	423,323	-199,672	223,651
16	1600	PHARMACY	541,860	1,593,432	2,135,292	-1,565,157	570,135
17	1700	MEDICAL RECORDS & LIBRARY	557,764	136,624	694,388		694,388
18	1800	SOCIAL SERVICE	240,290	81,882	322,172	-63,996	258,176
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	3,666,579	606,867	4,273,446	-59,613	4,213,833
26	2600	INTENSIVE CARE UNIT	603,346	146,856	750,202		750,202
31	3100	SUBPROVIDER					
33	3300	NURSERY	121,646	28,511	150,157		150,157
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,115,980	6,899,777	8,015,757	-4,832,143	3,183,614
37.01	3701	SAME DAY SURGERY	331,171	18,257	349,428		349,428
37.02	3950	LITHOTRIPSY					
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM	162,110	30,387	192,497		192,497
40	4000	ANESTHESIOLOGY	148,740	2,130,183	2,278,923	-977	2,277,946
41	4100	RADIOLOGY-DIAGNOSTIC	1,279,267	1,438,158	2,717,425	-232,154	2,485,271
44	4400	LABORATORY	1,075,196	1,936,987	3,012,183		3,012,183
46.30	4650	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY	257,673	295,726	553,399	-960	552,439
49	4900	RESPIRATORY THERAPY	320,503	99,272	419,775	-60,838	358,937
50	5000	PHYSICAL THERAPY	682,206	1,147,429	1,829,635	-277,766	1,551,869
53	5300	ELECTROCARDIOLOGY	132,689	182,755	315,444		315,444
53.02	3160	CARDIAC REHAB	59,522	3,872	63,394		63,394
54	5400	ELECTROENCEPHALOGRAPHY	3,422	192,354	195,776	-360	195,416
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				5,144,091	5,144,091
56	5600	DRUGS CHARGED TO PATIENTS				1,565,157	1,565,157
59	3951	I/P AMBULANCE SERVICES OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	1,157,053	2,541,229	3,698,282	-103,932	3,594,350
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310	RHC					
63.60	6320	FQHC					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	51,577	25,336	76,913		76,913
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	610,172	87,855	698,027	-2,760	695,267
		SPEC PURPOSE COST CENTERS					
85.01	8510	PANCREAS ACQUISITION					
85.02	8520	INTESTINAL ACQUISITION					
93	9300	HOSPICE	262,830	246,539	509,369	-402	508,967
95		SUBTOTALS	20,107,188	38,160,718	58,267,906	-431,134	57,836,772
		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	177,578	79,724	257,302	-12,300	245,002
98.03	9803	OCCUPATIONAL MEDICINE	197,951	4,479	202,430		202,430
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				443,434	443,434
98.09	9809	UTICA MEDICAL CENTER					
98.10	9810	OGLESBY FAMILY MEDICINE					
101		TOTAL	20,482,717	38,244,921	58,727,638	-0-	58,727,638

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

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	-764,171	4,215,148
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-9,094	784,962
5	0500	EMPLOYEE BENEFITS		6,793,105
6	0600	ADMINISTRATIVE & GENERAL	-440,280	6,846,994
7	0700	MAINTENANCE & REPAIRS		
8	0800	OPERATION OF PLANT	-33,694	2,234,340
9	0900	LAUNDRY & LINEN SERVICE		246,282
10	1000	HOUSEKEEPING		869,261
11	1100	DIETARY	-9,565	475,922
12	1200	CAFETERIA	-148,411	331,951
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION		649,867
15	1500	CENTRAL SERVICES & SUPPLY		223,651
16	1600	PHARMACY	-1,887	568,248
17	1700	MEDICAL RECORDS & LIBRARY	-708	693,680
18	1800	SOCIAL SERVICE		258,176
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		4,213,833
26	2600	INTENSIVE CARE UNIT		750,202
31	3100	SUBPROVIDER		
33	3300	NURSERY		150,157
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		3,183,614
37.01	3701	SAME DAY SURGERY		349,428
37.02	3950	LITHOTRIPSY		
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM		192,497
40	4000	ANESTHESIOLOGY	-1,883,142	394,804
41	4100	RADIOLOGY-DIAGNOSTIC	-69,639	2,415,632
44	4400	LABORATORY	-10,027	3,002,156
46.30	4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
47	4700	BLOOD STORING, PROCESSING & TRANS.		
48	4800	INTRAVENOUS THERAPY		552,439
49	4900	RESPIRATORY THERAPY	-4,860	354,077
50	5000	PHYSICAL THERAPY		1,551,869
53	5300	ELECTROCARDIOLOGY	-115,575	199,869
53.02	3160	CARDIAC REHAB		63,394
54	5400	ELECTROENCEPHALOGRAPHY	-5,160	190,256
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,144,091
56	5600	DRUGS CHARGED TO PATIENTS		1,565,157
59	3951	I/P AMBULANCE SERVICES OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY	-2,350,147	1,244,203
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310	RHC		
63.60	6320	FQHC		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES		76,913
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		695,267
		SPEC PURPOSE COST CENTERS		
85.01	8510	PANCREAS ACQUISITION		
85.02	8520	INTESTINAL ACQUISITION		
93	9300	HOSPICE	-20,004	488,963
95		SUBTOTALS	-5,866,364	51,970,408
		NONREIMBURS COST CENTERS		
96	9600	GI FT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES	113,568	113,568
98.01	9801	PRIVATE DUTY NURSING		
98.02	9802	COMMUNITY HEALTH		245,002
98.03	9803	OCCUPATIONAL MEDICINE		202,430
98.04	9804	FAMILY PHARMACY	1,039,076	1,039,076
98.05	9805	ADULT DAY CARE	605,844	605,844
98.06	9806	PERSONAL TOUCH		
98.07	9807	IV HEALTH CORP	4,393,031	4,393,031
98.08	9808	PUBLIC RELATIONS		443,434
98.09	9809	UTICA MEDICAL CENTER	288,289	288,289
98.10	9810	OGLESBY FAMILY MEDICINE	412,630	412,630
101		TOTAL	986,074	59,713,712

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009
 I 14-0234 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

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	FOHC	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	0000	
	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
98.09	UTICA MEDICAL CENTER	9809	PHYSICIANS' PRIVATE OFFICES
98.10	OGLESBY FAMILY MEDICINE	9810	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140234

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CHARGEABLE DRUGS	A	DRUGS CHARGED TO PATIENTS	56		1,565,157
2 PROPERTY INSURANCE	B	NEW CAP REL COSTS-MVBLE EQUIP	4		57,489
3 CAFETERIA/MOW COSTS	C	CAFETERIA	12	263,222	1,067
4 RENTALS	E	NEW CAP REL COSTS-MVBLE EQUIP	4		736,567
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 O/R CHARGEABLE SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,757,269
19 CHARGEABLE SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		199,432
20 ADDITIONAL MEDICAL SUPPLIES	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		60,310
21		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		35,324
22		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		91,756
23 HHA BLDG UTILITIES	I	ADMINISTRATIVE & GENERAL	6		3,162
24					
25 PUBLIC RELATIONS	J	PUBLIC RELATIONS	98.08	72,593	370,841
36 TOTAL RECLASSIFICATIONS				335,815	7,878,374

(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/ 1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
	1	6	7		8	9	
1 CHARGEABLE DRUGS	A	PHARMACY	16			1,565,157	
2 PROPERTY INSURANCE	B	ADMINISTRATIVE & GENERAL	6			57,489	10
3 CAFETERIA/MOW COSTS	C	DIETARY	11		263,222	1,067	
4 RENTALS	E	ADMINISTRATIVE & GENERAL	6			33,009	10
5		OPERATION OF PLANT	8			2,938	
6		SOCIAL SERVICE	18			63,996	
7		CENTRAL SERVICES & SUPPLY	15			240	
8		ADULTS & PEDIATRICS	25			59,613	
9		OPERATING ROOM	37			74,874	
10		ANESTHESIOLOGY	40			977	
11		RADIOLOGY-DIAGNOSTIC	41			232,154	
12		INTRAVENOUS THERAPY	48			960	
13		RESPIRATORY THERAPY	49			528	
14		PHYSICAL THERAPY	50			242,442	
15		EMERGENCY	61			12,176	
16		COMMUNITY HEALTH	98.02			12,300	
17		ELECTROENCEPHALOGRAPHY	54			360	
18 O/R CHARGEABLE SUPPLIES	F	OPERATING ROOM	37			4,757,269	
19 CHARGEABLE SUPPLIES	G	CENTRAL SERVICES & SUPPLY	15			199,432	
20 ADDITIONAL MEDICAL SUPPLIES	H	RESPIRATORY THERAPY	49			60,310	
21		PHYSICAL THERAPY	50			35,324	
22		EMERGENCY	61			91,756	
23 HHA BLDG UTILITIES	I	HOME HEALTH AGENCY	71			2,760	
24		HOSPICE	93			402	
25 PUBLIC RELATIONS	J	ADMINISTRATIVE & GENERAL	6		72,593	370,841	
36 TOTAL RECLASSIFICATIONS					335,815	7,878,374	

(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 7/1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,565,157
TOTAL RECLASSIFICATIONS FOR CODE A			1,565,157

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	1,565,157	
			1,565,157

RECLASS CODE: B
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	57,489
TOTAL RECLASSIFICATIONS FOR CODE B			57,489

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	57,489	
			57,489

RECLASS CODE: C
EXPLANATION : CAFETERIA/MOW COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	264,289
TOTAL RECLASSIFICATIONS FOR CODE C			264,289

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	264,289	
			264,289

RECLASS CODE: E
EXPLANATION : RENTALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	736,567
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			736,567

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	33,009	
OPERATION OF PLANT	8	2,938	
SOCIAL SERVICE	18	63,996	
CENTRAL SERVICES & SUPPLY	15	240	
ADULTS & PEDIATRICS	25	59,613	
OPERATING ROOM	37	74,874	
ANESTHESIOLOGY	40	977	
RADIOLOGY-DIAGNOSTIC	41	232,154	
INTRAVENOUS THERAPY	48	960	
RESPIRATORY THERAPY	49	528	
PHYSICAL THERAPY	50	242,442	
EMERGENCY	61	12,176	
COMMUNITY HEALTH	98.02	12,300	
ELECTROENCEPHALOGRAPHY	54	360	
			736,567

RECLASS CODE: F
EXPLANATION : O/R CHARGEABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,757,269
TOTAL RECLASSIFICATIONS FOR CODE F			4,757,269

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	4,757,269	
			4,757,269

RECLASS CODE: G
EXPLANATION : CHARGEABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	199,432
TOTAL RECLASSIFICATIONS FOR CODE G			199,432

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	199,432	
			199,432

RECLASS CODE: H
EXPLANATION : ADDITIONAL MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	60,310
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	35,324
3.00	MEDICAL SUPPLIES CHARGED TO PA	55	91,756
TOTAL RECLASSIFICATIONS FOR CODE H			187,390

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	60,310	
PHYSICAL THERAPY	50	35,324	
EMERGENCY	61	91,756	
			187,390

RECLASS CODE: I
EXPLANATION : HHA BLDG UTILITIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	3,162

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOME HEALTH AGENCY	71	2,760	

RECLASSIFICATIONS

PROVIDER NO:
140234

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/24/2009
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	402
TOTAL RECLASSIFICATIONS FOR CODE I		3,162			3,162

RECLASS CODE: J
EXPLANATION: PUBLIC RELATIONS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PUBLIC RELATIONS	443,434	ADMINISTRATIVE & GENERAL	6	443,434
TOTAL RECLASSIFICATIONS FOR CODE J		443,434			443,434

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,381,807					1,381,807	
2 LAND IMPROVEMENTS	1,055,115	31,424		31,424		1,086,539	
3 BUILDINGS & FIXTURE	46,008,132				7,397,337	38,610,795	
4 BUILDING IMPROVEMENT		231,421		231,421		231,421	
5 FIXED EQUIPMENT	231,421	8,409,075		8,409,075		8,640,496	
6 MOVABLE EQUIPMENT	27,558,285	780,821		780,821		28,339,106	
7 SUBTOTAL	76,234,760	9,452,741		9,452,741	7,397,337	78,290,164	
8 RECONCILING ITEMS							
9 TOTAL	76,234,760	9,452,741		9,452,741	7,397,337	78,290,164	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	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	49,719,637		49,719,637	.636952				
4	NEW CAP REL COSTS-MV	28,339,106		28,339,106	.363048				
5	TOTAL	78,058,743		78,058,743	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	4,979,319		-764,171				4,215,148
4	NEW CAP REL COSTS-MV	-9,094	794,056					784,962
5	TOTAL	4,970,225	794,056	-764,171				5,000,110

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	4,979,319						4,979,319
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,979,319						4,979,319

* 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

DESCR IPTION (1)	(2) BASIS/CO DE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			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	-32,748	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					
7 REFUNDS AND REBATES OF EXPENSES	B	-1,887	PHARMACY	16	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-22,084	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-7,098	ADMINISTRATIVE & GENERAL	6	
11 PARKING LOT	B	-14,080	OPERATION OF PLANT	8	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,437,241			
13 SALE OF SCRAP, WASTE, ETC.	B	-1,309	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-148,411	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	-708	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	-12,333	OPERATION OF PLANT	8	
40 OTHER ADJUSTMENTS (SPECIFY)					
41 PHYSICIAN BILLING 2110	A	-60,031	ADMINISTRATIVE & GENERAL	6	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 A LOBBYING 25%	A	-20,349	ADMINISTRATIVE & GENERAL	6	
44 HYGENIC INSTITUTE	A	937,804	IV HEALTH CORP	98.07	
45 OTHER ADJUSTMENTS (SPECIFY)					
45.02 NUTRITIONAL SUPPORT G/L 4095.02	B	-9,565	DIETARY	11	
45.05 INTEREST EXPENSE	B	-731,423	NEW CAP REL COSTS-BLDG &	3	11
45.06 PHYSICIAN RECRUITMENT	A	-160,403	ADMINISTRATIVE & GENERAL	6	
45.07 MISCELLANEOUS REV G/L 5100.090	B	-87,074	ADMINISTRATIVE & GENERAL	6	
45.09 COMMUNICAL REVENUE G/L 5100.030	B	-80,210	ADMINISTRATIVE & GENERAL	6	
45.11 TV OPERATING COSTS	A	-7,281	OPERATION OF PLANT	8	
45.15 POB EXP	A	113,568	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	605,844	ADULT DAY CARE	98.05	
45.27 FOUNDATION	A	63,894	IV HEALTH CORP	98.07	
45.29 FAMILY RX	A	1,039,076	FAMILY PHARMACY	98.04	
45.30 IVHS PHYSICIANS	A	1,880,863	IV HEALTH CORP	98.07	
45.31 IV HEALTH CORP	A	1,510,470	IV HEALTH CORP	98.07	
45.32 PHYSICIAN COMPENSATION	A	-20,004	HOSPICE	93	
45.33 UTICA MEDICAL CENTER	A	288,289	UTICA MEDICAL CENTER	98.09	
45.34 OGLESBY FAMILY MEDICINE	A	412,630	OGLESBY FAMILY MEDICINE	98.10	
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)		986,074			

(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 11/24/2009
 I 14-0234 I FROM 7/ 1/2008 I WORKSHEET A-8-2
 I I TO 6/30/2009 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	10,027	10,027		208,000			
2 41	RADIOLOGY-DIAGNOSTIC	68,330	68,330		217,600			
3 49	RESPIRATORY THERAPY	4,860	4,860		159,800			
4 53	ELECTROCARDIOLOGY	115,575	115,575		159,800			
5 54	ELECTROENCEPHALOGRAPHY	5,160	5,160		159,800			
6 61	EMERGENCY	2,350,147	2,350,147		159,800			
7 40	ANESTHESIOLOGY	1,883,142	1,883,142		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	4,437,241	4,437,241					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0234
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 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	2	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	14	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	15	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	16	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	17	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	20	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 &	4,215,148			4,215,148			
005 NEW CAP REL COSTS-MVBLE E	784,962				784,962		
006 EMPLOYEE BENEFITS	6,793,105			21,329	3,972	6,818,406	
007 ADMINISTRATIVE & GENERAL	6,846,994			818,662	152,453	1,175,471	8,993,580
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	2,234,340			799,454	148,878	227,964	3,410,636
010 LAUNDRY & LINEN SERVICE	246,282			91,017	16,950	15,546	369,795
011 HOUSEKEEPING	869,261			61,221	11,401	217,107	1,158,990
012 DIETARY	475,922			102,150	19,023	98,914	696,009
013 CAFETERIA	331,951			59,641	11,107	118,263	520,962
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	649,867			33,696	6,275	232,637	922,475
016 CENTRAL SERVICES & SUPPLY	223,651			66,183	12,325	42,464	344,623
017 PHARMACY	568,248			31,154	5,802	168,951	774,155
018 MEDICAL RECORDS & LIBRARY	693,680			41,620	7,751	203,514	946,565
020 SOCIAL SERVICE	258,176			10,664	1,986	79,441	350,267
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	4,213,833			712,485	132,682	1,158,917	6,217,917
031 ADULTS & PEDIATRICS	750,202			85,092	15,846	207,879	1,059,019
033 INTENSIVE CARE UNIT							
037 SUBPROVIDER							
037 NURSERY	150,157			22,909	4,266	58,939	236,271
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,183,614			202,943	37,793	381,217	3,805,567
037 SAME DAY SURGERY	349,428			76,847	14,311	110,177	550,763
037 LI THOTRI PSY							
038 RECOVERY ROOM				21,353	3,977		25,330
039 DELIVERY ROOM & LABOR ROO	192,497			32,289	6,013	62,246	293,045
040 ANESTHESIOLOGY	394,804			4,443	827	39,801	439,875
041 RADIOLOGY-DIAGNOSTIC	2,415,632			198,154	36,901	418,315	3,069,002
044 LABORATORY	3,002,156			85,907	15,998	366,605	3,470,666
046 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	552,439			99,460	18,522	88,986	759,407
049 RESPIRATORY THERAPY	354,077			24,093	4,487	103,307	485,964
050 PHYSICAL THERAPY	1,551,869			117,011	21,790	305,890	1,996,560
053 ELECTROCARDIOLOGY	199,869			13,232	2,464	43,209	258,774
053 CARDIAC REHAB	63,394			67,590	12,587	21,017	164,588
054 ELECTROENCEPHALOGRAPHY	190,256			2,000	372	713	193,341
055 MEDICAL SUPPLIES CHARGED	5,144,091						5,144,091
056 DRUGS CHARGED TO PATIENTS	1,565,157						1,565,157
059 I/P AMBULANCE SERVICES							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,244,203			81,019	15,088	359,398	1,699,708
062 OBSERVATION BEDS (NON-DIS							
063 RHC							
063 FQHC							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES	76,913			1,037	193	22,472	100,615
069 CMHC							
069 OUTPATIENT PHYSICAL THERA							
069 OUTPATIENT OCCUPATIONAL T							
069 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	695,267			167,988	31,283	243,355	1,137,893
085 SPEC PURPOSE COST CENTERS							
085 PANCREAS ACQUISITION							
085 INTTESTINAL ACQUISITION							
093 HOSPICE	488,963			47,274	8,803	94,662	639,702
095 SUBTOTALS	51,970,408			4,199,917	782,126	6,667,377	51,801,312
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				8,097	1,508		9,605
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	113,568						113,568
098 PRIVATE DUTY NURSING							
098 COMMUNITY HEALTH	245,002					61,676	306,678
098 OCCUPATIONAL MEDICINE	202,430			3,974	740	64,494	271,638
098 FAMILY PHARMACY	1,039,076						1,039,076
098 ADULT DAY CARE	605,844						605,844
098 PERSONAL TOUCH							
098 IV HEALTH CORP	4,393,031						4,393,031
098 PUBLIC RELATIONS	443,434			3,160	588	24,859	472,041
098 UTICA MEDICAL CENTER	288,289						288,289
098 OGLESBY FAMILY MEDICINE	412,630						412,630
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	59,713,712			4,215,148	784,962	6,818,406	59,713,712

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	8,993,580						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	604,767		4,015,403				
010 LAUNDRY & LINEN SERVICE	65,571		141,891	577,257			
011 HOUSEKEEPING	205,510		95,441	17	1,459,958		
012 DIETARY	123,415		159,248	3,987	38,329	1,020,988	
013 CAFETERIA	92,376		92,978				706,316
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	163,571		52,531		6,713		23,491
016 CENTRAL SERVICES & SUPPLY	61,108		103,176	4,511	17,215		12,047
017 PHARMACY	137,272		48,567		12,018		20,192
018 MEDICAL RECORDS & LIBRARY	167,843		64,884		8,337		48,240
019 SOCIAL SERVICE	62,109		16,625				12,440
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,102,535		1,110,731	323,624	580,347	844,663	212,341
031 INTENSIVE CARE UNIT	187,783		132,655	18,878	52,296	51,880	24,382
033 SUBPROVIDER							
037 NURSERY	41,895		35,713		64,423		7,071
037 01 ANCILLARY SRVC COST CNTRS							
037 02 OPERATING ROOM	674,796		316,379	45,452	223,043		53,949
038 SAME DAY SURGERY	97,660		119,801	42,287	72,435		15,740
039 LITHOTRIpsy							
040 RECOVERY ROOM	4,491		33,289				
041 DELIVERY ROOM & LABOR ROO	51,962		50,337	10,096			7,883
042 ANESTHESIOLOGY	77,998		6,927	8,148			8,223
043 RADIOLOGY-DIAGNOSTIC	544,189		308,913	41,159	37,029		61,282
044 LABORATORY	615,412		133,925	661	33,456		60,182
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	134,657		155,053	2,266			11,130
049 RESPIRATORY THERAPY	86,170		37,561	2,068	33,348		15,582
050 PHYSICAL THERAPY	354,026		182,415	346	9,095		40,462
053 ELECTROCARDIOLOGY	45,885		20,628	4,350	12,668		10,633
053 02 CARDIAC REHAB	29,184		105,370				4,190
054 ELECTROENCEPHALOGRAPHY	34,283		3,117		10,394		262
055 MEDICAL SUPPLIES CHARGED	912,140						
056 DRUGS CHARGED TO PATIENTS	277,531						
059 I/P AMBULANCE SERVICES							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	301,389		126,305	32,391	67,887		54,106
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
069 10 AMBULANCE SERVICES	17,841		1,616	16,523			2,488
069 20 CMHC							
069 30 OUTPATIENT PHYSICAL THERA							
069 40 OUTPATIENT OCCUPATIONAL T							
071 OUTPATIENT SPEECH PATHOLO							
085 01 HOME HEALTH AGENCY	201,769		261,885				
085 02 SPEC PURPOSE COST CENTERS							
093 PANCREAS ACQUISITION							
095 02 INTESTINAL ACQUISITION							
095 HOSPICE	113,431		73,697				
096 SUBTOTALS	7,590,569		3,991,658	556,764	1,279,033	896,543	706,316
097 NONREIMBURS COST CENTERS							
098 GI FT, FLOWER, COFFEE SHOP	1,703		12,623				
098 RESEARCH						124,445	
098 PHYSICIANS' PRIVATE OFFIC	20,138			10,347	154,614		
098 01 PRIVATE DUTY NURSING							
098 02 COMMUNITY HEALTH	54,380				650		
098 03 OCCUPATIONAL MEDICINE	48,166		6,196		25,661		
098 04 FAMILY PHARMACY	184,247						
098 05 ADULT DAY CARE	107,427			10,146			
098 06 PERSONAL TOUCH							
098 07 IV HEALTH CORP	778,963						
098 08 PUBLIC RELATIONS	83,701		4,926				
098 09 UTICA MEDICAL CENTER	51,119						
098 10 OGLESBY FAMILY MEDICINE	73,167						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,993,580		4,015,403	577,257	1,459,958	1,020,988	706,316

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	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 ADMINSTRATIVE & 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		1,168,781					
016 CENTRAL SERVICES & SUPPLY			542,680				
017 PHARMACY				992,204			
018 MEDICAL RECORDS & LIBRARY					1,235,869		
020 SOCIAL SERVICE		30,532				471,973	
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							
027 ADULTS & PEDIATRICS		521,172		968	57,194	433,584	
028 INTENSIVE CARE UNIT		59,844		533	14,733		
031 SUBPROVIDER							
033 NURSERY		17,355			4,125	38,389	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		132,414		5,580	315,359		
037 02 SAME DAY SURGERY		38,632		877	11,972		
038 LI THOTRIPSY							
039 RECOVERY ROOM				41	23,294		
040 DELIVERY ROOM & LABOR ROO		19,348			8,296		
041 ANESTHESIOLOGY		20,184		24,457	79,191		
044 RADIOLOGY-DIAGNOSTIC				2,629	206,984		
046 LABORATORY				4	147,726		
047 BLOOD CLOTTING FACTORS AD							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY		27,318		29,592	52,580		
050 RESPIRATORY THERAPY				339	32,583		
053 PHYSICAL THERAPY		99,311		971	41,717		
053 02 ELECTROCARDIOLOGY					18,588		
054 CARDIAC REHAB					1,241		
055 ELECTROENCEPHALOGRAPHY					6,345		
056 MEDICAL SUPPLIES CHARGED			542,680	74	4,600		
059 DRUGS CHARGED TO PATIENTS				924,505	87,535		
061 I/P AMBULANCE SERVICES							
062 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY		132,800		699	121,771		
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
065 FOHC							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES						35	
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY		69,871					
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS		1,168,781	542,680	991,269	1,235,869	471,973	
096 NONREIMBURS COST CENTERS							
097 GI FT, FLOWER, COFFEE SHOP							
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC				9			
098 01 PRIVATE DUTY NURSING							
098 02 COMMUNITY HEALTH				926			
098 03 OCCUPATIONAL MEDICINE							
098 04 FAMILY PHARMACY							
098 05 ADULT DAY CARE							
098 06 PERSONAL TOUCH							
098 07 IV HEALTH CORP							
098 08 PUBLIC RELATIONS							
098 09 UTICA MEDICAL CENTER							
098 10 OGLESBY FAMILY MEDICINE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		1,168,781	542,680	992,204	1,235,869	471,973	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(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				11,405,076		11,405,076
033	INTENSIVE CARE UNIT				1,602,003		1,602,003
037	SUBPROVIDER						
037	NURSERY				445,242		445,242
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM				5,572,539		5,572,539
037	01 SAME DAY SURGERY				950,167		950,167
037	02 LITHOTRIpsy						
038	RECOVERY ROOM				86,445		86,445
039	DELIVERY ROOM & LABOR ROO				440,967		440,967
040	ANESTHESIOLOGY				665,003		665,003
041	RADIOLOGY-DIAGNOSTIC				4,271,187		4,271,187
044	LABORATORY				4,462,032		4,462,032
046	30 BLOOD CLOTTING FACTORS AD						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY				1,172,003		1,172,003
049	RESPIRATORY THERAPY				693,615		693,615
050	PHYSICAL THERAPY				2,724,903		2,724,903
053	ELECTROCARDIOLOGY				371,526		371,526
053	02 CARDIAC REHAB				304,573		304,573
054	ELECTROENCEPHALOGRAPHY				247,742		247,742
055	MEDICAL SUPPLIES CHARGED				6,603,585		6,603,585
056	DRUGS CHARGED TO PATIENTS				2,854,728		2,854,728
059	I/P AMBULANCE SERVICES						
061	OUTPAT SERVICE COST CNTRS						
062	EMERGENCY				2,537,056		2,537,056
063	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FOHC						
065	OTHER REIMBURS COST CNTRS						
069	AMBULANCE SERVICES				139,118		139,118
069	10 CMHC						
069	20 OUTPATIENT PHYSICAL THERA						
069	30 OUTPATIENT OCCUPATIONAL T						
069	40 OUTPATIENT SPEECH PATHOLO						
071	HOME HEALTH AGENCY				1,671,418		1,671,418
085	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION						
085	02 INTESTINAL ACQUISITION						
093	HOSPICE				826,830		826,830
095	SUBTOTALS				50,047,758		50,047,758
096	NONREIMBURS COST CENTERS						
097	GIFT, FLOWER, COFFEE SHOP				23,931		23,931
098	RESEARCH				124,445		124,445
098	PHYSICIANS' PRIVATE OFFIC				298,676		298,676
098	01 PRIVATE DUTY NURSING						
098	02 COMMUNITY HEALTH				362,634		362,634
098	03 OCCUPATIONAL MEDICINE				351,661		351,661
098	04 FAMILY PHARMACY				1,223,323		1,223,323
098	05 ADULT DAY CARE				723,417		723,417
098	06 PERSONAL TOUCH						
098	07 IV HEALTH CORP				5,171,994		5,171,994
098	08 PUBLIC RELATIONS				560,668		560,668
098	09 UTICA MEDICAL CENTER				339,408		339,408
098	10 OGLESBY FAMILY MEDICINE				485,797		485,797
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL				59,713,712		59,713,712

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	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						
005	EMPLOYEE BENEFITS			21,329	3,972	25,301	25,301
006	ADMINISTRATIVE & GENERAL			818,662	152,453	971,115	4,366
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT			799,454	148,878	948,332	846
009	LAUNDRY & LINEN SERVICE			91,017	16,950	107,967	58
010	HOUSEKEEPING			61,221	11,401	72,622	805
011	DIETARY			102,150	19,023	121,173	367
012	CAFETERIA			59,641	11,107	70,748	439
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION			33,696	6,275	39,971	863
015	CENTRAL SERVICES & SUPPLY			66,183	12,325	78,508	158
016	PHARMACY			31,154	5,802	36,956	627
017	MEDICAL RECORDS & LIBRARY			41,620	7,751	49,371	755
018	SOCIAL SERVICE			10,664	1,986	12,650	295
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						
025	ADULTS & PEDIATRICS			712,485	132,682	845,167	4,299
026	INTENSIVE CARE UNIT			85,092	15,846	100,938	771
031	SUBPROVIDER						
033	NURSERY			22,909	4,266	27,175	219
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM			202,943	37,793	240,736	1,414
037 01	SAME DAY SURGERY			76,847	14,311	91,158	409
037 02	LITHOTRIpsy						
038	RECOVERY ROOM			21,353	3,977	25,330	
039	DELIVERY ROOM & LABOR ROO			32,289	6,013	38,302	231
040	ANESTHESIOLOGY			4,443	827	5,270	148
041	RADIOLOGY-DIAGNOSTIC			198,154	36,901	235,055	1,552
044	LABORATORY			85,907	15,998	101,905	1,360
046 30	BLOOD CLOTTING FACTORS AD						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY			99,460	18,522	117,982	330
049	RESPIRATORY THERAPY			24,093	4,487	28,580	383
050	PHYSICAL THERAPY			117,011	21,790	138,801	1,135
053	ELECTROCARDIOLOGY			13,232	2,464	15,696	160
053 02	CARDIAC REHAB			67,590	12,587	80,177	78
054	ELECTROENCEPHALOGRAPHY			2,000	372	2,372	3
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS						
059	I/P AMBULANCE SERVICES						
061	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY			81,019	15,088	96,107	1,333
062	OBSERVATION BEDS (NON-DIS						
063 50	RHC						
063 60	FOHC						
065	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES			1,037	193	1,230	83
069 10	CMHC						
069 20	OUTPATIENT PHYSICAL THERA						
069 30	OUTPATIENT OCCUPATIONAL T						
069 40	OUTPATIENT SPEECH PATHOLO						
071	HOME HEALTH AGENCY			167,988	31,283	199,271	903
071	SPEC PURPOSE COST CENTERS						
085 01	PANCREAS ACQUISITION						
085 02	INTESTINAL ACQUISITION						
093	HOSPICE			47,274	8,803	56,077	351
095	SUBTOTALS			4,199,917	782,126	4,982,043	24,741
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP			8,097	1,508	9,605	
097	RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC						
098 01	PRIVATE DUTY NURSING						
098 02	COMMUNITY HEALTH						229
098 03	OCCUPATIONAL MEDICINE			3,974	740	4,714	239
098 04	FAMILY PHARMACY						
098 05	ADULT DAY CARE						
098 06	PERSONAL TOUCH						
098 07	IV HEALTH CORP						
098 08	PUBLIC RELATIONS			3,160	588	3,748	92
098 09	UTICA MEDICAL CENTER						
098 10	OGLESBY FAMILY MEDICINE						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL			4,215,148	784,962	5,000,110	25,301

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	975,481													
008 MAINTENANCE & REPAIRS														
009 OPERATION OF PLANT	65,597		1,014,775											
010 LAUNDRY & LINEN SERVICE	7,112		35,859		150,996									
011 HOUSEKEEPING	22,291		24,120		4		119,842							
012 DIETARY	13,386		40,245		1,043		3,146		179,360					
013 CAFETERIA	10,020		23,497										104,704	
014 MAINTENANCE OF PERSONNEL														
015 NURSING ADMINISTRATION	17,742		13,276				551						3,482	
016 CENTRAL SERVICES & SUPPLY	6,628		26,075		1,180		1,413						1,786	
017 PHARMACY	14,889		12,274				987						2,993	
018 MEDICAL RECORDS & LIBRARY	18,205		16,398				684						7,151	
019 SOCIAL SERVICE	6,737		4,202										1,844	
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	119,571		280,703		84,652		47,638		148,384				31,479	
031 INTENSIVE CARE UNIT	20,368		33,525		4,938		4,293		9,114				3,614	
033 SUBPROVIDER														
037 NURSERY	4,544		9,025				5,288						1,048	
037 01 ANCILLARY SRVC COST CNTRS														
037 02 OPERATING ROOM	73,192		79,955		11,889		18,309						7,997	
037 02 SAME DAY SURGERY	10,593		30,276		11,061		5,946						2,333	
038 LI THOTRI PSY														
039 RECOVERY ROOM	487		8,413											
040 DELIVERY ROOM & LABOR ROO	5,636		12,721		2,641								1,169	
041 ANESTHESIOLOGY	8,460		1,751		2,131								1,219	
044 RADIOLOGY-DIAGNOSTIC	59,026		78,069		10,766		3,040						9,084	
046 LABORATORY	66,751		33,846		173		2,746						8,921	
047 30 BLOOD CLOTTING FACTORS AD														
047 BLOOD STORING, PROCESSING														
048 INTRAVENOUS THERAPY	14,606		39,185		593								1,650	
049 RESPIRATORY THERAPY	9,347		9,492		541		2,737						2,310	
050 PHYSICAL THERAPY	38,400		46,100		91		747						5,998	
053 ELECTROCARDIOLOGY	4,977		5,213		1,138		1,040						1,576	
053 02 CARDIAC REHAB	3,166		26,629										621	
054 ELECTROENCEPHALOGRAPHY	3,719		788				853						39	
055 MEDICAL SUPPLIES CHARGED	98,936													
056 DRUGS CHARGED TO PATIENTS	30,103													
059 I/P AMBULANCE SERVICES														
061 OUTPAT SERVICE COST CNTRS														
062 EMERGENCY	32,690		31,920		8,473		5,573						8,021	
062 OBSERVATION BEDS (NON-DIS														
063 50 RHC														
063 60 FOHC														
065 OTHER REIMBURS COST CNTRS														
065 10 AMBULANCE SERVICES	1,935		408		4,322								369	
069 20 CMHC														
069 30 OUTPATIENT PHYSICAL THERA														
069 40 OUTPATIENT OCCUPATIONAL T														
071 OUTPATIENT SPEECH PATHOLO														
085 HOME HEALTH AGENCY	21,885		66,184											
085 SPEC PURPOSE COST CENTERS														
085 01 PANCREAS ACQUISITION														
085 02 INTESTINAL ACQUISITION														
093 HOSPICE	12,303		18,625											
095 SUBTOTALS	823,302		1,008,774		145,636		104,991		157,498				104,704	
096 NONREIMBURS COST CENTERS														
096 01 GIFT, FLOWER, COFFEE SHOP	185		3,190											
097 RESEARCH									21,862					
098 PHYSICIANS' PRIVATE OFFIC	2,184				2,706		12,692							
098 01 PRIVATE DUTY NURSING														
098 02 COMMUNITY HEALTH	5,898						53							
098 03 OCCUPATIONAL MEDICINE	5,224		1,566				2,106							
098 04 FAMILY PHARMACY	19,985													
098 05 ADULT DAY CARE	11,652				2,654									
098 06 PERSONAL TOUCH														
098 07 IV HEALTH CORP	84,491													
098 08 PUBLIC RELATIONS	9,079		1,245											
098 09 UTICA MEDICAL CENTER	5,545													
098 10 OGLESBY FAMILY MEDICINE	7,936													
101 CROSS FOOT ADJUSTMENTS														
102 NEGATIVE COST CENTER														
103 TOTAL	975,481		1,014,775		150,996		119,842		179,360				104,704	

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		75,885						
016 CENTRAL SERVICES & SUPPLY			115,748					
017 PHARMACY				68,726				
018 MEDICAL RECORDS & LIBRARY					92,564			
019 SOCIAL SERVICE		1,982				27,710		
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		33,840		67	4,281	25,456		
031 INTENSIVE CARE UNIT		3,885		37	1,103			
033 SUBPROVIDER								
037 NURSERY		1,127			309	2,254		
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM		8,597		387	23,667			
037 02 SAME DAY SURGERY		2,508		61	896			
038 LITHOTRI PSY								
039 RECOVERY ROOM				3	1,743			
040 DELIVERY ROOM & LABOR ROO		1,256			621			
041 ANESTHESIOLOGY		1,310		1,694	5,927			
044 RADIOLOGY-DIAGNOSTIC				182	15,492			
046 LABORATORY					11,057			
047 BLOOD CLOTTING FACTORS AD								
048 BLOOD STORING, PROCESSING								
049 INTRAVENOUS THERAPY		1,774		2,050	3,935			
050 RESPIRATORY THERAPY				23	2,439			
053 PHYSICAL THERAPY		6,448		67	3,122			
053 02 ELECTROCARDIOLOGY					1,391			
054 CARDIAC REHAB					93			
055 ELECTROENCEPHALOGRAPHY					475			
056 MEDICAL SUPPLIES CHARGED			115,748	5	344			
059 DRUGS CHARGED TO PATIENTS				64,037	6,552			
061 I/P AMBULANCE SERVICES								
062 OUTPAT SERVICE COST CNTRS								
063 EMERGENCY		8,622		48	9,114			
063 50 OBSERVATION BEDS (NON-DIS								
063 60 RHC								
063 60 FOHC								
065 OTHER REIMBURS COST CNTRS								
069 10 AMBULANCE SERVICES					3			
069 20 CMHC								
069 30 OUTPATIENT PHYSICAL THERA								
069 40 OUTPATIENT OCCUPATIONAL T								
071 OUTPATIENT SPEECH PATHOLO								
085 HOME HEALTH AGENCY		4,536						
085 SPEC PURPOSE COST CENTERS								
085 01 PANCREAS ACQUISITION								
085 02 INTESTINAL ACQUISITION								
093 HOSPICE								
095 SUBTOTALS		75,885	115,748	68,661	92,564	27,710		
096 NONREIMBURS COST CENTERS								
097 GI FT, FLOWER, COFFEE SHOP								
098 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC				1				
098 01 PRIVATE DUTY NURSING								
098 02 COMMUNITY HEALTH				64				
098 03 OCCUPATIONAL MEDICINE								
098 04 FAMILY PHARMACY								
098 05 ADULT DAY CARE								
098 06 PERSONAL TOUCH								
098 07 IV HEALTH CORP								
098 08 PUBLIC RELATIONS								
098 09 UTICA MEDICAL CENTER								
098 10 OGLESBY FAMILY MEDICINE								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		75,885	115,748	68,726	92,564	27,710		

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0234

FROM 7/1/2008 TO 6/30/2009

WORKSHEET B

PART III

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 ADMIN STRATIVE & 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					1,625,537		1,625,537
033 INTENSIVE CARE UNIT					182,586		182,586
037 SUBPROVIDER							
037 NURSERY					50,989		50,989
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM					466,143		466,143
037 02 SAME DAY SURGERY					155,241		155,241
038 LITHOTRIpsy							
039 RECOVERY ROOM					35,976		35,976
040 DELIVERY ROOM & LABOR ROO					62,577		62,577
041 ANESTHESIOLOGY					27,910		27,910
044 RADIOLOGY-DIAGNOSTIC					412,266		412,266
046 LABORATORY					226,759		226,759
047 30 BLOOD CLOTTING FACTORS AD							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY					182,105		182,105
050 RESPIRATORY THERAPY					55,852		55,852
053 PHYSICAL THERAPY					240,909		240,909
053 02 ELECTROCARDIOLOGY					31,191		31,191
054 CARDIAC REHAB					110,764		110,764
055 ELECTROENCEPHALOGRAPHY					8,249		8,249
056 MEDICAL SUPPLIES CHARGED					215,033		215,033
059 DRUGS CHARGED TO PATIENTS					100,692		100,692
061 I/P AMBULANCE SERVICES							
062 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY					201,901		201,901
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
065 FOHC							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES					8,350		8,350
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY					292,779		292,779
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE					87,356		87,356
095 SUBTOTALS					4,781,165		4,781,165
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP					12,980		12,980
098 RESEARCH					21,862		21,862
098 PHYSICIANS' PRIVATE OFFIC					17,583		17,583
098 01 PRIVATE DUTY NURSING							
098 02 COMMUNITY HEALTH					6,244		6,244
098 03 OCCUPATIONAL MEDICINE					13,849		13,849
098 04 FAMILY PHARMACY					19,985		19,985
098 05 ADULT DAY CARE					14,306		14,306
098 06 PERSONAL TOUCH							
098 07 IV HEALTH CORP					84,491		84,491
098 08 PUBLIC RELATIONS					14,164		14,164
098 09 UTICA MEDICAL CENTER					5,545		5,545
098 10 OGLESBY FAMILY MEDICINE					7,936		7,936
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					5,000,110		5,000,110

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	170,751					
002 OLD CAP REL COSTS-MVB		170,751				
003 NEW CAP REL COSTS-BLD			170,751			
004 NEW CAP REL COSTS-MVB				170,751		
005 EMPLOYEE BENEFITS	864	864	864	864	19,473,240	
006 ADMIN STRATIVE & GENE	33,163	33,163	33,163	33,163	3,357,101	-8,993,580
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	32,385	32,385	32,385	32,385	651,062	
009 LAUNDRY & LINEN SERVI	3,687	3,687	3,687	3,687	44,399	
010 HOUSEKEEPING	2,480	2,480	2,480	2,480	620,054	
011 DIETARY	4,138	4,138	4,138	4,138	282,498	
012 CAFETERIA	2,416	2,416	2,416	2,416	337,758	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION	1,365	1,365	1,365	1,365	664,409	
015 CENTRAL SERVICES & SU	2,681	2,681	2,681	2,681	121,277	
016 PHARMACY	1,262	1,262	1,262	1,262	482,522	
017 MEDICAL RECORDS & LIB	1,686	1,686	1,686	1,686	581,233	
018 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 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	28,862	28,862	28,862	28,862	3,309,850	
026 INTENSIVE CARE UNIT	3,447	3,447	3,447	3,447	593,699	
031 SUBPROVIDER						
033 NURSERY	928	928	928	928	168,330	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	8,221	8,221	8,221	8,221	1,088,750	
037 01 SAME DAY SURGERY	3,113	3,113	3,113	3,113	314,665	
037 02 LI THOTRI PSY						
038 RECOVERY ROOM	865	865	865	865		
039 DELIVERY ROOM & LABOR	1,308	1,308	1,308	1,308	177,773	
040 ANESTHESIOLOGY	180	180	180	180	113,672	
041 RADIOLOGY-DIAGNOSTIC	8,027	8,027	8,027	8,027	1,194,700	
044 LABORATORY	3,480	3,480	3,480	3,480	1,047,017	
046 30 BLOOD CLOTTING FACTOR						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY	4,029	4,029	4,029	4,029	254,142	
049 RESPIRATORY THERAPY	976	976	976	976	295,043	
050 PHYSICAL THERAPY	4,740	4,740	4,740	4,740	873,616	
053 ELECTROCARDIOLOGY	536	536	536	536	123,404	
053 02 CARDIAC REHAB	2,738	2,738	2,738	2,738	60,025	
054 ELECTROENCEPHALOGRAPH	81	81	81	81	2,035	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 I/P AMBULANCE SERVICE						
OUTPAT SERVICE COST C						
061 EMERGENCY	3,282	3,282	3,282	3,282	1,026,434	
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FQHC						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	42	42	42	42	64,180	
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY	6,805	6,805	6,805	6,805	695,019	
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTRESTINAL ACQUISITIO						
093 HOSPICE	1,915	1,915	1,915	1,915	270,353	
095 SUBTOTALS	170,134	170,134	170,134	170,134	19,041,903	-8,993,580
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	328	328	328	328		
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 01 PRIVATE DUTY NURSING						
098 02 COMMUNITY HEALTH					176,147	
098 03 OCCUPATIONAL MEDICINE	161	161	161	161	184,194	
098 04 FAMILY PHARMACY						
098 05 ADULT DAY CARE						
098 06 PERSONAL TOUCH						
098 07 IV HEALTH CORP						
098 08 PUBLIC RELATIONS	128	128	128	128	70,996	
098 09 UTICA MEDICAL CENTER						
098 10 OGLESBY FAMILY MEDICI						
101 CROSS FOOT ADJUSTMENT						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(GROSS)SALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			4,215,148	784,962	6,818,406	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			24.685934	4.597115	.350142	
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)					25,301	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001299	

	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	50,720,132						
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	3,410,636		104,339				
009	LAUNDRY & LINEN SERVICE	369,795		3,687	451,692			
010	HOUSEKEEPING	1,158,990		2,480	13	13,484		
011	DIETARY	696,009		4,138	3,120	354	49,062	
012	CAFETERIA	520,962		2,416				26,970
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATION	922,475		1,365		62		897
015	CENTRAL SERVICES & SUPPLIES	344,623		2,681	3,530	159		460
016	PHARMACY	774,155		1,262		111		771
017	MEDICAL RECORDS & LIBRARY	946,565		1,686		77		1,842
018	SOCIAL SERVICE	350,267		432				475
020	NONPHYSICIAN ANESTHETIC							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & BENEFITS							
023	I&R SERVICES-OTHER PERSONNEL							
024	PARAMEDICAL PRGM-(SPECIFIC INPATIENT ROUTINE SERVICE CENTER)							
025	ADULTS & PEDIATRICS	6,217,917		28,862	253,229	5,360	40,589	8,108
026	INTENSIVE CARE UNIT	1,059,019		3,447	14,772	483	2,493	931
031	SUBPROVIDER							
033	NURSERY	236,271		928		595		270
037	ANCILLARY SERVICE COST CENTER							
037	OPERATING ROOM	3,805,567		8,221	35,565	2,060		2,060
037	SAME DAY SURGERY	550,763		3,113	33,089	669		601
037	LIOTHOTRIPSY							
038	RECOVERY ROOM	25,330		865				
039	DELIVERY ROOM & LABOR	293,045		1,308	7,900			301
040	ANESTHESIOLOGY	439,875		180	6,376			314
041	RADIOLOGY-DIAGNOSTIC	3,069,002		8,027	32,206	342		2,340
044	LABORATORY	3,470,666		3,480	517	309		2,298
046	BLOOD CLOTTING FACTOR							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY	759,407		4,029	1,773			425
049	RESPIRATORY THERAPY	485,964		976	1,618	308		595
050	PHYSICAL THERAPY	1,996,560		4,740	271	84		1,545
053	ELECTROCARDIOLOGY	258,774		536	3,404	117		406
053	CARDIAC REHABILITATION	164,588		2,738				160
054	ELECTROENCEPHALOGRAPHY	193,341		81		96		10
055	MEDICAL SUPPLIES CHARACTERIZED BY	5,144,091						
056	DRUGS CHARGED TO PATIENT	1,565,157						
059	I/P AMBULANCE SERVICE							
061	OUTPATIENT SERVICE COST CENTER							
061	EMERGENCY	1,699,708		3,282	25,345	627		2,066
062	OBSERVATION BEDS (NON-PAYING)							
063	RHC							
063	FQHC							
065	OTHER REIMBURSEMENT COST CENTER							
065	AMBULANCE SERVICES	100,615		42	12,929			95
069	CMHC							
069	OUTPATIENT PHYSICAL THERAPY							
069	OUTPATIENT OCCUPATIONAL THERAPY							
069	OUTPATIENT SPEECH THERAPY							
071	HOME HEALTH AGENCY	1,137,893		6,805				
085	SPEC PURPOSE COST CENTER							
085	PANCREAS ACQUISITION							
085	INTESTINAL ACQUISITION							
093	HOSPICE	639,702		1,915				
095	SUBTOTALS	42,807,732		103,722	435,657	11,813	43,082	26,970
096	NONREIMBURSEMENT COST CENTER							
096	GIFT, FLOWER, COFFEE	9,605		328				
097	RESEARCH						5,980	
098	PHYSICIANS' PRIVATE OFFICE	113,568			8,096	1,428		
098	PRIVATE DUTY NURSING							
098	COMMUNITY HEALTH	306,678				6		
098	OCCUPATIONAL MEDICINE	271,638		161		237		
098	FAMILY PHARMACY	1,039,076						
098	ADULT DAY CARE	605,844			7,939			
098	PERSONAL TOUCH							
098	IV HEALTH CORP	4,393,031						
098	PUBLIC RELATIONS	472,041		128				
098	UTICA MEDICAL CENTER	288,289						
098	OGLESBY FAMILY MEDICAL CENTER	412,630						
101	CROSS FOOT ADJUSTMENT							

	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
102	NONREIMBURS COST CENTER							
103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	8,993,580		4,015,403	577,257	1,459,958	1,020,988	706,316
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.177318		38.484201	1.277988	108.273361	20.810159	26.188951
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)	975,481		1,014,775	150,996	119,842	179,360	104,704
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.019233		9.725750	.334290	8.887719	3.655782	3.882240

COST CENTER DESCRIPTION	MAINTENANCE 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
	13	14	15	16	17	18	20
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							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		18,183					
015 CENTRAL SERVICES & SUPPLY			100				
016 PHARMACY				1,679,771			
017 MEDICAL RECORDS & LIBRARY					172,893,933		
018 SOCIAL SERVICE		475				12,897	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIAL INPAT ROUTINE SRVC CNTR)							
025 ADULTS & PEDIATRICS		8,108		1,638	8,001,398	11,848	
026 INTENSIVE CARE UNIT		931		903	2,061,086		
031 SUBPROVIDER							
033 NURSERY		270			577,045	1,049	
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM		2,060		9,447	44,115,094		
037 01 SAME DAY SURGERY		601		1,485	1,674,908		
037 02 LITHOTRIPSY							
038 RECOVERY ROOM				70	3,258,836		
039 DELIVERY ROOM & LABOR		301			1,160,626		
040 ANESTHESIOLOGY		314		41,405	11,078,804		
041 RADIOLOGY-DIAGNOSTIC				4,451	28,956,960		
044 LABORATORY				6	20,666,737		
046 30 BLOOD CLOTTING FACTOR							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY		425		50,099	7,355,922		
049 RESPIRATORY THERAPY				574	4,558,331		
050 PHYSICAL THERAPY		1,545		1,644	5,836,214		
053 ELECTROCARDIOLOGY					2,600,408		
053 02 CARDIAC REHAB					173,664		
054 ELECTROENCEPHALOGRAPHY					887,706		
055 MEDICAL SUPPLIES CHARACTERIZED			100	126	643,589		
056 DRUGS CHARGED TO PATIENT				1,565,157	12,246,061		
059 I/P AMBULANCE SERVICE							
OUTPATIENT SERVICE COST CENTER							
061 EMERGENCY		2,066		1,183	17,035,663		
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 50 RHC							
063 60 FQHC							
OTHER REIMBURSABLE COST CENTER							
065 AMBULANCE SERVICES					4,881		
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY		1,087					
SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS		18,183	100	1,678,188	172,893,933	12,897	
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE DUTY				15			
098 01 PRIVATE DUTY NURSING							
098 02 COMMUNITY HEALTH				1,568			
098 03 OCCUPATIONAL MEDICINE							
098 04 FAMILY PHARMACY							
098 05 ADULT DAY CARE							
098 06 PERSONAL TOUCH							
098 07 IV HEALTH CORP							
098 08 PUBLIC RELATIONS							
098 09 UTICA MEDICAL CENTER							
098 10 OGLESBY FAMILY MEDICAL CENTER							
101 CROSS FOOT ADJUSTMENT							

COST CENTER DESCRIPTION	MAINTENANCE 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
	13	14	15	16	17	18	20
NONREIMBURS COST CENTER							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSH T B, PART I)		1,168,781	542,680	992,204	1,235,869	471,973	
104 UNIT COST MULTIPLIER (WRKSH T B, PT I)		64.278777		.590678		36.595565	
105 COST TO BE ALLOCATED (WRKSH T B, PART II)			5,426.800000		.007148		
106 UNIT COST MULTIPLIER (WRKSH T B, PT II)							
107 COST TO BE ALLOCATED (WRKSH T B, PART III)		75,885	115,748	68,726	92,564	27,710	
108 UNIT COST MULTIPLIER (WRKSH T B, PT III)		4.173404		.040914		2.148562	
			1,157.480000		.000535		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENTER	21	22	23	24
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER				
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER				
(WRKSHT B, PT III)				

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	8,001,398		8,001,398			
26	INTENSIVE CARE UNIT	2,061,086		2,061,086			
31	SUBPROVIDER						
33	NURSERY	577,045		577,045			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,494,762	21,752,377	31,247,139	.178338	.178338	.178338
37 01	SAME DAY SURGERY	46,794	1,628,114	1,674,908	.567295	.567295	.567295
37 02	LITHOTRIPSY						
38	RECOVERY ROOM	987,073	2,271,763	3,258,836	.026526	.026526	.026526
39	DELIVERY ROOM & LABOR ROO	864,384	296,242	1,160,626	.379939	.379939	.379939
40	ANESTHESIOLOGY	545,251	4,539,800	5,085,051	.130776	.130776	.130776
41	RADIOLOGY-DIAGNOSTIC	3,856,609	25,100,351	28,956,960	.147501	.147501	.147501
44	LABORATORY	4,711,433	15,955,304	20,666,737	.215904	.215904	.215904
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	4,480,887	2,839,052	7,319,939	.160111	.160111	.160111
49	RESPIRATORY THERAPY	1,452,014	731,607	2,183,621	.317644	.317644	.317644
50	PHYSICAL THERAPY	1,593,867	4,118,389	5,712,256	.477027	.477027	.477027
53	ELECTROCARDIOLOGY	634,731	1,965,677	2,600,408	.142872	.142872	.142872
53 02	CARDIAC REHAB		291,215	291,215	1.045870	1.045870	1.045870
54	ELECTROENCEPHALOGRAPHY	13,984	873,722	887,706	.279081	.279081	.279081
55	MEDICAL SUPPLIES CHARGED	13,208,291	2,727,612	15,935,903	.414384	.414384	.414384
56	DRUGS CHARGED TO PATIENTS	5,673,789	6,572,272	12,246,061	.233114	.233114	.233114
59	I/P AMBULANCE SERVICES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,346,646	9,213,636	11,560,282	.219463	.219463	.219463
62	OBSERVATION BEDS (NON-DIS	249,410	1,664,688	1,914,098	.754510	.754510	.754510
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	4,308	573	4,881	28.501946	28.501946	28.501946
101	SUBTOTAL	60,803,762	102,542,394	163,346,156			
102	LESS OBSERVATION BEDS						
103	TOTAL	60,803,762	102,542,394	163,346,156			

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						
37	01 OPERATING ROOM	5,572,539	466,143	5,106,396			5,572,539
37	02 SAME DAY SURGERY	950,167	155,241	794,926			950,167
37	02 LITHOTRIpsy						
38	RECOVERY ROOM	86,445	35,976	50,469			86,445
39	DELIVERY ROOM & LABOR ROO	440,967	62,577	378,390			440,967
40	ANESTHESIOLOGY	665,003	27,910	637,093			665,003
41	RADIOLOGY-DIAGNOSTIC	4,271,187	412,266	3,858,921			4,271,187
44	LABORATORY	4,462,032	226,759	4,235,273			4,462,032
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	1,172,003	182,105	989,898			1,172,003
49	RESPIRATORY THERAPY	693,615	55,852	637,763			693,615
50	PHYSICAL THERAPY	2,724,903	240,909	2,483,994			2,724,903
53	ELECTROCARDIOLOGY	371,526	31,191	340,335			371,526
53	02 CARDIAC REHAB	304,573	110,764	193,809			304,573
54	ELECTROENCEPHALOGRAPHY	247,742	8,249	239,493			247,742
55	MEDICAL SUPPLIES CHARGED	6,603,585	215,033	6,388,552			6,603,585
56	DRUGS CHARGED TO PATIENTS	2,854,728	100,692	2,754,036			2,854,728
59	I/P AMBULANCE SERVICES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,537,056	201,901	2,335,155			2,537,056
62	OBSERVATION BEDS (NON-DIS	1,444,207	210,310	1,233,897			1,444,207
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	139,118	8,350	130,768			139,118
101	SUBTOTAL	35,541,396	2,752,228	32,789,168			35,541,396
102	LESS OBSERVATION BEDS	1,444,207	210,310	1,233,897			1,444,207
103	TOTAL	34,097,189	2,541,918	31,555,271			34,097,189

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	31,247,139	.178338	.178338
37 01	SAME DAY SURGERY	1,674,908	.567295	.567295
37 02	LITHOTRIpsy			
38	RECOVERY ROOM	3,258,836	.026526	.026526
39	DELIVERY ROOM & LABOR ROO	1,160,626	.379939	.379939
40	ANESTHESIOLOGY	5,085,051	.130776	.130776
41	RADIOLOGY-DIAGNOSTIC	28,956,960	.147501	.147501
44	LABORATORY	20,666,737	.215904	.215904
46 30	BLOOD CLOTTING FACTORS AD			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY	7,319,939	.160111	.160111
49	RESPIRATORY THERAPY	2,183,621	.317644	.317644
50	PHYSICAL THERAPY	5,712,256	.477027	.477027
53	ELECTROCARDIOLOGY	2,600,408	.142872	.142872
53 02	CARDIAC REHAB	291,215	1.045870	1.045870
54	ELECTROENCEPHALOGRAPHY	887,706	.279081	.279081
55	MEDICAL SUPPLIES CHARGED	15,935,903	.414384	.414384
56	DRUGS CHARGED TO PATIENTS	12,246,061	.233114	.233114
59	I/P AMBULANCE SERVICES			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	11,560,282	.219463	.219463
62	OBSERVATION BEDS (NON-DIS	1,914,098	.754510	.754510
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,881	28.501946	28.501946
101	SUBTOTAL	152,706,627		
102	LESS OBSERVATION BEDS	1,914,098		
103	TOTAL	150,792,529		

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	5,572,539	466,143	5,106,396	46,614	296,171	5,229,754
37 01	SAME DAY SURGERY	950,167	155,241	794,926	15,524	46,106	888,537
37 02	LITHOTRIpsy						
38	RECOVERY ROOM	86,445	35,976	50,469	3,598	2,927	79,920
39	DELIVERY ROOM & LABOR ROO	440,967	62,577	378,390	6,258	21,947	412,762
40	ANESTHESIOLOGY	665,003	27,910	637,093	2,791	36,951	625,261
41	RADIOLOGY-DIAGNOSTIC	4,271,187	412,266	3,858,921	41,227	223,817	4,006,143
44	LABORATORY	4,462,032	226,759	4,235,273	22,676	245,646	4,193,710
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	1,172,003	182,105	989,898	18,211	57,414	1,096,378
49	RESPIRATORY THERAPY	693,615	55,852	637,763	5,585	36,990	651,040
50	PHYSICAL THERAPY	2,724,903	240,909	2,483,994	24,091	144,072	2,556,740
53	ELECTROCARDIOLOGY	371,526	31,191	340,335	3,119	19,739	348,668
53 02	CARDIAC REHAB	304,573	110,764	193,809	11,076	11,241	282,256
54	ELECTROENCEPHALOGRAPHY	247,742	8,249	239,493	825	13,891	233,026
55	MEDICAL SUPPLIES CHARGED	6,603,585	215,033	6,388,552	21,503	370,536	6,211,546
56	DRUGS CHARGED TO PATIENTS	2,854,728	100,692	2,754,036	10,069	159,734	2,684,925
59	I/P AMBULANCE SERVICES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,537,056	201,901	2,335,155	20,190	135,439	2,381,427
62	OBSERVATION BEDS (NON-DIS	1,444,207	210,310	1,233,897	21,031	71,566	1,351,610
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	139,118	8,350	130,768	835	7,585	130,698
101	SUBTOTAL	35,541,396	2,752,228	32,789,168	275,223	1,901,772	33,364,401
102	LESS OBSERVATION BEDS	1,444,207	210,310	1,233,897	21,031	71,566	1,351,610
103	TOTAL	34,097,189	2,541,918	31,555,271	254,192	1,830,206	32,012,791

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	31,247,139	.167367	.176846
37 01	SAME DAY SURGERY	1,674,908	.530499	.558026
37 02	LITHOTRIpsy			
38	RECOVERY ROOM	3,258,836	.024524	.025422
39	DELIVERY ROOM & LABOR ROO	1,160,626	.355637	.374547
40	ANESTHESIOLOGY	5,085,051	.122961	.130227
41	RADIOLOGY-DIAGNOSTIC	28,956,960	.138348	.146077
44	LABORATORY	20,666,737	.202921	.214807
46 30	BLOOD CLOTTING FACTORS AD			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY	7,319,939	.149780	.157623
49	RESPIRATORY THERAPY	2,183,621	.298147	.315087
50	PHYSICAL THERAPY	5,712,256	.447588	.472810
53	ELECTROCARDIOLOGY	2,600,408	.134082	.141673
53 02	CARDIAC REHAB	291,215	.969236	1.007836
54	ELECTROENCEPHALOGRAPHY	887,706	.262504	.278152
55	MEDICAL SUPPLIES CHARGED	15,935,903	.389783	.413035
56	DRUGS CHARGED TO PATIENTS	12,246,061	.219248	.232292
59	I/P AMBULANCE SERVICES			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	11,560,282	.206001	.217717
62	OBSERVATION BEDS (NON-DIS	1,914,098	.706134	.743523
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,881	26.776890	28.330875
101	SUBTOTAL	152,706,627		
102	LESS OBSERVATION BEDS	1,914,098		
103	TOTAL	150,792,529		

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				1,625,537	34,552	1,590,985
26	INTENSIVE CARE UNIT				182,586		182,586
31	SUBPROVIDER						
33	NURSERY				50,989		50,989
101	TOTAL				1,859,112		1,824,560

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	11,478	6,594			138.61	913,994
26	INTENSIVE CARE UNIT	698	392			261.58	102,539
31	SUBPROVIDER						
33	NURSERY	956				53.34	
101	TOTAL	13,132	6,986				1,016,533

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					11,478	
26	INTENSIVE CARE UNIT					698	
31	SUBPROVIDER						
33	NURSERY					956	
101	TOTAL					13,132	

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

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
14-0234	FROM 7/1/2008	WORKSHEET D
	TO 6/30/2009	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		6,594
26	INTENSIVE CARE UNIT		392
31	SUBPROVIDER		
33	NURSERY		
101	TOTAL		6,986

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			31,247,139			5,474,027	
37 01	SAME DAY SURGERY			1,674,908			46,794	
37 02	LITHOTRI PSY							
38	RECOVERY ROOM			3,258,836			563,360	
39	DELIVERY ROOM & LABOR ROO			1,160,626			776	
40	ANESTHESIOLOGY			5,085,051			398,546	
41	RADIOLOGY-DIAGNOSTIC			28,956,960			3,794,985	
44	LABORATORY			20,666,737			4,548,963	
46 30	BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY			7,319,939			2,625,101	
49	RESPIRATORY THERAPY			2,183,621			1,169,007	
50	PHYSICAL THERAPY			5,712,256			829,030	
53	ELECTROCARDIOLOGY			2,600,408			626,007	
53 02	CARDIAC REHAB			291,215				
54	ELECTROENCEPHALOGRAPHY			887,706			11,304	
55	MEDICAL SUPPLIES CHARGED			15,935,903			7,653,389	
56	DRUGS CHARGED TO PATIENTS			12,246,061			3,386,588	
59	I/P AMBULANCE SERVICES							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			11,560,282			1,408,168	
62	OBSERVATION BEDS (NON-DIS			1,914,098			249,099	
63 50	RHC							
63 60	FOHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			152,701,746			32,785,144	

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	6,579,948					
37 01	SAME DAY SURGERY	938,970					
37 02	LITHOTRIPSY						
38	RECOVERY ROOM	1,379,657					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	453,980					
41	RADIOLOGY-DIAGNOSTIC	9,800,571					
44	LABORATORY	632,600					
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	1,171,159					
49	RESPIRATORY THERAPY	329,598					
50	PHYSICAL THERAPY	2,037					
53	ELECTROCARDIOLOGY	604,935					
53 02	CARDIAC REHAB	291,215					
54	ELECTROENCEPHALOGRAPHY	265,621					
55	MEDICAL SUPPLIES CHARGED	1,089,901					
56	DRUGS CHARGED TO PATIENTS	1,276,883					
59	I/P AMBULANCE SERVICES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,713,849					
62	OBSERVATION BEDS (NON-DIS	666,980					
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	27,197,904					

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		10,988,951		4,191,591
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.		157,186		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	2/13/2009	213,105		
ADJUSTMENTS TO PROVIDER .02	6/19/2009	67,866		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	6/19/2009	287		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		280,684		NONE
4 TOTAL INTERIM PAYMENTS		11,426,821		4,191,591
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		60,007		77,654
7 TOTAL MEDICARE PROGRAM LIABILITY		11,366,814		4,269,245

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.

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		26,851,802		
	OF PERIOD				
2	NET INCOME (LOSS)		1,195,269		
3	TOTAL		28,047,071		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	RECONCILING ITEM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		28,047,071		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	4			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		4		
19	FUND BALANCE AT END OF		28,047,067		
	PERIOD PER BALANCE SHEET				

		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				

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	74,676				39,429	114,105
HHA REIMBURSABLE SERVICES						
6	334,619		14,009			348,628
7	186,969		10,731			197,700
8	5,414		599			6,013
9	1,662		124			1,786
10	769		51			820
11	6,063		1,724			7,787
12					21,188	21,188
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	610,172		27,238		60,617	698,027

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-2,760	111,345		111,345
HHA REIMBURSABLE SERVICES				
6		348,628		348,628
7		197,700		197,700
8		6,013		6,013
9		1,786		1,786
10		820		820
11		7,787		7,787
12		21,188		21,188
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-2,760	695,267		695,267

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		111,345				111,345	111,345
HHA REIMBURSABLE SERVICES							
6		348,628				348,628	66,478
7		197,700				197,700	37,698
8		6,013				6,013	1,147
9		1,786				1,786	341
10		820				820	156
11		7,787				7,787	1,485
12		21,188				21,188	4,040
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		695,267				695,267	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		415,106					
7		235,398					
8		7,160					
9		2,127					
10		976					
11		9,272					
12		25,228					
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		695,267					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-111,345	583,922
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					348,628
7	PHYSICAL THERAPY					197,700
8	OCCUPATIONAL THERAPY					6,013
9	SPEECH PATHOLOGY					1,786
10	MEDICAL SOCIAL SERVICES					820
11	HOME HEALTH AIDE					7,787
12	SUPPLIES					21,188
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)				-111,345	583,922
25	COST TO BE ALLOCATED					111,345
26	UNIT COST MULTIPLIER					.190685

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				167,988	31,283	38,067
2 SKILLED NURSING CARE	415,106					132,783
3 PHYSICAL THERAPY	235,398					66,513
4 OCCUPATIONAL THERAPY	7,160					1,470
5 SPEECH PATHOLOGY	2,127					710
6 MEDICAL SOCIAL SERVICES	976					1,058
7 HOME HEALTH AIDE	9,272					2,754
8 SUPPLIES	25,228					
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)	695,267			167,988	31,283	243,355
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	237,338	42,084		261,885		
2 SKILLED NURSING CARE	547,889	97,152				
3 PHYSICAL THERAPY	301,911	53,534				
4 OCCUPATIONAL THERAPY	8,630	1,530				
5 SPEECH PATHOLOGY	2,837	503				
6 MEDICAL SOCIAL SERVICES	2,034	361				
7 HOME HEALTH AIDE	12,026	2,132				
8 SUPPLIES	25,228	4,473				
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)	1,137,893	201,769		261,885		
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				69,871		
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)				69,871		
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		611,178		611,178		
2 SKILLED NURSING CARE		645,041		645,041	371,836	1,016,877
3 PHYSICAL THERAPY		355,445		355,445	204,897	560,342
4 OCCUPATIONAL THERAPY		10,160		10,160	5,857	16,017
5 SPEECH PATHOLOGY		3,340		3,340	1,925	5,265
6 MEDICAL SOCIAL SERVICES		2,395		2,395	1,381	3,776
7 HOME HEALTH AIDE		14,158		14,158	8,161	22,319
8 SUPPLIES		29,701		29,701	17,121	46,822
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)		1,671,418		1,671,418	611,178	1,671,418
21 UNIT COST MULTIPLIER					0.576453	

(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			167,988	31,283	243,355	
22 UNIT COST MULTIPLIER			24.685966	4.597061	0.350142	

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	237,338		6,805			
2 SKILLED NURSING CARE	547,889					
3 PHYSICAL THERAPY	301,911					
4 OCCUPATIONAL THERAPY	8,630					
5 SPEECH PATHOLOGY	2,837					
6 MEDICAL SOCIAL SERVICES	2,034					
7 HOME HEALTH AIDE	12,026					
8 SUPPLIES	25,228					
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)	1,137,893		6,805			
21 COST TO BE ALLOCATED	201,769		261,885			
22 UNIT COST MULTIPLIER	0.177318		38.484203			

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			1,087			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			1,087			
21 COST TO BE ALLOCATED			69,871			
22 UNIT COST MULTIPLIER			64.278749			

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 PRGM-(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	2	1,016,877	2	1,016,877	2,478	410.36	1,378
2 PHYSICAL THERAPY	3	3	560,342		560,342	1,777	315.33	1,052
3 OCCUPATIONAL THERAPY	4	4	16,017		16,017	106	151.10	34
4 SPEECH PATHOLOGY	5	5	5,265		5,265	29	181.55	13
5 MEDICAL SOCIAL SERVICES	6	6	3,776		3,776	14	269.71	11
6 HOME HEALTH AIDE SERVICE	7	7	22,319		22,319	291	76.70	179
7 TOTAL			1,624,596		1,624,596	4,695		2,667

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
1 SKILLED NURSING	7	8	9	10	11	12
2 PHYSICAL THERAPY		595	565,476	244,164		809,640
3 OCCUPATIONAL THERAPY		339	331,727	106,897		438,624
4 SPEECH PATHOLOGY		64	5,137	9,670		14,807
5 MEDICAL SOCIAL SERVICES		3	2,360			2,360
6 HOME HEALTH AIDE SERVICES		74	2,967	809		3,776
7 TOTAL		1,075	921,396	367,216		1,288,612

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST	PROGRAM VISITS
						LIMITS	PART A
8 SKILLED NURSING		9914				5	6
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							

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
8 SKILLED NURSING	7	8	9	10	11	12
8.01 SKILLED NURSING						
8.02 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
9.02 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
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 11/24/2009
14-0234	FROM 7/ 1/2008	WORKSHEET H-6
HHA NO:	TO 6/30/2009	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)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00	46,822	3,027	49,849	7,307	6.822088	2,235
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES	5,071		15,247	34,595
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	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 F1)	9914	
17.01 PER BENE COST LIMITATION (FRM F1)		
17.02 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.477027			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	.414384	7,306	3,027	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.233114			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	-----PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----				
	FROM PART I, COL 5	COST PER VISIT	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998
	1	2	3	4	5
1 PHYSICAL THERAPY	2	315.33	2.01	3	3.01
2 OCCUPATIONAL THERAPY	3	151.10			
3 SPEECH PATHOLOGY	4	181.55			
4 TOTAL (SUM OF LINES 1-3)					

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
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	262,830		21,657	
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)	262,830		21,657	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
14-0234	FROM 7/1/2008	WORKSHEET K
HOSPICE NO:	TO 6/30/2009	
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	224,882	509,369	-402	508,967
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)	224,882	509,369	-402	508,967

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1533		

HOSPICE 1

	TOTAL
ADJUSTMENTS	(COL. 8
9	+ COL. 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	488,963
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	488,963

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-1
14-1533		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE	71,091	
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)	71,091	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	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	161,881		15,845	14,013
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)	161,881		15,845	14,013

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	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	262,830
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)	262,830

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1533		PART I

HOSPICE 1

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

GENERAL SERVICE COST CENTERS			
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL			
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE			
8 INPATIENT - RESPIRE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE	488,963		
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)	488,963		

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
HOSPICE GENERAL SERVICE COST	14-0234	FROM 7/ 1/2008	WORKSHEET K-4
	HOSPICE NO:	TO 6/30/2009	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			488,963	
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)			488,963	

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	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	488,963
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)	488,963

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1533		PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
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	FUNDRAISING			
40	OTHER PROGRAM COSTS			
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
42	UNIT COST MULTIPLIER	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0234	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1533		PART II

HOSPICE 1

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

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	488,963
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	488,963
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	FUNDRAISING	
40	OTHER PROGRAM COSTS	
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)	
42	UNIT COST MULTIPLIER	.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	488,963			47,274
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)		488,963			47,274
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	8,803	94,662	639,702	113,431
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)	8,803	94,662	639,702	113,431
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	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		73,697		
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)		73,697		
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	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		826,830		826,830
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)		826,830		826,830
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		826,830
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)		826,830
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			47,274	8,803
31.00 UNIT COST MULTIPLIER	.000000	.000000	24.686162	4.596867

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		639,702	
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	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5	6A	6	7
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	270,353		639,702	
30.00 TOTAL COST TO BE ALLOCATED	94,662		113,431	
31.00 UNIT COST MULTIPLIER	.350142		.177319	.000000

HOSPICE COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)
	8	9	10	11
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			
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			
30.00 TOTAL COST TO BE ALLOCATED	73,697			
31.00 UNIT COST MULTIPLIER	38.484073	.000000	.000000	.000000

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				

