

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		14-1341		FROM 1/1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2010 TIME 12:54

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:  
 PANA COMMUNITY HOSPITAL 14-1341

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2009 AND ENDING 12/31/2009 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		
1	HOSPITAL	0	-180,794	418,287		0
3	SWING BED - SNF	0	4,856	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	-175,938	418,287		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.







- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILBLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). O

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00 0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1341  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/27/2010  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	I/P DAYS / TITLE 3	O/P VISITS / TITLE 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	22	8,030	37,829.00		1,303		105
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					45		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	22	8,030	37,829.00		1,348		105
6 INTENSIVE CARE UNIT	3	1,095	123.00		10		
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 OTHER SPECIAL CARE							
11 NURSERY							
12 TOTAL	25	9,125	37,952.00		1,358		105
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY					3,773		
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,599				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			45				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			1,644				
6 INTENSIVE CARE UNIT			15				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 OTHER SPECIAL CARE							
11 NURSERY							
12 TOTAL			1,659				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY			5,592				
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS			240	26	214		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			4				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES / NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES / TITLE 12	DISCHARGES / TITLE 13	DISCHARGES / TITLE 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					457	52	596
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
10 OTHER SPECIAL CARE	9	10	11	12	13	14	15
11 NURSERY							
12 TOTAL		127.22			457	52	596
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY		8.71					
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL		135.93					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-1341  
HHA NO: 14-7299  
COUNTY: CHRISTIAN  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/27/2010  
WORKSHEET S-4

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	556	58	148
2 UNDUPLICATED CENSUS COUNT		249.00		52.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	762
2 UNDUPLICATED CENSUS COUNT	301.00

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
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	1.46		1.46
6 DIRECTING NURSING SERVICE	5.07		5.07
7 NURSING SUPERVISOR	.40		.40
8 PHYSICAL THERAPY SERVICE	1.65		1.65
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.13		.13
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
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).		99914	

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,516	95	154	11
22 SKILLED NURSING VISIT CHARGES	216,698	13,359	22,048	1,576
23 PHYSICAL THERAPY VISITS	1,663	0	13	13
24 PHYSICAL THERAPY VISIT CHARGES	237,725	0	1,862	1,862
25 OCCUPATIONAL THERAPY VISITS	122	0	0	1
26 OCCUPATIONAL THERAPY VISIT CHARGES	18,846	0	0	155
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	180	0	0	5
32 HOME HEALTH AIDE VISIT CHARGES	15,439	0	0	431
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,481	95	167	30
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	488,708	13,359	23,910	4,024
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	226	0	58	3
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	13,352	587	2,472	10

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

PROVIDER NO: 14-1341  
 HHA NO: 14-7299  
 COUNTY: CHRISTIAN  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,776
22 SKILLED NURSING VISIT CHARGES	0	0	253,681
23 PHYSICAL THERAPY VISITS	0	0	1,689
24 PHYSICAL THERAPY VISIT CHARGES	0	0	241,449
25 OCCUPATIONAL THERAPY VISITS	0	0	123
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	19,001
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	185
32 HOME HEALTH AIDE VISIT CHARGES	0	0	15,870
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,773
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	530,001
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	287
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	16,421

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET S-9
14-1575		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	2,387	123		
3 INPATIENT RESPIRE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	2,387	123		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	159	2,669
3 INPATIENT RESPIRE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	159	2,669

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	65	5		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	36.72	24.60		
9 UNDUPLICATED CENSUS COUNT	58	5		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	4	74
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	39.75	36.07
9 UNDUPLICATED CENSUS COUNT	4	67

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	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		182,541	182,541		182,541
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		431,330	431,330	30,306	461,636
5	0500 EMPLOYEE BENEFITS		2,277,888	2,277,888	-83,423	2,194,465
6.01	0610 NONPATIENT TELEPHONES		43,342	43,342		43,342
6.02	0620 DATA PROCESSING	63,378	103,299	166,677		166,677
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	264,209	1,860,554	2,124,763	-525	2,124,238
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	490,039	524,682	1,014,721	41,271	1,055,992
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	145,118	287,232	432,350		432,350
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	120,402	84,657	205,059		205,059
11	1100 DIETARY	135,112	106,149	241,261	-189,817	51,444
12	1200 CAFETERIA				72,943	72,943
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	232,218	8,198	240,416		240,416
15	1500 CENTRAL SERVICES & SUPPLY	14,925	9,447	24,372	-7,934	16,438
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	159,695	49,291	208,986		208,986
18	1800 SOCIAL SERVICE	29,813	596	30,409		30,409
19	0000 OTHER GENERAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS				317,060	317,060
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					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	619,103	50,493	669,596		669,596
26	2600 INTENSIVE CARE UNIT	49,123	3,592	52,715		52,715
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	0000 OTHER SPECIAL CARE					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	80,095	110,495	190,590	-6,000	184,590
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	233,637	9,813	243,450	-233,637	9,813
41	4100 RADIOLOGY-DIAGNOSTIC	339,626	734,896	1,074,522		1,074,522
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	506,940	538,513	1,045,453		1,045,453
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	304,208	140,760	444,968		444,968
50	5000 PHYSICAL THERAPY	321,657	120,694	442,351		442,351
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY					
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				20,560	20,560
56	5600 DRUGS CHARGED TO PATIENTS	31,230	1,224,600	1,255,830		1,255,830
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59	0000 OTHER ANCILLARY					
59.97	3997 CARDIAC REHABILITATION					
59.98	3998 HYPERBARIC OXYGEN THERAPY					
59.99	3999 LI THOTRI PSY					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	608,064	1,073,265	1,681,329		1,681,329
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	0000 OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
68	0000 OTHER REIMBURSABLE					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY	436,866	143,534	580,400	-20,043	560,357
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1341  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/27/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE	140,586	79,133	219,719	-1,417	218,302
94	0000 OTHER SPECIAL PURPOSE					
95	SUBTOTALS	5,326,044	10,198,994	15,525,038	-60,656	15,464,382
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	1,053,525	205,244	1,258,769	-9,997	1,248,772
99	9900 NONPAID WORKERS					
100	0000 OTHER NONREIMBURSABLE				70,653	70,653
101	TOTAL	6,379,569	10,404,238	16,783,807	-0-	16,783,807

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1341  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/27/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	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	-38,446	144,095
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-2,658	458,978
5 0500	EMPLOYEE BENEFITS	-334,735	1,859,730
6.01 0610	NONPATIENT TELEPHONES		43,342
6.02 0620	DATA PROCESSING		166,677
6.03 0650	CASHIERING/ACCOUNTS RECEIVABLE	-1,417,333	706,905
6.04 0660	OTHER ADMINISTRATIVE AND GENERAL	-144,388	911,604
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-1,447	430,903
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		205,059
11 1100	DIETARY	-10,804	40,640
12 1200	CAFETERIA	-20,756	52,187
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		240,416
15 1500	CENTRAL SERVICES & SUPPLY		16,438
16 1600	PHARMACY		
17 1700	MEDICAL RECORDS & LIBRARY	-69,201	139,785
18 1800	SOCIAL SERVICE		30,409
19 0000	OTHER GENERAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		317,060
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED PRGM		
25 2500	INPAT ROUTINE SRVC CNTRS		669,596
26 2600	ADULTS & PEDIATRICS		52,715
27 2700	INTENSIVE CARE UNIT		
28 2800	CORONARY CARE UNIT		
29 2900	BURN INTENSIVE CARE UNIT		
30 3000	SURGICAL INTENSIVE CARE UNIT		
31 0000	OTHER SPECIAL CARE		
32 3100	SUBPROVIDER		
33 3300	NURSERY		
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
37 3700	ANCILLARY SRVC COST CNTRS		184,590
38 3800	OPERATING ROOM		
39 3900	RECOVERY ROOM		
40 4000	DELIVERY ROOM & LABOR ROOM		
41 4100	ANESTHESIOLOGY		9,813
42 4200	RADIOLOGY-DIAGNOSTIC		1,074,522
43 4300	RADIOLOGY-THERAPEUTIC		
44 4400	RADIOISOTOPE		
45 4500	LABORATORY	-4,575	1,040,878
46 4600	PBP CLINICAL LAB SERVICES-PRGM ONLY		
47 4700	WHOLE BLOOD & PACKED RED BLOOD CELLS		
48 4800	BLOOD STORING, PROCESSING & TRANS.		
49 4900	INTRAVENOUS THERAPY		
50 5000	RESPIRATORY THERAPY	-72,770	372,198
51 5100	PHYSICAL THERAPY	-8,768	433,583
52 5200	OCCUPATIONAL THERAPY		
53 5300	SPEECH PATHOLOGY		
54 5400	ELECTROCARDIOLOGY		
55 5500	ELECTROENCEPHALOGRAPHY		
56 5600	MEDICAL SUPPLIES CHARGED TO PATIENTS		20,560
57 5700	DRUGS CHARGED TO PATIENTS		1,255,830
58 5800	RENAL DIALYSIS		
59 5900	ASC (NON-DISTINCT PART)		
59.97 3997	OTHER ANCILLARY		
59.98 3998	CARDIAC REHABILITATION		
59.99 3999	HYPERBARIC OXYGEN THERAPY		
	LI THOTRI PSY		
60 6000	OUTPAT SERVICE COST CNTRS		
61 6100	CLINIC		
62 6200	EMERGENCY	-597,377	1,083,952
63 6300	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER OUTPATIENT SERVICE		
64 6400	OTHER REIMBURS COST CNTRS		
65 6500	HOME PROGRAM DIALYSIS		
66 6600	AMBULANCE SERVICES		
67 6700	DURABLE MEDICAL EQUIP-RENTED		
68 6800	DURABLE MEDICAL EQUIP-SOLD		
69 6900	OTHER REIMBURSABLE		
70 7000	CORF		
71 7100	I&R SERVICES-NOT APPRVD PRGM		
	HOME HEALTH AGENCY	-5,425	554,932
82 8200	SPEC PURPOSE COST CENTERS		
83 8300	LUNG ACQUISITION		
	KIDNEY ACQUISITION		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1341  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/27/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE	-137	218,165
94	0000 OTHER SPECIAL PURPOSE		
95	SUBTOTALS	-2,728,820	12,735,562
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES	-1,132	1,247,640
99	9900 NONPAID WORKERS		
100	0000 OTHER NONREIMBURSABLE		70,653
101	TOTAL	-2,729,952	14,053,855

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 NOT A CMS WORKSHEET

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	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.04	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
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	
19	OTHER GENERAL SERVICE	0000	
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	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	OTHER SPECIAL CARE	0000	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	OTHER ANCILLARY	0000	
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
59.98	HYPERBARIC OXYGEN THERAPY	3998	HYPERBARIC OXYGEN THERAPY
59.99	LITHOTRIPSY	3999	LITHOTRIPSY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE	0000	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
68	OTHER REIMBURSABLE	0000	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
94	OTHER SPECIAL PURPOSE	0000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE	0000	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
141341

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 5/27/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 EQUIPMENT RENTALS	A	NEW CAP REL COSTS-MVBLE EQUIP	4		30,306
2					
3					
4					
5					
6					
7 DIETARY COSTS	B	CAFETERIA	12	40,850	32,093
8		OTHER ADMINISTRATIVE AND GENERAL	6.04	25,885	20,336
9		OTHER NONREIMBURSABLE	100	39,567	31,086
10 MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		7,934
11 HHA SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		12,626
12 CRNA SALARY & H&W COSTS	E	NONPHYSICIAN ANESTHETISTS	20	233,637	83,423
13					
36 TOTAL RECLASSIFICATIONS				339,939	217,804

(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:  
141341

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 5/27/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 EQUIPMENT RENTALS	A	CASHIERING/ACCOUNTS RECEIVABLE	6.03		525	10
2		OTHER ADMINISTRATIVE AND GENERAL	6.04		4,950	
3		OPERATING ROOM	37		6,000	
4		HOME HEALTH AGENCY	71		7,417	
5		HOSPICE	93		1,417	
6		PHYSICIANS' PRIVATE OFFICES	98		9,997	
7 DIETARY COSTS	B	DIETARY	11	106,302	83,515	
8						
9						
10 MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		7,934	
11 HHA SUPPLIES	D	HOME HEALTH AGENCY	71		12,626	
12 CRNA SALARY & H&W COSTS	E	ANESTHESIOLOGY	40	233,637		
13		EMPLOYEE BENEFITS	5		83,423	
36 TOTAL RECLASSIFICATIONS				339,939	217,804	

(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:  
141341

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 5/27/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : EQUIPMENT RENTALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	30,306	CASHIERING/ACCOUNTS RECEIVABLE	6.03	525	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.04	4,950	
3.00			0	OPERATING ROOM	37	6,000	
4.00			0	HOME HEALTH AGENCY	71	7,417	
5.00			0	HOSPICE	93	1,417	
6.00			0	PHYSICIANS' PRIVATE OFFICES	98	9,997	
TOTAL RECLASSIFICATIONS FOR CODE A			30,306				30,306

RECLASS CODE: B  
EXPLANATION : DIETARY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	72,943	DIETARY	11	189,817	
2.00	OTHER ADMINISTRATIVE AND GENER	6.04	46,221			0	
3.00	OTHER NONREIMBURSABLE	100	70,653			0	
TOTAL RECLASSIFICATIONS FOR CODE B			189,817				189,817

RECLASS CODE: C  
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,934	CENTRAL SERVICES & SUPPLY	15	7,934	
TOTAL RECLASSIFICATIONS FOR CODE C			7,934				7,934

RECLASS CODE: D  
EXPLANATION : HHA SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	12,626	HOME HEALTH AGENCY	71	12,626	
TOTAL RECLASSIFICATIONS FOR CODE D			12,626				12,626

RECLASS CODE: E  
EXPLANATION : CRNA SALARY & H&W COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	317,060	ANESTHESIOLOGY	40	233,637	
2.00			0	EMPLOYEE BENEFITS	5	83,423	
TOTAL RECLASSIFICATIONS FOR CODE E			317,060				317,060

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	11,496					11,496	
2 LAND IMPROVEMENTS	190,533					190,533	55,463
3 BUILDINGS & FIXTURE	5,751,523	197,034		197,034		5,948,557	2,278,959
4 BUILDING IMPROVEMEN	275,160					275,160	126,397
5 FIXED EQUIPMENT	1,121,210				527,682	593,528	404,419
6 MOVABLE EQUIPMENT	3,399,503	918,877		918,877		4,318,380	1,671,990
7 SUBTOTAL	10,749,425	1,115,911		1,115,911	527,682	11,337,654	4,537,228
8 RECONCILING ITEMS							
9 TOTAL	10,749,425	1,115,911		1,115,911	527,682	11,337,654	4,537,228

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		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	7,019,274		7,019,274	.619112				
4	NEW CAP REL COSTS-MV	4,318,380		4,318,380	.380888				
5	TOTAL	11,337,654		11,337,654	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	182,541	-38,446					144,095
4	NEW CAP REL COSTS-MV	431,330	27,648					458,978
5	TOTAL	613,871	-10,798					603,073

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	182,541						182,541
4	NEW CAP REL COSTS-MV	431,330						431,330
5	TOTAL	613,871						613,871

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 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			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	468	NEW CAP REL COSTS-MVBLE E	4	10
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-674,722			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-20,756	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	-69,201	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-9,749	DIETARY	11	
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			UTILIZATION REVIEW-SNF	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		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MEDICARE INTEREST	B	-66	OTHER ADMINISTRATIVE AND	6.04	
38 ADVERTISING	A	-50,192	OTHER ADMINISTRATIVE AND	6.04	
38.01 ADVERTISING	A	-1,468	HOME HEALTH AGENCY	71	
38.02 ADVERTISING	A	-137	HOSPICE	93	
38.03 ADVERTISING	A	-1,132	PHYSICIANS' PRIVATE OFFIC	98	
39 PHYSICIAN RECRUITMENT COSTS	A	-1,986	OTHER ADMINISTRATIVE AND	6.04	
40 WAGE GARNISHMENT FEE	B	-70	OTHER ADMINISTRATIVE AND	6.04	
41 PATIENT PHONE COSTS	A	-3,126	NEW CAP REL COSTS-MVBLE E	4	10
41.01 PATIENT PHONE COSTS	A	-278	EMPLOYEE BENEFITS	5	
41.02 PATIENT PHONE COSTS	A	-3,311	OTHER ADMINISTRATIVE AND	6.04	
41.03 PATIENT PHONE COSTS	A	-1,447	OPERATION OF PLANT	8	
42 BAD DEBT EXPENSE	A	-1,417,333	CASHIERING/ACCOUNTS RECEI	6.03	
43 SELF-INS CASH PMNTS TO HOSPITAL	A	-334,457	EMPLOYEE BENEFITS	5	
44 MISC OTHER OPERATING REVENUE	B	-28,272	OTHER ADMINISTRATIVE AND	6.04	
45 DIET INSTRUCTION	B	-1,055	DIETARY	11	
46 SPORTS MEDICINE	B	-8,768	PHYSICAL THERAPY	50	
47 LEASE REVENUE - BUILDINGS	B	-38,446	NEW CAP REL COSTS-BLDG &	3	10
48 HHA CARE CALL	B	-3,957	HOME HEALTH AGENCY	71	
49 MEDICAID TAX	A	-60,491	OTHER ADMINISTRATIVE AND	6.04	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,729,952			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
44	LABORATORY/KMB, SC	12,500	4,575	7,925				
49	RESPIRATORY THERAPY/AGGRE	72,770	72,770					
61	EMERGENCY/MI DWEST EMERGEN	1,006,872	597,377	409,495				
101	TOTAL	1,092,142	674,722	417,420				



COST ALLOCATION STATISTICS

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 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	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	30	#	OF PHONES	ENTERED
6.02	DATA PROCESSING	31	#	OF TERMINALS	ENTERED
6.03	CASHIERING/ACCOUNTS RECEIVABLE	32	GROSS	REVENUE	ENTERED
6.04	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	NOT ENTERED
10	HOUSEKEEPING	7	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	33	MAN HOURS		ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	32	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
19	OTHER GENERAL SERVICE				NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSI GNE D	TI ME	ENTERED
21	NURSING SCHOOL	19	ASSI GNE D	TI ME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSI GNE D	TI ME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSI GNE D	TI ME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSI GNE D	TI ME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET B  
 PART I

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	NONPATIENT TELEPHONES 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	144,095			144,095			
005 NEW CAP REL COSTS-MVBLE E	458,978				458,978		
006 EMPLOYEE BENEFITS	1,859,730					1,859,730	
006 01 NONPATIENT TELEPHONES	43,342			119	7,645		51,106
006 02 DATA PROCESSING	166,677			1,044	13,724	19,178	852
006 03 CASHIERING/ACCOUNTS RECEI	706,905			3,417	11,651	79,948	4,259
006 04 OTHER ADMINISTRATIVE AND	911,604			12,292	10,946	156,116	3,691
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	430,903			39,742	120,067	43,912	852
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	205,059			2,488	361	36,433	284
011 DIETARY	40,640			4,036	2,317	8,718	1,136
012 CAFETERIA	52,187			901	576	12,361	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	240,416			1,194		70,268	1,136
015 CENTRAL SERVICES & SUPPLY	16,438			1,505	127	4,516	284
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	139,785			1,233	5,079	48,323	2,839
018 SOCIAL SERVICE	30,409			334	618	9,021	284
019 OTHER GENERAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS	317,060						
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	669,596			16,141	8,211	187,337	8,232
026 INTENSIVE CARE UNIT	52,715			1,052	3,389	14,864	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	184,590			9,040	28,557	24,236	2,555
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	9,813				90		284
041 RADIOLOGY-DIAGNOSTIC	1,074,522			7,795	132,458	102,769	4,259
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,040,878			2,113	9,347	153,398	1,704
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	372,198			6,036	17,252	92,052	2,271
050 PHYSICAL THERAPY	433,583			4,718	3,000	97,332	1,420
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	20,560						
056 DRUGS CHARGED TO PATIENTS	1,255,830			1,069	7,363	9,450	852
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY							
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARI C OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	1,083,952			6,825	12,726	183,997	4,543
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	554,932			4,214	955	132,193	2,271
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1341  
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 PREPARED 5/27/2010  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	6.01
SPEC PURPOSE COST CENTERS								
084 LIVER ACQUISITION								
085 HEART ACQUISITION								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTER								
093 HOSPICE	218,165					1,031	42,541	284
094 OTHER SPECIAL PURPOSE								
095 SUBTOTALS	12,735,562				127,308	397,490	1,528,963	44,292
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP					246	5,162		
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE	1,247,640				16,541	56,326	318,794	6,814
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE	70,653						11,973	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	14,053,855				144,095	458,978	1,859,730	51,106

COST ALLOCATION - GENERAL SERVICE COSTS

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 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	6.02	6.03	6a.03	6.04	7	8	9
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							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	201,475						
006 03 CASHIERING/ACCOUNTS RECEI	25,449	831,629					
006 04 OTHER ADMINISTRATIVE AND	25,449		1,120,098	1,120,098			
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	4,242		639,718	55,401		695,119	
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,121		246,746	21,369		19,768	
011 DIETARY	4,242		61,089	5,290		32,069	
012 CAFETERIA			66,025	5,718		7,159	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	8,483		321,497	27,843		9,486	
015 CENTRAL SERVICES & SUPPLY	2,121		24,991	2,164		11,959	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	10,604		207,863	18,002		9,795	
018 SOCIAL SERVICE	2,121		42,787	3,705		2,652	
019 OTHER GENERAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS			317,060	27,458			
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,242	56,958	950,717	82,335		128,259	
027 INTENSIVE CARE UNIT		609	72,629	6,290		8,363	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 OTHER SPECIAL CARE							
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	2,121	21,556	272,655	23,613		71,834	
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY		8,025	18,212	1,577			
042 RADIOLOGY-DIAGNOSTIC	6,362	254,963	1,583,128	137,104		61,941	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	14,846	180,732	1,403,018	121,506		16,791	
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	8,483	57,902	556,194	48,168		47,965	
051 PHYSICAL THERAPY	6,362	39,993	586,408	50,785		37,487	
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED		4,864	25,424	2,202			
057 DRUGS CHARGED TO PATIENTS	4,242	96,872	1,375,678	119,138		8,493	
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
059 97 OTHER ANCILLARY							
059 98 CARDIAC REHABILITATION							
059 99 HYPERBARIC OXYGEN THERAPY							
060 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	8,483	76,083	1,376,609	119,218		54,229	
063 OBSERVATION BEDS (NON-DIS							
064 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 OTHER REIMBURSABLE							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY	12,725	22,507	729,797	63,203		33,484	
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							

COST ALLOCATION - GENERAL SERVICE COSTS

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 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	CASHIERING/COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6a.03	6.04	7	8	9
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
094 HOSPICE		10,565	272,586	23,607			
095 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	152,698	831,629	12,270,929	965,696		561,734	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP			5,408	468			1,952
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	48,777		1,694,892	146,778			131,433
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE			82,626	7,156			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	201,475	831,629	14,053,855	1,120,098		695,119	

COST ALLOCATION - GENERAL SERVICE COSTS

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 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
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							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	287,883						
011 DIETARY	13,670	112,118					
012 CAFETERIA	3,052		81,954				
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,043		2,573		365,442		
015 CENTRAL SERVICES & SUPPLY	5,098		589			44,801	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	4,175		3,939				8
018 SOCIAL SERVICE	1,131		683				
019 OTHER GENERAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	54,673	111,071	11,858		102,338		8,441
026 INTENSIVE CARE UNIT	3,565	1,047	756		6,525		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	30,621		1,520		13,114		974
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY			4,294		37,061		116
041 RADIOLOGY-DIAGNOSTIC	26,404		7,529				570
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	7,158		8,605				1,379
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	20,446		6,942				1,014
050 PHYSICAL THERAPY	15,980		5,286				406
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							8,512
056 DRUGS CHARGED TO PATIENTS	3,620		868				
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY							
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	23,116		10,287		88,776		17,976
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	14,273				89,485		3,145
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

COST ALLOCATION - GENERAL SERVICE COSTS

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 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE			3,261		28,143	5	
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	231,025	112,118	68,990		365,442	42,546	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	832						
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	56,026		12,964			2,255	
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	287,883	112,118	81,954		365,442	44,801	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	17	18	19	20	21	22	23
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							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	243,782						
018 SOCIAL SERVICE		50,958					
019 OTHER GENERAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS				344,518			
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	16,696	40,766					
027 INTENSIVE CARE UNIT	179						
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	6,319						
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	2,353			344,518			
041 RADIOLOGY-DIAGNOSTIC	74,738						
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	52,979						
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	16,973						
050 PHYSICAL THERAPY	11,724						
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,426						
056 DRUGS CHARGED TO PATIENTS	28,397						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY							
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LIOTHOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	22,303	10,192					
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	6,598						
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							



COST CENTER DESCRIPTION	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	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				
006 01 NONPATIENT TELEPHONES				
006 02 DATA PROCESSING				
006 03 CASHIERING/ACCOUNTS RECEI				
006 04 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSONNEL				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
019 OTHER GENERAL SERVICE				
020 NONPHYSICIAN ANESTHETISTS				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		1,507,154		1,507,154
026 INTENSIVE CARE UNIT		99,354		99,354
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
030 OTHER SPECIAL CARE				
031 SUBPROVIDER				
033 NURSERY				
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
035 01 ICF/MR				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		420,650		420,650
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY		408,131		408,131
041 RADIOLOGY-DIAGNOSTIC		1,891,414		1,891,414
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY		1,611,436		1,611,436
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY		697,702		697,702
050 PHYSICAL THERAPY		708,076		708,076
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED		37,564		37,564
056 DRUGS CHARGED TO PATIENTS		1,536,194		1,536,194
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
059 OTHER ANCILLARY				
059 97 CARDIAC REHABILITATION				
059 98 HYPERBARIC OXYGEN THERAPY				
059 99 LI THOTRI PSY				
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
061 EMERGENCY		1,722,706		1,722,706
062 OBSERVATION BEDS (NON-DIS				
063 OTHER OUTPATIENT SERVICE				
064 OTHER REIMBURS COST CNTRS				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
068 OTHER REIMBURSABLE				
069 CORF				
070 I&R SERVICES-NOT APPRVD P				
071 HOME HEALTH AGENCY		939,985		939,985
082 LUNG ACQUISITION				
083 SPEC PURPOSE COST CENTERS				
083 KIDNEY ACQUISITION				

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1341 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/27/2010 WORKSHEET B PART I

COST CENTER DESCRIPTION	PARAMED GM	ED PR	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	24		25	26	27
SPEC PURPOSE COST CENTERS					
084 LIVER ACQUISITION					
085 HEART ACQUISITION					
086 OTHER ORGAN ACQUISITION					
092 AMBULATORY SURGICAL CENTE					
093 HOSPICE			330,699		330,699
094 OTHER SPECIAL PURPOSE					
095 SUBTOTALS			11,911,065		11,911,065
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			8,660		8,660
097 RESEARCH					
098 PHYSICIANS' PRIVATE OFFIC			2,044,348		2,044,348
099 NONPAID WORKERS					
100 OTHER NONREIMBURSABLE			89,782		89,782
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL			14,053,855		14,053,855

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET B  
 PART III

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							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES				119	7,645	7,764	
006 02 DATA PROCESSING				1,044	13,724	14,768	
006 03 CASHIERING/ACCOUNTS RECEI				3,417	11,651	15,068	
006 04 OTHER ADMINISTRATIVE AND				12,292	10,946	23,238	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE				39,742	120,067	159,809	
010 HOUSEKEEPING				2,488	361	2,849	
011 DIETARY				4,036	2,317	6,353	
012 CAFETERIA				901	576	1,477	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				1,194		1,194	
015 CENTRAL SERVICES & SUPPLY				1,505	127	1,632	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY				1,233	5,079	6,312	
018 SOCIAL SERVICE				334	618	952	
019 OTHER GENERAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				16,141	8,211	24,352	
026 INTENSIVE CARE UNIT				1,052	3,389	4,441	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				9,040	28,557	37,597	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY					90	90	
041 RADIOLOGY-DIAGNOSTIC				7,795	132,458	140,253	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY				2,113	9,347	11,460	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				6,036	17,252	23,288	
050 PHYSICAL THERAPY				4,718	3,000	7,718	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				1,069	7,363	8,432	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY							
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY				6,825	12,726	19,551	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY				4,214	955	5,169	
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1341  
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 PREPARED 5/27/2010  
 WORKSHEET B  
 PART III

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
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE					1,031	1,031	
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS				127,308	397,490	524,798	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				246	5,162	5,408	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC				16,541	56,326	72,867	
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				144,095	458,978	603,073	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	6.01	6.02	6.03	6.04	7	8	9
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							
01 NONPATIENT TELEPHONES	7,764						
02 DATA PROCESSING	129	14,897					
03 CASHIERING/ACCOUNTS RECEI	647	1,882	17,597				
04 OTHER ADMINISTRATIVE AND	561	1,882		25,681			
07 MAINTENANCE & REPAIRS							
08 OPERATION OF PLANT	129	314		1,270		161,522	
09 LAUNDRY & LINEN SERVICE							
10 HOUSEKEEPING	43	157		490		4,594	
11 DIETARY	173	314		121		7,452	
12 CAFETERIA				131		1,663	
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION	173	627		638		2,204	
15 CENTRAL SERVICES & SUPPLY	43	157		50		2,779	
16 PHARMACY							
17 MEDICAL RECORDS & LIBRARY	431	784		413		2,276	
18 SOCIAL SERVICE	43	157		85		616	
19 OTHER GENERAL SERVICE							
20 NONPHYSICIAN ANESTHETISTS				630			
21 NURSING SCHOOL							
22 I&R SERVICES-SALARY & FRI							
23 I&R SERVICES-OTHER PRGM C							
24 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
25 ADULTS & PEDIATRICS	1,252	314	1,206	1,888		29,803	
26 INTENSIVE CARE UNIT			13	144		1,943	
27 CORONARY CARE UNIT							
28 BURN INTENSIVE CARE UNIT							
29 SURGICAL INTENSIVE CARE U							
30 OTHER SPECIAL CARE							
31 SUBPROVIDER							
33 NURSERY							
34 SKILLED NURSING FACILITY							
35 NURSING FACILITY							
01 ICF/MR							
36 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
37 OPERATING ROOM	388	157	456	541		16,692	
38 RECOVERY ROOM							
39 DELIVERY ROOM & LABOR ROO							
40 ANESTHESIOLOGY	43		170	36			
41 RADIOLOGY-DIAGNOSTIC	647	470	5,389	3,144		14,393	
42 RADIOLOGY-THERAPEUTIC							
43 RADIOISOTOPE							
44 LABORATORY	259	1,098	3,826	2,786		3,902	
45 PBP CLINICAL LAB SERVICES							
46 WHOLE BLOOD & PACKED RED							
47 BLOOD STORING, PROCESSING							
48 INTRAVENOUS THERAPY							
49 RESPIRATORY THERAPY	345	627	1,226	1,105		11,145	
50 PHYSICAL THERAPY	216	470	847	1,165		8,711	
51 OCCUPATIONAL THERAPY							
52 SPEECH PATHOLOGY							
53 ELECTROCARDIOLOGY							
54 ELECTROENCEPHALOGRAPHY							
55 MEDICAL SUPPLIES CHARGED			103	50			
56 DRUGS CHARGED TO PATIENTS	129	314	2,051	2,732		1,974	
57 RENAL DIALYSIS							
58 ASC (NON-DISTINCT PART)							
59 OTHER ANCILLARY							
97 CARDIAC REHABILITATION							
98 HYPERBARIC OXYGEN THERAPY							
99 LI THOTRI PSY							
OUTPAT SERVICE COST CNTRS							
CLINIC							
60 EMERGENCY	690	627	1,610	2,734		12,601	
61 OBSERVATION BEDS (NON-DIS							
62 OTHER OUTPATIENT SERVICE							
63 OTHER REIMBURS COST CNTRS							
HOME PROGRAM DIALYSIS							
64 AMBULANCE SERVICES							
65 DURABLE MEDICAL EQUIP-REN							
66 DURABLE MEDICAL EQUIP-SOL							
67 OTHER REIMBURSABLE							
68 CORF							
69 I&R SERVICES-NOT APPRVD P							
70 HOME HEALTH AGENCY	345	941	476	1,449		7,781	
71 LUNG ACQUISITION							
72 SPEC PURPOSE COST CENTERS							
73 KIDNEY ACQUISITION							
083							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	CASHIERING/COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	7	8	9
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE	43		224	541			
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	6,729	11,292	17,597	22,143		130,529	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				11		454	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	1,035	3,605		3,363		30,539	
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE				164			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,764	14,897	17,597	25,681		161,522	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
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							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	8,133						
011 DIETARY	386	14,799					
012 CAFETERIA	86		3,357				
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	114		105		5,055		
015 CENTRAL SERVICES & SUPPLY	144		24			4,829	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	118		161				1
018 SOCIAL SERVICE	32		28				
019 OTHER GENERAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,545	14,661	486		1,416		910
026 INTENSIVE CARE UNIT	101	138	31		90		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	865		62		181		105
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY			176		513		12
041 RADIOLOGY-DIAGNOSTIC	746		308				61
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	202		352				149
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	578		284				109
050 PHYSICAL THERAPY	451		217				44
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							918
056 DRUGS CHARGED TO PATIENTS	102		36				
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY							
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	653		421		1,228		1,937
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	403				1,238		339
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
094 HOSPICE			134		389		1
095 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	6,526	14,799	2,825		5,055		4,586
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	24						
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	1,583		532				243
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	8,133	14,799	3,357		5,055		4,829

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	17	18	19	20	21	22	23
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							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	10,496						
018 SOCIAL SERVICE		1,913					
019 OTHER GENERAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS				630			
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	719	1,530					
027 INTENSIVE CARE UNIT	8						
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	272						
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	101						
042 RADIOLOGY-THERAPEUTIC	3,217						
043 RADIOISOTOPE							
044 LABORATORY	2,282						
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	731						
050 PHYSICAL THERAPY	505						
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	61						
056 DRUGS CHARGED TO PATIENTS	1,223						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY							
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	960	383					
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	284						
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	17	18	19	20	21	22	23
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE	133						
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	10,496	1,913					
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENTS				630			
102 NEGATIVE COST CENTER							
103 TOTAL	10,496	1,913		630			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET B  
 PART III

	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	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			
006	01 NONPATIENT TELEPHONES			
006	02 DATA PROCESSING			
006	03 CASHIERING/ACCOUNTS RECEI			
006	04 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
013	MAINTENANCE OF PERSONNEL			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
019	OTHER GENERAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
021	NURSING SCHOOL			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMED ED PRGM			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	80,082		80,082
026	INTENSIVE CARE UNIT	6,909		6,909
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
030	OTHER SPECIAL CARE			
031	SUBPROVIDER			
033	NURSERY			
034	SKILLED NURSING FACILITY			
035	NURSING FACILITY			
035	01 ICF/MR			
036	OTHER LONG TERM CARE			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	57,316		57,316
038	RECOVERY ROOM			
039	DELIVERY ROOM & LABOR ROO			
040	ANESTHESIOLOGY	1,141		1,141
041	RADIOLOGY-DIAGNOSTIC	168,628		168,628
042	RADIOLOGY-THERAPEUTIC			
043	RADIOISOTOPE			
044	LABORATORY	26,316		26,316
045	PBP CLINICAL LAB SERVICES			
046	WHOLE BLOOD & PACKED RED			
047	BLOOD STORING, PROCESSING			
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY	39,438		39,438
050	PHYSICAL THERAPY	20,344		20,344
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
054	ELECTROENCEPHALOGRAPHY			
055	MEDICAL SUPPLIES CHARGED	1,132		1,132
056	DRUGS CHARGED TO PATIENTS	16,993		16,993
057	RENAL DIALYSIS			
058	ASC (NON-DISTINCT PART)			
059	OTHER ANCILLARY			
059	97 CARDIAC REHABILITATION			
059	98 HYPERBARIC OXYGEN THERAPY			
059	99 LI THOTRI PSY			
	OUTPAT SERVICE COST CNTRS			
060	CLINIC			
061	EMERGENCY	43,395		43,395
062	OBSERVATION BEDS (NON-DIS			
063	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
064	HOME PROGRAM DIALYSIS			
065	AMBULANCE SERVICES			
066	DURABLE MEDICAL EQUIP-REN			
067	DURABLE MEDICAL EQUIP-SOL			
068	OTHER REIMBURSABLE			
069	CORF			
070	I&R SERVICES-NOT APPRVD P			
071	HOME HEALTH AGENCY	18,425		18,425
082	LUNG ACQUISITION			
	SPEC PURPOSE COST CENTERS			
083	KIDNEY ACQUISITION			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1341 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/27/2010 WORKSHEET B PART III

	COST CENTER DESCRIPTION	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		24	25	26	27
	SPEC PURPOSE COST CENTERS				
084	LIVER ACQUISITION				
085	HEART ACQUISITION				
086	OTHER ORGAN ACQUISITION				
092	AMBULATORY SURGICAL CENTE				
093	HOSPICE		2,496		2,496
094	OTHER SPECIAL PURPOSE				
095	SUBTOTALS		482,615		482,615
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP		5,897		5,897
097	RESEARCH				
098	PHYSICIANS' PRIVATE OFFIC		113,767		113,767
099	NONPAID WORKERS				
100	OTHER NONREIMBURSABLE		164		164
101	CROSS FOOT ADJUSTMENTS		630		630
102	NEGATIVE COST CENTER				
103	TOTAL		603,073		603,073

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	FITS (GROSS SALARIES)	S(# OF PHONES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			70,372			
005 NEW CAP REL COSTS-MVB				659,476		
006 EMPLOYEE BENEFITS					6,145,932	
006 01 NONPATIENT TELEPHONES			58	10,985		180
006 02 DATA PROCESSING			510	19,719	63,378	3
006 03 CASHIERING/ACCOUNTS R			1,669	16,740	264,209	15
006 04 OTHER ADMINISTRATIVE			6,003	15,727	515,924	13
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			19,409	172,516	145,118	3
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING			1,215	518	120,402	1
011 DIETARY			1,971	3,329	28,810	4
012 CAFETERIA			440	828	40,850	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO			583		232,218	4
015 CENTRAL SERVICES & SU			735	183	14,925	1
016 PHARMACY						
017 MEDICAL RECORDS & LIB			602	7,298	159,695	10
018 SOCIAL SERVICE			163	888	29,813	1
019 OTHER GENERAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			7,883	11,798	619,103	29
026 INTENSIVE CARE UNIT			514	4,869	49,123	
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 OTHER SPECIAL CARE						
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM			4,415	41,032	80,095	9
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY				130		1
041 RADIOLOGY-DIAGNOSTIC			3,807	190,320	339,626	15
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY			1,032	13,430	506,940	6
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			2,948	24,788	304,208	8
050 PHYSICAL THERAPY			2,304	4,311	321,657	5
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI			522	10,580	31,230	3
057 RENAL DIALYSIS						
058 ASC (NON-DI STINCT PAR						
059 OTHER ANCILLARY						
059 97 CARDIAC REHABILITATIO						
059 98 HYPERBARIC OXYGEN THE						
059 99 LI THOTRI PSY						
060 OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY			3,333	18,285	608,064	16
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
068 OTHER REIMBURSABLE						
069 CORF						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	FITS (GROSS SALARIES)	S(# OF PHONES)
	1	2	3	4	5	6.01
070 OTHER REIMBURS COST C						
071 I&R SERVICES-NOT APPR						
082 HOME HEALTH AGENCY LUNG ACQUISITION SPEC PURPOSE COST CEN			2,058	1,372	436,866	8
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE				1,482	140,586	1
094 OTHER SPECIAL PURPOSE						
095 SUBTOTALS			62,174	571,128	5,052,840	156
096 NONREIMBURS COST CENT						
097 GIFT, FLOWER, COFFEE RESEARCH			120	7,417		
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS			8,078	80,931	1,053,525	24
100 OTHER NONREIMBURSABLE					39,567	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			144,095	458,978	1,859,730	51,106
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			2.047618	.695974	.302595	283.922222
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)						7,764
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						43.133333

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROCESSING (# OF TERMINALS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	RECONCILIATION (RECONCILIATION)	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	6.02	6.03	6a.04	6.04	7	8	9
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 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	95						
006 03 CASHIERING/ACCOUNTS R	12	29,000,632					
006 04 OTHER ADMINISTRATIVE	12		-1,120,098	12,933,757			
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2			639,718		42,723	
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	1			246,746		1,215	
011 DIETARY	2			61,089		1,971	
012 CAFETERIA				66,025		440	
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	4			321,497		583	
015 CENTRAL SERVICES & SU	1			24,991		735	
016 PHARMACY							
017 MEDICAL RECORDS & LIB	5			207,863		602	
018 SOCIAL SERVICE	1			42,787		163	
019 OTHER GENERAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL				317,060			
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN	2	1,986,258		950,717		7,883	
026 ADULTS & PEDIATRICS		21,240		72,629		514	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
030 SURGICAL INTENSIVE CA							
031 OTHER SPECIAL CARE							
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST C							
039 OPERATING ROOM	1	751,707		272,655		4,415	
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR							
042 ANESTHESIOLOGY		279,866		18,212			
043 RADIOLOGY-DIAGNOSTIC	3	8,890,866		1,583,128		3,807	
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	7	6,302,563		1,403,018		1,032	
047 PBP CLINICAL LAB SERV							
048 WHOLE BLOOD & PACKED							
049 BLOOD STORING, PROCES							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	4	2,019,172		556,194		2,948	
052 PHYSICAL THERAPY	3	1,394,660		586,408		2,304	
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPH							
057 MEDICAL SUPPLIES CHAR		169,625		25,424			
058 DRUGS CHARGED TO PATI	2	3,378,169		1,375,678		522	
059 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PAR							
059 OTHER ANCILLARY							
059 97 CARDIAC REHABILITATIO							
059 98 HYPERBARIC OXYGEN THE							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST C							
061 CLINIC							
062 EMERGENCY	4	2,653,182		1,376,609		3,333	
063 OBSERVATION BEDS (NON							
064 OTHER OUTPATIENT SERV							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP							
069 DURABLE MEDICAL EQUIP							
CORF							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DATA PROCESSING (# OF TERMINALS)	CASHIERING/AC COUNTS RECEI (GROSS REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)
OTHER REIMBURS COST CENTER	6.02	6.03	6a.04	6.04	7	8	9
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	6	784,885		729,797		2,058	
082 LUNG ACQUISITION SPEC PURPOSE COST CENTER							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE		368,439		272,586			
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	72	29,000,632	-1,120,098	11,150,831		34,525	
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE				5,408		120	
097 RESEARCH							
098 PHYSICIANS' PRIVATE	23			1,694,892		8,078	
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE				82,626			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	201,475	831,629		1,120,098		695,119	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.028676		.086603		16.270370	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	2,120.789474						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	14,897	17,597		25,681		161,522	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	156.810526	.000607		.001986		3.780680	





COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(GROSS REVENUE)	(TIME SPENT)	( )	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	18	19	20	21	22	23
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 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 CASHIERING/ACCOUNTS R							
006 04 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	29,000,632						
018 SOCIAL SERVICE		100					
019 OTHER GENERAL SERVICE							
020 NONPHYSICIAN ANESTHET				100			
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	1,986,258	80					
027 INTENSIVE CARE UNIT	21,240						
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
030 SURGICAL INTENSIVE CA							
031 OTHER SPECIAL CARE							
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST C							
039 OPERATING ROOM	751,707						
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR							
042 ANESTHESIOLOGY	279,866			100			
043 RADIOLOGY-DIAGNOSTIC	8,890,866						
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	6,302,563						
047 PBP CLINICAL LAB SERV							
048 WHOLE BLOOD & PACKED							
049 BLOOD STORING, PROCES							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	2,019,172						
052 PHYSICAL THERAPY	1,394,660						
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPH							
057 MEDICAL SUPPLIES CHAR	169,625						
058 DRUGS CHARGED TO PATI	3,378,169						
059 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PAR							
059 OTHER ANCILLARY							
059 97 CARDIAC REHABILITATIO							
059 98 HYPERBARI C OXYGEN THE							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST C							
061 CLINIC							
062 EMERGENCY	2,653,182	20					
063 OBSERVATION BEDS (NON							
064 OTHER OUTPATIENT SERV							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP							
069 DURABLE MEDICAL EQUIP							
069 OTHER REIMBURSABLE							
069 CORF							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(GROSS REVENUE)	(TIME SPENT)	( )	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	18	19	20	21	22	23
070 OTHER REIMBURS COST C							
071 I&R SERVICES-NOT APPR							
082 HOME HEALTH AGENCY	784,885						
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CEN							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
092 HEART ACQUISITION							
093 OTHER ORGAN ACQUISITI							
094 AMBULATORY SURGICAL C	368,439						
095 HOSPICE							
096 OTHER SPECIAL PURPOSE							
097 SUBTOTALS	29,000,632	100		100			
098 NONREIMBURS COST CENT							
099 GIFT, FLOWER, COFFEE							
100 RESEARCH							
101 PHYSICIANS' PRIVATE O							
102 NONPAID WORKERS							
103 OTHER NONREIMBURSABLE							
104 CROSS FOOT ADJUSTMENT							
105 NEGATIVE COST CENTER							
106 COST TO BE ALLOCATED	243,782	50,958		344,518			
107 (WRKSHT B, PART I)							
108 UNIT COST MULTIPLIER		509.580000		3,445.180000			
109 (WRKSHT B, PT I)	.008406						
110 COST TO BE ALLOCATED							
111 (WRKSHT B, PART II)							
112 UNIT COST MULTIPLIER							
113 (WRKSHT B, PT II)							
114 COST TO BE ALLOCATED	10,496	1,913		630			
115 (WRKSHT B, PART III)							
116 UNIT COST MULTIPLIER		19.130000		6.300000			
117 (WRKSHT B, PT III)	.000362						



COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMETER PROGRAM	(ASSIGNED TIME )
		24
070 OTHER REIMBURS COST C		
071 I&R SERVICES-NOT APPR		
082 HOME HEALTH AGENCY		
083 LUNG ACQUISITION		
084 SPEC PURPOSE COST CEN		
085 KIDNEY ACQUISITION		
086 LIVER ACQUISITION		
092 HEART ACQUISITION		
093 OTHER ORGAN ACQUISITI		
094 AMBULATORY SURGICAL C		
095 HOSPICE		
096 OTHER SPECIAL PURPOSE		
097 SUBTOTALS		
098 NONREIMBURS COST CENT		
099 GIFT, FLOWER, COFFEE		
100 RESEARCH		
101 PHYSICIANS' PRIVATE O		
102 NONPAID WORKERS		
103 OTHER NONREIMBURSABLE		
104 CROSS FOOT ADJUSTMENT		
105 NEGATIVE COST CENTER		
106 COST TO BE ALLOCATED		
107 (PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		
(WRKSHT B, PT I)		
105 COST TO BE ALLOCATED		
106 (PER WRKSHT B, PART		
107 UNIT COST MULTIPLIER		
108 (WRKSHT B, PT II)		
107 COST TO BE ALLOCATED		
108 (PER WRKSHT B, PART		
UNIT COST MULTIPLIER		
(WRKSHT B, PT III)		

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1341

FROM 1/ 1/2009

WORKSHEET C

|

TO 12/31/2009

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	1, 507, 154		1, 507, 154		1, 507, 154
26	INTENSIVE CARE UNIT	99, 354		99, 354		99, 354
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	OTHER SPECIAL CARE					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	420, 650		420, 650		420, 650
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	408, 131		408, 131		408, 131
41	RADIOLOGY-DIAGNOSTIC	1, 891, 414		1, 891, 414		1, 891, 414
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1, 611, 436		1, 611, 436		1, 611, 436
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	697, 702		697, 702		697, 702
50	PHYSICAL THERAPY	708, 076		708, 076		708, 076
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	37, 564		37, 564		37, 564
56	DRUGS CHARGED TO PATIENTS	1, 536, 194		1, 536, 194		1, 536, 194
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY					
59	97 CARDIAC REHABILITATION					
59	98 HYPERBARIC OXYGEN THERAPY					
59	99 LI THOTRI PSY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1, 722, 706		1, 722, 706		1, 722, 706
62	OBSERVATION BEDS (NON-DIS	191, 995		191, 995		191, 995
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE					
101	SUBTOTAL	10, 832, 376		10, 832, 376		10, 832, 376
102	LESS OBSERVATION BEDS	191, 995		191, 995		191, 995
103	TOTAL	10, 640, 381		10, 640, 381		10, 640, 381

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,424,522		1,424,522			
26	INTENSIVE CARE UNIT	21,240		21,240			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,796	714,881	724,677	.580466	.580466	.580466
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,571	271,405	273,976	1.489660	1.489660	1.489660
41	RADIOLOGY-DIAGNOSTIC	395,137	8,370,331	8,765,468	.215780	.215780	.215780
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	468,942	5,763,278	6,232,220	.258565	.258565	.258565
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	711,148	1,296,092	2,007,240	.347593	.347593	.347593
50	PHYSICAL THERAPY	43,782	1,336,909	1,380,691	.512842	.512842	.512842
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	120,414	47,011	167,425	.224363	.224363	.224363
56	DRUGS CHARGED TO PATIENTS	499,831	2,835,969	3,335,800	.460517	.460517	.460517
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY						
97	CARDIAC REHABILITATION						
98	HYPERBARIC OXYGEN THERAPY						
99	LITHOTRIPSY						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	36,967	2,592,254	2,629,221	.655215	.655215	.655215
61	OBSERVATION BEDS (NON-DIS	18,480	152,975	171,455	1.119798	1.119798	1.119798
62	OTHER OUTPATIENT SERVICE						
63	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	3,752,830	23,381,105	27,133,935			
102	LESS OBSERVATION BEDS						
103	TOTAL	3,752,830	23,381,105	27,133,935			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
14-1341

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 5/27/2010  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	1,507,154		1,507,154		1,507,154
26	INTENSIVE CARE UNIT	99,354		99,354		99,354
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	OTHER SPECIAL CARE					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	420,650		420,650		420,650
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	408,131		408,131		408,131
41	RADIOLOGY-DIAGNOSTIC	1,891,414		1,891,414		1,891,414
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,611,436		1,611,436		1,611,436
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	697,702		697,702		697,702
50	PHYSICAL THERAPY	708,076		708,076		708,076
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	37,564		37,564		37,564
56	DRUGS CHARGED TO PATIENTS	1,536,194		1,536,194		1,536,194
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY					
97	CARDIAC REHABILITATION					
98	HYPERBARIC OXYGEN THERAPY					
99	LITHOTRIPSY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1,722,706		1,722,706		1,722,706
62	OBSERVATION BEDS (NON-DIS	191,995		191,995		191,995
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE					
101	SUBTOTAL	10,832,376		10,832,376		10,832,376
102	LESS OBSERVATION BEDS	191,995		191,995		191,995
103	TOTAL	10,640,381		10,640,381		10,640,381

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
14-1341

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 5/27/2010  
WORKSHEET C  
PART I

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	1,424,522		1,424,522			
26	INTENSIVE CARE UNIT	21,240		21,240			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,796	714,881	724,677	.580466	.580466	.580466
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,571	271,405	273,976	1.489660	1.489660	1.489660
41	RADIOLOGY-DIAGNOSTIC	395,137	8,370,331	8,765,468	.215780	.215780	.215780
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	468,942	5,763,278	6,232,220	.258565	.258565	.258565
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	711,148	1,296,092	2,007,240	.347593	.347593	.347593
50	PHYSICAL THERAPY	43,782	1,336,909	1,380,691	.512842	.512842	.512842
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	120,414	47,011	167,425	.224363	.224363	.224363
56	DRUGS CHARGED TO PATIENTS	499,831	2,835,969	3,335,800	.460517	.460517	.460517
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY						
97	CARDIAC REHABILITATION						
98	HYPERBARIC OXYGEN THERAPY						
99	LITHOTRIPSY						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	36,967	2,592,254	2,629,221	.655215	.655215	.655215
61	OBSERVATION BEDS (NON-DIS	18,480	152,975	171,455	1.119798	1.119798	1.119798
62	OTHER OUTPATIENT SERVICE						
63	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	3,752,830	23,381,105	27,133,935			
102	LESS OBSERVATION BEDS						
103	TOTAL	3,752,830	23,381,105	27,133,935			

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						
38	OPERATING ROOM	420,650	57,316	363,334			420,650
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	408,131	1,141	406,990			408,131
42	RADIOLOGY-DIAGNOSTIC	1,891,414	168,628	1,722,786			1,891,414
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,611,436	26,316	1,585,120			1,611,436
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	697,702	39,438	658,264			697,702
51	PHYSICAL THERAPY	708,076	20,344	687,732			708,076
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	37,564	1,132	36,432			37,564
57	DRUGS CHARGED TO PATIENTS	1,536,194	16,993	1,519,201			1,536,194
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LITHOTRIPSY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	1,722,706	43,395	1,679,311			1,722,706
63	OBSERVATION BEDS (NON-DIS	191,995		191,995			191,995
64	OTHER OUTPATIENT SERVICE						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	9,225,868	374,703	8,851,165			9,225,868
102	LESS OBSERVATION BEDS	191,995		191,995			191,995
103	TOTAL	9,033,873	374,703	8,659,170			9,033,873

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	724,677	.580466	.580466
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	273,976	1.489660	1.489660
42	RADIOLOGY-DIAGNOSTIC	8,765,468	.215780	.215780
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	6,232,220	.258565	.258565
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	2,007,240	.347593	.347593
51	PHYSICAL THERAPY	1,380,691	.512842	.512842
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	167,425	.224363	.224363
57	DRUGS CHARGED TO PATIENTS	3,335,800	.460517	.460517
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY			
59	97 CARDIAC REHABILITATION			
59	98 HYPERBARIC OXYGEN THERAPY			
59	99 LITHOTRIPSY			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY	2,629,221	.655215	.655215
63	OBSERVATION BEDS (NON-DIS	171,455	1.119798	1.119798
64	OTHER OUTPATIENT SERVICE			
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
68	DURABLE MEDICAL EQUIP-REN			
101	DURABLE MEDICAL EQUIP-SOL			
102	OTHER REIMBURSABLE			
103	SUBTOTAL	25,688,173		
	LESS OBSERVATION BEDS	171,455		
	TOTAL	25,516,718		

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						
38	OPERATING ROOM	420,650	57,316	363,334			420,650
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	408,131	1,141	406,990			408,131
42	RADIOLOGY-DIAGNOSTIC	1,891,414	168,628	1,722,786			1,891,414
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,611,436	26,316	1,585,120			1,611,436
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	697,702	39,438	658,264			697,702
51	PHYSICAL THERAPY	708,076	20,344	687,732			708,076
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	37,564	1,132	36,432			37,564
57	DRUGS CHARGED TO PATIENTS	1,536,194	16,993	1,519,201			1,536,194
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LITHOTRIPSY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	1,722,706	43,395	1,679,311			1,722,706
63	OBSERVATION BEDS (NON-DIS	191,995		191,995			191,995
64	OTHER OUTPATIENT SERVICE						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	9,225,868	374,703	8,851,165			9,225,868
102	LESS OBSERVATION BEDS	191,995		191,995			191,995
103	TOTAL	9,033,873	374,703	8,659,170			9,033,873

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	724,677	.580466	.580466
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	273,976	1.489660	1.489660
42	RADIOLOGY-DIAGNOSTIC	8,765,468	.215780	.215780
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	6,232,220	.258565	.258565
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	2,007,240	.347593	.347593
51	PHYSICAL THERAPY	1,380,691	.512842	.512842
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	167,425	.224363	.224363
57	DRUGS CHARGED TO PATIENTS	3,335,800	.460517	.460517
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY			
59	97 CARDIAC REHABILITATION			
59	98 HYPERBARIC OXYGEN THERAPY			
59	99 LITHOTRIPSY			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY	2,629,221	.655215	.655215
63	OBSERVATION BEDS (NON-DIS	171,455	1.119798	1.119798
64	OTHER OUTPATIENT SERVICE			
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
68	DURABLE MEDICAL EQUIP-REN			
101	DURABLE MEDICAL EQUIP-SOL			
102	OTHER REIMBURSABLE			
103	SUBTOTAL	25,688,173		
	LESS OBSERVATION BEDS	171,455		
	TOTAL	25,516,718		











TITLE XVIII PART A HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	240
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	799.98
85	OBSERVATION BED COST	191,995

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,318,239	
26	INTENSIVE CARE UNIT		13,083	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	OTHER SPECIAL CARE			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.580466	3,358	1,949
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	1.489660	791	1,178
41	RADIOLOGY-DIAGNOSTIC	.215780	272,717	58,847
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.258565	418,348	108,170
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.347593	379,255	131,826
50	PHYSICAL THERAPY	.512842	33,206	17,029
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.224363	107,001	24,007
56	DRUGS CHARGED TO PATIENTS	.460517	368,376	169,643
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY			
59	97 CARDIAC REHABILITATION			
59	98 HYPERBARIC OXYGEN THERAPY			
59	99 LITHOTRIPSY			
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.655215	8,019	5,254
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.119798	630	705
63	OTHER OUTPATIENT SERVICE			
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
68	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE			
101	TOTAL		1,591,701	518,608
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,591,701	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	OTHER SPECIAL CARE			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.580466		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	1.489660		
41	RADIOLOGY-DIAGNOSTIC	.215780	897	194
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.258565	3,434	888
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.347593	6,473	2,250
50	PHYSICAL THERAPY	.512842	7,436	3,813
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.224363	13,357	2,997
56	DRUGS CHARGED TO PATIENTS	.460517	10,909	5,024
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY			
59	97 CARDIAC REHABILITATION			
59	98 HYPERBARIC OXYGEN THERAPY			
59	99 LITHOTRIPSY			
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.655215	270	177
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.119798	540	605
63	OTHER OUTPATIENT SERVICE			
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
68	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE			
101	TOTAL		43,316	15,948
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		43,316	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4, 114, 555
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4, 114, 555

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4, 155, 701
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	19, 010
18.01	CAH ACTUAL BILLED COINSURANCE	1, 699, 572
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2, 437, 119
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2, 437, 119
24	PRIMARY PAYER PAYMENTS	214
25	SUBTOTAL	2, 436, 905

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	285, 466
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	285, 466
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	285, 466
28	SUBTOTAL	2, 722, 371
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2, 722, 371
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2, 304, 084
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	418, 287
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	25, 189

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,588,279		1,811,505
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		5,556
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	6/26/2009	18,166		
ADJUSTMENTS TO PROVIDER .02			8/28/2009	487,023
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/28/2009	58,676		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-40,510		487,023
4 TOTAL INTERIM PAYMENTS		1,547,769		2,304,084
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)		180,794		418,287
7 TOTAL MEDICARE PROGRAM LIABILITY		1,366,975		2,722,371

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.



CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-2
14-Z341		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	36,359	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	16,107	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	45	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	52,466	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	52,466	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	52,466	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		
14	80% OF PART B COSTS		
15	SUBTOTAL	52,466	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	52,466	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	47,610	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	4,856	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-1341		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	1,627,218
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	1,627,218
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	1,643,490
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	1,643,490
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	315,104
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,328,386
23	COINSURANCE	2,937
24	SUBTOTAL	1,325,449
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	41,526
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	41,526
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	41,526
26	SUBTOTAL	1,366,975
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	1,366,975
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,547,769
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-180,794
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,928,828			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,015,164			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,382,000			
7	INVENTORY	288,352			
8	PREPAID EXPENSES	105,348			
9	OTHER CURRENT ASSETS	1,163,638			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	7,119,330			
FIXED ASSETS					
12	LAND	11,496			
12.01	LAND IMPROVEMENTS	190,533			
13	LESS ACCUMULATED DEPRECIATION	-109,955			
14	BUILDINGS	8,309,591			
14.01	LESS ACCUMULATED DEPRECIATION	-3,638,916			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	593,528			
16.01	LESS ACCUMULATED DEPRECIATION	-485,112			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	4,318,380			
18.01	LESS ACCUMULATED DEPRECIATION	-2,751,779			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	6,437,766			
OTHER ASSETS					
22	INVESTMENTS	899,404			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,673,776			
26	TOTAL OTHER ASSETS	2,573,180			
27	TOTAL ASSETS	16,130,276			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	552,954			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,282,525			
36 TOTAL CURRENT LIABILITIES	1,835,479			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	655,458			
42 TOTAL LONG-TERM LIABILITIES	655,458			
43 TOTAL LIABILITIES	2,490,937			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	13,639,339			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	13,639,339			
52 TOTAL LIABILITIES AND FUND BALANCES	16,130,276			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		11,839,059		
2	NET INCOME (LOSS)		1,848,530		
3	TOTAL		13,687,589		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		13,687,589		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	OTHER	48,250			
15					
16					
17					
18	TOTAL DEDUCTIONS		48,250		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		13,639,339		

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



STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1341  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	32,499,749
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	14,343,595
3	NET PATIENT REVENUES	18,156,154
4	LESS: TOTAL OPERATING EXPENSES	16,783,807
5	NET INCOME FROM SERVICE TO PATIENTS	1,372,347
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	48,686
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	29,990
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	69,201
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	9,749
22	RENTAL OF HOSPITAL SPACE	38,446
23	GOVERNMENTAL APPROPRIATIONS	
24	HOMEBOUND MEALS	15,215
24.01	MISCELLANEOUS OPERATING REVENUE	191
24.02	OTHER NON-OPERATING REVENUE	224,298
24.03	CARE CALL	3,957
24.04	OTHER OPERATING INCOME	36,848
24.05	GAIN/LOSS ON SALE OF EQUIPMENT	-468
24.06	WAGE GARNISHMENT FEE	70
25	TOTAL OTHER INCOME	476,183
26	TOTAL	1,848,530
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,848,530



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							
		101,602				101,602	101,602
HHA REIMBURSABLE SERVICES							
6		302,559				302,559	67,810
7		84,502				84,502	18,939
8		57,542				57,542	12,897
9							
10							
11		8,727				8,727	1,956
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		554,932				554,932	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		370,369					
7		103,441					
8		70,439					
9							
10							
11		10,683					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		554,932					

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
					-101,602	453,330
HHA REIMBURSABLE SERVICES						
6						302,559
7						84,502
8						57,542
9						
10						
11						8,727
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24					-101,602	453,330
25						101,602
26						.224124

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 BEN EFITS 5
1 ADMIN & GENERAL				4,214	955	12,430
2 SKILLED NURSING CARE	370,369					91,552
3 PHYSICAL THERAPY	103,441					25,570
4 OCCUPATIONAL THERAPY	70,439					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	10,683					2,641
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)	554,932			4,214	955	132,193
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	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	CASHIERING/A CCOUNTS RECE 6.03	SUBTOTAL 6A.03	OTHER ADMIN STRATIVE AND 6.04	MAINTENANCE & REPAIRS 7
1 ADMIN & GENERAL	2,271	12,725		32,595	2,823	
2 SKILLED NURSING CARE			11,231	473,152	40,976	
3 PHYSICAL THERAPY			9,168	138,179	11,967	
4 OCCUPATIONAL THERAPY			608	71,047	6,153	
5 SPEECH PATHOLOGY			13	13	1	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			735	14,059	1,218	
8 SUPPLIES			752	752	65	
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)	2,271	12,725	22,507	729,797	63,203	
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	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13
1 ADMIN & GENERAL	33,484		14,273			
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)	33,484		14,273			
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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17	SOCIAL SERVICE 18	OTHER GENERAL SERVICE 19
1 ADMIN & GENERAL	16,014					
2 SKILLED NURSING CARE	54,189			3,292		
3 PHYSICAL THERAPY	13,452			2,688		
4 OCCUPATIONAL THERAPY				178		
5 SPEECH PATHOLOGY				4		
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	5,830			216		
8 SUPPLIES		3,145		220		
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)	89,485	3,145		6,598		
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	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED P RGM 24	SUBTOTAL 25
1 ADMIN & GENERAL						99,189
2 SKILLED NURSING CARE						571,609
3 PHYSICAL THERAPY						166,286
4 OCCUPATIONAL THERAPY						77,378
5 SPEECH PATHOLOGY						18
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						21,323
8 SUPPLIES						4,182
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)						939,985
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		99,189		
2 SKILLED NURSING CARE		571,609	67,434	639,043
3 PHYSICAL THERAPY		166,286	19,617	185,903
4 OCCUPATIONAL THERAPY		77,378	9,128	86,506
5 SPEECH PATHOLOGY		18	2	20
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE		21,323	2,515	23,838
8 SUPPLIES		4,182	493	4,675
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)		939,985	99,189	939,985
21 UNIT COST MULTIPLIER			0.117970	

(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 (DOLLAR VALUE ) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE ) 4	EMPLOYEE BENEFITS (GROSS SALARIES ) 5	NONPATIENT TELEPHONES (# OF PHONES ) 6.01
1 ADMIN & GENERAL			2,058	1,372	41,078	8
2 SKILLED NURSING CARE					302,559	
3 PHYSICAL THERAPY					84,502	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					8,727	
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)			2,058	1,372	436,866	8
21 COST TO BE ALLOCATED			4,214	955	132,193	2,271
22 UNIT COST MULTIPLIER			2.047619	0.696064	0.302594	283.875000

HHA COST CENTER	DATA PROCESSING (# OF TERMINALS ) 6.02	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES ) 6.03	RECONCILIATION 6A.04	OTHER ADMINISTRATIVE AND ACCUM. COST 6.04	MAINTENANCE & REPAIRS (SQUARE FEET ) 7	OPERATION OF PLANT (SQUARE FEET ) 8
1 ADMIN & GENERAL	6			32,595		2,058
2 SKILLED NURSING CARE		391,633		473,152		
3 PHYSICAL THERAPY		319,726		138,179		
4 OCCUPATIONAL THERAPY		21,201		71,047		
5 SPEECH PATHOLOGY		464		13		
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		25,646		14,059		
8 SUPPLIES		26,215		752		
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	784,885		729,797		2,058
21 COST TO BE ALLOCATED	12,725	22,507		63,203		33,484
22 UNIT COST MULTIPLIER	2120.833333	0.028676		0.086604		16.270165

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	9	10	11	12	13	14
1 ADMIN & GENERAL		2,058				4,744
2 SKILLED NURSING CARE						16,053
3 PHYSICAL THERAPY						3,985
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						1,727
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)		2,058				26,509
21 COST TO BE ALLOCATED		14,273				89,485
22 UNIT COST MULTIPLIER		6.935374				3.375646

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)	PHARMACY (COSTED EQUIP.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE ( )	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME)
	15	16	17	18	19	20
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE			391,633			
3 PHYSICAL THERAPY			319,726			
4 OCCUPATIONAL THERAPY			21,201			
5 SPEECH PATHOLOGY			464			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			25,646			
8 SUPPLIES	5,157		26,215			
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)	5,157		784,885			
21 COST TO BE ALLOCATED	3,145		6,598			
22 UNIT COST MULTIPLIER	0.609851		0.008406			

HHA 1

HHA COST CENTER	NURSING SCHOOL (ASSIGNED TIME )	I&R SERVICES -SALARY & FR (ASSIGNED TIME )	I&R SERVICES -OTHER PRGM (ASSIGNED TIME )	PARAMED ED P RGM (ASSIGNED TIME )
	21	22	23	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	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
PATIENT SERVICES		1	2	3	4	5	6
1 SKILLED NURSING	2	639,043		639,043	2,731	234.00	
2 PHYSICAL THERAPY	3	185,903		185,903	2,268	81.97	
3 OCCUPATIONAL THERAPY	4	86,506		86,506	137	631.43	
4 SPEECH PATHOLOGY	5	20		20	3	6.67	
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7	23,838		23,838	453	52.62	
7 TOTAL		935,310		935,310	5,592		

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1 SKILLED NURSING	1,776			415,584		415,584
2 PHYSICAL THERAPY	1,689			138,447		138,447
3 OCCUPATIONAL THERAPY	123			77,666		77,666
4 SPEECH PATHOLOGY						
5 MEDICAL SOCIAL SERVICES						
6 HOME HEALTH AIDE SERVICES		185		9,735		9,735
7 TOTAL	3,773			641,432		641,432

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

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

PROVIDER NO: 14-1341  
 HHA NO: 14-7299  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/27/2010  
 WORKSHEET H-6  
 PARTS III & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	4,675		4,675	26,215	.178333	
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	16,421		2,928	
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.512842			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	.224363			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.460517			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY		81.97	2.01	3	3.01		
2 OCCUPATIONAL THERAPY		631.43					
3 SPEECH PATHOLOGY		6.67					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HHA NO:	TO 12/31/2009	WORKSHEET H-7
14-7299		PARTS I & II

TITLE XVII I

HHA 1

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

PART A

PART B  
NOT SUBJECT TO  
DED & COINS  
2

PART B  
SUBJECT TO  
DED & COINS  
3

1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A  
SERVICES  
1

PART B  
SERVICES  
2

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

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1575		

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	16,540		17,008	
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	652			
10 NURSING CARE	101,264			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	458			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	6,302			
15 SPIRITUAL COUNSELING	8,048			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	7,322			
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)	140,586		17,008	

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1575		

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	7,800	41,348	-1,417	39,931
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		652		652
10 NURSING CARE		101,264		101,264
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		458		458
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		6,302		6,302
15 SPIRITUAL COUNSELING		8,048		8,048
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		7,322		7,322
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	54,325	54,325		54,325
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)	62,125	219,719	-1,417	218,302

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1575		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + 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	-137	39,794
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		652
10 NURSING CARE		101,264
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		458
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		6,302
15 SPIRITUAL COUNSELING		8,048
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		7,322
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		54,325
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)	-137	218,165

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1575		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPI TE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		652		
10 NURSING CARE				9,641
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			6,302	
15 SPIRITUAL COUNSELING			8,048	
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)		652	14,350	9,641

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	14-1341	PERIOD:	FROM 1/1/2009	TO 12/31/2009	PREPARED 5/27/2010
HOSPICE NO:	14-1575				WORKSHEET K-1

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				16,540
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	91,623			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		192	266	
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			7,322	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	91,623	192	7,588	16,540

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1575		

HOSPICE 1

TOTAL (1)  
9

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	16,540
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	652
10	NURSING CARE	101,264
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	458
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	6,302
15	SPIRITUAL COUNSELING	8,048
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	7,322
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)	140,586

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1575		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	39,794			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	652			
10 NURSING CARE	101,264			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	458			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	6,302			
15 SPIRITUAL COUNSELING	8,048			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	7,322			
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	54,325			
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)	218,165			

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1575		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			39,794	39,794
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			652	145
13 NURSING CARE			101,264	22,592
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			458	102
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			6,302	1,406
19 SPIRITUAL COUNSELING			8,048	1,795
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			7,322	1,634
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			54,325	12,120
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)			178,371	39,794

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1575		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	797
13	NURSING CARE	123,856
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	560
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	7,708
19	SPIRITUAL COUNSELING	9,843
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	8,956
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	66,445
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)	218,165

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1575		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
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
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1575		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-39,794	178,371
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			652
13 NURSING CARE			101,264
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			458
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			6,302
19 SPIRITUAL COUNSELING			8,048
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			7,322
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			54,325
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			39,794
45 UNIT COST MULTIPLIER	.000000		.223097

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		797		
5.00 NURSING CARE	10	123,856			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	560			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	7,708			
10.00 SPIRITUAL COUNSELING	15	9,843			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	8,956			
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	66,445			
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)		218,165			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING
	4	5	6.01	6.02
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	1,031	5,005	284	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		197		
5.00 NURSING CARE		30,642		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		139		
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		1,907		
10.00 SPIRITUAL COUNSELING		2,435		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		2,216		
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)	1,031	42,541	284	
30.00 UNIT COST MULTIPLIER				



HOSPICE 1

HOSPICE COST CENTER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	12	13	14	15
1.00 ADMINISTRATIVE AND GENERAL	590		5,091	5
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	10		88	
5.00 NURSING CARE	2,158		18,619	
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	85		736	
10.00 SPIRITUAL COUNSELING	127		1,097	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	291		2,512	
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)	3,261		28,143	5
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE
	16	17	18	19
1.00 ADMINISTRATIVE AND GENERAL		560		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		10		
5.00 NURSING CARE		2,049		
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		81		
10.00 SPIRITUAL COUNSELING		121		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		276		
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)		3,097		
30.00 UNIT COST MULTIPLIER				



HOSPICE 1

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	59	1,283
5.00 NURSING CARE	9,546	207,845
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY	37	797
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES	561	12,212
10.00 SPIRITUAL COUNSELING	729	15,863
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER	782	17,024
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	3,476	75,675
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)		330,699
30.00 UNIT COST MULTIPLIER	.048144	

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

HOSPICE 1

HOSPICE COST CENTER	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)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL				1,482
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)				1,482
30.00 TOTAL COST TO BE ALLOCATED				1,031
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.695682

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	CASHIERING/ACCOUNTS RECEIVABLE
	(GROSS SALARIES)	(# OF PHONES)	(# OF TERMINALS)	(GROSS REVENUE)
	5	6.01	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	16,540	1		66,641
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	652			1,145
5.00 NURSING CARE	101,264			243,790
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	458			
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	6,302			9,646
10.00 SPIRITUAL COUNSELING	8,048			14,359
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	7,322			32,858
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

HOSPICE 1

	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	CASHIERING/ACCOUNTS RECEIVABLE
HOSPICE COST CENTER				
	5	6.01	6.02	6.03
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	140,586	1		368,439
30.00 TOTAL COST TO BE ALLOCATED	42,541	284		10,565
31.00 UNIT COST MULTIPLIER	.302598	284.000000	.000000	.028675

	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
		(ACCUMULATED COST)	(SQUARE FEET)	(SQUARE FEET)
HOSPICE COST CENTER				
	6A.04	6.04	7	8
1.00 ADMINISTRATIVE AND GENERAL		8,231		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		1,027		
5.00 NURSING CARE		161,488		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		699		
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		9,892		
10.00 SPIRITUAL COUNSELING		12,690		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER		12,114		
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		66,445		
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)		272,586		
30.00 TOTAL COST TO BE ALLOCATED		23,607		
31.00 UNIT COST MULTIPLIER		.086604	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (MAN HOURS) 12
1.00 ADMINISTRATIVE AND GENERAL				1,508
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				26
5.00 NURSING CARE				5,516
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				218
10.00 SPIRITUAL COUNSELING				325
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				744
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)				8,337
30.00 TOTAL COST TO BE ALLOCATED				3,261
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.391148

HOSPICE COST CENTER	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE			1,508	8
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			26	
5.00 NURSING CARE			5,516	
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			218	
10.00 SPIRITUAL COUNSELING			325	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			744	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				



HOSPICE 1

HOSPICE COST CENTER	NURSING SCHOOL	I & R SERVICES-SALARY & FRINGES APPRVD	I & R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
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

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

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
14-1575		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.512842	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.460517	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.258565	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.224363	
8	EMERGENCY	61	.655215	
9	RADIOLOGY-DIAGNOSTIC	41	.215780	
10	OTHER ANCILLARY	59		
10.97	CARDIAC REHABILITATION	59.97		
10.98	HYPERBARIC OXYGEN THERAPY	59.98		
10.99	LITHOTRIPSY	59.99		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-1341	FROM 1/ 1/2009	5/27/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-6
14-1575		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				330,699
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				2,669
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				123.90
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	2,387			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	295,749			
6 UNDUPLICATED MEDICAID DAYS		123		
7 AGGREGATE MEDICAID COST		15,240		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			159	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			19,700	

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