

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		14-1304		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 10/26/2010 TIME 10:28

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:
 MERCER COUNTY HOSPITAL 14-1304
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	113,187	23,515	0	
3	SWING BED - SNF	0	115,770	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
9	RHC	0	0	91,181	0	
100	TOTAL	0	228,957	114,696	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 409 N.W. NINTH AVENUE P. O. BOX:
 1.01 CITY: ALEDO STATE: IL ZIP CODE: 61231- COUNTY: MERCER

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	MERCER COUNTY HOSPITAL	14-1304		5/ 1/2000	N	O	O
04.00 SWING BED - SNF	MERCER COUNTY HOSPITAL	14-Z304		5/ 1/2000	N	O	N
09.00 HOSPITAL-BASED HHA	MERCER COUNTY HOSPITAL	14-7462		1/ 6/1987	N	P	N
12.00 HOSP-BASED HOSPICE	MERCER COUNTY HOSPITAL	14-1593		9/ 5/1997			
14.00 HOSPITAL-BASED RHC	MERCER COUNTY HOSPITAL	14-3453		2/29/2000	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

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

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

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

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

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 164,206
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE 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). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) 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). 0

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTI CAMPUS 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
-----	-----	-----	-----	-----	-----
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). Y 8/12/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1304
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 10/26/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	22	8,030	11,975.00			381	10
2 HMO						28	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						695	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	22	8,030	11,975.00			1,076	10
12 TOTAL	22	8,030	11,975.00			1,076	10
13 RPCH VISITS							
18 HOME HEALTH AGENCY						2,676	161
21 HOSPICE							
24 RURAL HEALTH CLINIC						3,820	4,104
25 TOTAL	22						
26 OBSERVATION BED DAYS							44
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	DISSCHARGES / TITLE XVIII 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			511				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			784				
4 ADULTS & PED-SB NF			44				
5 TOTAL ADULTS AND PEDS			1,339				
12 TOTAL			1,339				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			6,212				
21 HOSPICE							
24 RURAL HEALTH CLINIC			14,815				
25 TOTAL							
26 OBSERVATION BED DAYS	5	39	292	20	272		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
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	TITLE V 12	DISSCHARGES / TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					147	9	203
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		103.30			147	9	203
13 RPCH VISITS							
18 HOME HEALTH AGENCY		6.63					
21 HOSPICE		.94					
24 RURAL HEALTH CLINIC		9.04					
25 TOTAL		119.91					
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: 14-1304
 HHA NO: 14-7462
 COUNTY:
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 WORKSHEET S-4

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,698	5	520
2 UNDUPLICATED CENSUS COUNT		104.00	6.00	31.00
TOTAL	5			

1 HOME HEALTH AIDE HOURS	2,223
2 UNDUPLICATED CENSUS COUNT	141.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	2.40		2.40
6 DIRECTING NURSING SERVICE	2.87		2.87
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.21		.21
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	1.78		1.78
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).		19340	

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

	WITHOUT OUTLIERS 1	FULL EPIISODES WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	1,262	104	62	10
22 SKILLED NURSING VISIT CHARGES	310,667	20,798	16,068	2,668
23 PHYSICAL THERAPY VISITS	189	0	1	0
24 PHYSICAL THERAPY VISIT CHARGES	22,990	0	121	0
25 OCCUPATIONAL THERAPY VISITS	14	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	1,834	0	0	0
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	1,034	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	56,925	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,499	104	63	10
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	392,416	20,798	16,189	2,668
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	138	0	24	1
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	6,347	593	286	220

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

PROVIDER NO: 14-1304
 HHA NO: 14-7462
 COUNTY:
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 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	1,438
22 SKILLED NURSING VISIT CHARGES	0	0	350,201
23 PHYSICAL THERAPY VISITS	0	0	190
24 PHYSICAL THERAPY VISIT CHARGES	0	0	23,111
25 OCCUPATIONAL THERAPY VISITS	0	0	14
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	1,834
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	1,034
32 HOME HEALTH AIDE VISIT CHARGES	0	0	56,925
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	2,676
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	432,071
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	163
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	7,446

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1007 NW 3RD STREET
 1.01 CITY: ALEDO STATE: IL ZIP CODE: 61231 COUNTY: MERCER
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT		
	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD		
11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)		

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			730	1730	730	1730	730	1730	730	1730	730	1730		

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVIII TITLE XIX

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

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

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET S-9
14-1593		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICARE DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	842			
3 INPATIENT RESPIRE CARE				
4 GENERAL INPATIENT CARE	7			
5 TOTAL HOSPICE DAYS	849			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	73	915
3 INPATIENT RESPIRE CARE		
4 GENERAL INPATIENT CARE	17	24
5 TOTAL HOSPICE DAYS	90	939

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	26			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	32.65			
9 UNDUPLICATED CENSUS COUNT	26			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	14	40
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	6.43	23.48
9 UNDUPLICATED CENSUS COUNT	14	40

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1304
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		89,738	89,738	113,980	203,718
3.01	0301 FOUNDATION BLDG				63,600	63,600
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		316,343	316,343	44,568	360,911
5	0500 EMPLOYEE BENEFITS	86,965	1,051,389	1,138,354		1,138,354
6.01	0610 ADMITTING	94,554	14,219	108,773		108,773
6.02	0650 A&G HOSPITAL ONLY	311,905	155,354	467,259	20,221	487,480
6.03	0660 SHARED ADMIN & GENERAL	153,147	729,550	882,697	246,125	1,128,822
7	0700 MAINTENANCE & REPAIRS	155,829	119,343	275,172		275,172
8	0800 OPERATION OF PLANT		258,761	258,761		258,761
9	0900 LAUNDRY & LINEN SERVICE	10,602	38,222	48,824		48,824
10	1000 HOUSEKEEPING	71,736	38,379	110,115		110,115
11	1100 DIETARY	149,796	127,955	277,751		277,751
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	90,521	7,664	98,185		98,185
15	1500 CENTRAL SERVICES & SUPPLY	173	58,363	58,536		58,536
17	1700 MEDICAL RECORDS & LIBRARY	99,300	122,145	221,445		221,445
18	1800 SOCIAL SERVICE	49,134	4,461	53,595		53,595
20	2000 NONPHYSICIAN ANESTHETISTS		197,280	197,280		197,280
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	747,205	120,922	868,127		868,127
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	111,933	97,337	209,270		209,270
40	4000 ANESTHESIOLOGY		467	467		467
41	4100 RADIOLOGY-DIAGNOSTIC	378,878	307,871	686,749	173,260	860,009
44	4400 LABORATORY	371,642	502,224	873,866	-14,808	859,058
47	4700 BLOOD STORING, PROCESSING & TRANS.				14,808	14,808
49	4900 RESPIRATORY THERAPY	124,149	27,030	151,179		151,179
50	5000 PHYSICAL THERAPY	215,142	26,252	241,394		241,394
51	5100 OCCUPATIONAL THERAPY		29,756	29,756		29,756
52	5200 SPEECH PATHOLOGY		3,610	3,610		3,610
53	5300 ELECTROCARDIOLOGY		192,253	192,253	-173,260	18,993
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS	178,607	324,081	502,688		502,688
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	180,138	54,232	234,370		234,370
61	6100 EMERGENCY	418,710	819,837	1,238,547		1,238,547
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTE					
63.50	6310 RURAL HEALTH CLINIC	1,187,919	587,324	1,775,243	-136,330	1,638,913
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
71	7100 HOME HEALTH AGENCY	339,616	115,351	454,967	-29,410	425,557
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		105,365	105,365	-105,365	
90	9000 OTHER CAPITAL RELATED COSTS		217,389	217,389	-217,389	
93	9300 HOSPICE	44,302	55,046	99,348		99,348
95	SUBTOTALS	5,571,903	6,915,513	12,487,416	-0-	12,487,416
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 BOARD OF HEALTH					
100.01	7951 VACANT PHYSICIAN OFFICE					
100.02	7952 JAIL MEALS					
100.03	7953 KIDNEY CENTER					
101	TOTAL	5,571,903	6,915,513	12,487,416	-0-	12,487,416

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1304
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 10/26/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		203,718
3.01	0301 FOUNDATION BLDG	-9,326	54,274
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-80	360,831
5	0500 EMPLOYEE BENEFITS	-147	1,138,207
6.01	0610 ADMINITTING		108,773
6.02	0650 A&G HOSPITAL ONLY		487,480
6.03	0660 SHARED ADMIN & GENERAL	-71,384	1,057,438
7	0700 MAINTENANCE & REPAIRS		275,172
8	0800 OPERATION OF PLANT		258,761
9	0900 LAUNDRY & LINEN SERVICE		48,824
10	1000 HOUSEKEEPING		110,115
11	1100 DIETARY	-50,585	227,166
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		98,185
15	1500 CENTRAL SERVICES & SUPPLY	-968	57,568
17	1700 MEDICAL RECORDS & LIBRARY	-5,425	216,020
18	1800 SOCIAL SERVICE		53,595
20	2000 NONPHYSICIAN ANESTHETISTS	-197,280	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		868,127
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		209,270
40	4000 ANESTHESIOLOGY		467
41	4100 RADIOLOGY-DIAGNOSTIC	-3,763	856,246
44	4400 LABORATORY	-1,420	857,638
47	4700 BLOOD STORING, PROCESSING & TRANS.		14,808
49	4900 RESPIRATORY THERAPY	-529	150,650
50	5000 PHYSICAL THERAPY		241,394
51	5100 OCCUPATIONAL THERAPY		29,756
52	5200 SPEECH PATHOLOGY		3,610
53	5300 ELECTROCARDIOLOGY	-13,758	5,235
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS	-197,774	304,914
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-136,620	97,750
61	6100 EMERGENCY	-102,860	1,135,687
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTE		
63.50	6310 RURAL HEALTH CLINIC	-24,060	1,614,853
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
71	7100 HOME HEALTH AGENCY	-1,069	424,488
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		99,348
95	SUBTOTALS	-817,048	11,670,368
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 BOARD OF HEALTH		
100.01	7951 VACANT PHYSICIAN OFFICE		
100.02	7952 JAIL MEALS		
100.03	7953 KIDNEY CENTER		
101	TOTAL	-817,048	11,670,368

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1304
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	FOUNDATION BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE	0610	NONPATIENT TELEPHONES
6.02	A&G HOSPITAL ONLY	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	SHARED ADMIN & 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	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTE	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	BOARD OF HEALTH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	VACANT PHYSICIAN OFFICE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	JAIL MEALS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	KIDNEY CENTER	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141304

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 10/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 INTEREST	A	NEW CAP REL COSTS-BLDG & FIXT	3		88,979
2		NEW CAP REL COSTS-MVBLE EQUIP	4		16,386
3 MRI	B	RADIOLOGY-DIAGNOSTIC	41		173,260
4 RENT PAID TO FOUNDATION	C	FOUNDATION BLDG	3.01		63,600
5					
6 RHC & HHA SALARY	D	A&G HOSPITAL ONLY	6.02	20,221	
7		SHARED ADMIN & GENERAL	6.03	90,919	
8 BLOOD	E	BLOOD STORING, PROCESSING & TRANS.	47		14,808
9 MALPRACTICE INSURANCE	F	SHARED ADMIN & GENERAL	6.03		164,206
36 TOTAL RECLASSIFICATIONS				111,140	521,239

(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:
141304

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 10/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10
		LINE NO	SALARY	OTHER	
	1	7	8	9	
1 INTEREST	A INTEREST EXPENSE	88		105,365	11
2					11
3 MRI	B ELECTROCARDIOLOGY	53		173,260	
4 RENT PAID TO FOUNDATION	C SHARED ADMIN & GENERAL	6.03		9,000	10
5	RURAL HEALTH CLINIC	63.50		54,600	
6 RHC & HHA SALARY	D RURAL HEALTH CLINIC	63.50	81,730		
7	HOME HEALTH AGENCY	71	29,410		
8 BLOOD	E LABORATORY	44		14,808	
9 MALPRACTICE INSURANCE	F OTHER CAPITAL RELATED COSTS	90		164,206	
36 TOTAL RECLASSIFICATIONS			111,140	521,239	

(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:
141304

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 10/26/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	88,979
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	16,386
TOTAL RECLASSIFICATIONS FOR CODE A			105,365

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	105,365	0
			105,365

RECLASS CODE: B
EXPLANATION : MRI

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	173,260
TOTAL RECLASSIFICATIONS FOR CODE B			173,260

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ELECTROCARDIOLOGY	53	173,260	
			173,260

RECLASS CODE: C
EXPLANATION : RENT PAID TO FOUNDATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	FOUNDATION BLDG	3.01	63,600
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			63,600

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SHARED ADMIN & GENERAL	6.03	9,000	
RURAL HEALTH CLINIC	63.50	54,600	
			63,600

RECLASS CODE: D
EXPLANATION : RHC & HHA SALARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	A&G HOSPITAL ONLY	6.02	20,221
2.00	SHARED ADMIN & GENERAL	6.03	90,919
TOTAL RECLASSIFICATIONS FOR CODE D			111,140

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RURAL HEALTH CLINIC	63.50	81,730	
HOME HEALTH AGENCY	71	29,410	
			111,140

RECLASS CODE: E
EXPLANATION : BLOOD

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	BLOOD STORING, PROCESSING & TR	47	14,808
TOTAL RECLASSIFICATIONS FOR CODE E			14,808

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	14,808	
			14,808

RECLASS CODE: F
EXPLANATION : MALPRACTICE INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SHARED ADMIN & GENERAL	6.03	164,206
TOTAL RECLASSIFICATIONS FOR CODE F			164,206

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER CAPITAL RELATED COSTS	90	164,206	
			164,206

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	43,583						43,583	
2	LAND IMPROVEMENTS	9,291	15,675			15,675		24,966	
3	BUILDINGS & FIXTURE	3,829,569						3,829,569	
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	4,115,490	278,697			278,697		4,394,187	
7	SUBTOTAL	7,997,933	294,372			294,372		8,292,305	
8	RECONCILING ITEMS								
9	TOTAL	7,997,933	294,372			294,372		8,292,305	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	GROSS ASSETS	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*	1	2	3	4	5	6	7	8
3 NEW CAP REL COSTS-BL	3,898,118		3,898,118	.470089	25,001			25,001
3 01 FOUNDATION BLDG								
4 NEW CAP REL COSTS-MV	4,394,187		4,394,187	.529911	28,182			28,182
5 TOTAL	8,292,305		8,292,305	1.000000	53,183			53,183

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
3 NEW CAP REL COSTS-BL	89,738		88,979	25,001			203,718
3 01 FOUNDATION BLDG		54,274					54,274
4 NEW CAP REL COSTS-MV	316,263		16,386	28,182			360,831
5 TOTAL	406,001	54,274	105,365	53,183			618,823

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
3 NEW CAP REL COSTS-BL	89,738						89,738
3 01 FOUNDATION BLDG							
4 NEW CAP REL COSTS-MV	316,343						316,343
5 TOTAL	406,081						406,081

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-1304

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 10/26/2010
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
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	-264,268			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-9,326			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
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					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			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 SERVICE CHARGE REVENUE	B	-27,891	SHARED ADMIN & GENERAL	6.03	
38 CAFETERIA REVENUE	B	-36,701	DIETARY	11	
39 OTHER ADJUSTMENTS (SPECIFY)					
40 MISC REV - DIET	B	-3,316	DIETARY	11	
41 VENDING REVENUE	B	-10,568	DIETARY	11	
42 MISC REV - MED RECORDS	B	-5,425	MEDICAL RECORDS & LIBRARY	17	
43 DISCOUNT	B	-186	SHARED ADMIN & GENERAL	6.03	
44 MISC REV - PHARMACY	B	-197,774	DRUGS CHARGED TO PATIENTS	56	
45 MISC REV - LAB	B	-1,180	LABORATORY	44	
46 MISC REV - CARDIO	B	-529	RESPIRATORY THERAPY	49	
47 MISC REV - SUPPLIES	B	-968	CENTRAL SERVICES & SUPPLY	15	
48 MISC REV - HHA	B	-330	HOME HEALTH AGENCY	71	
49 RENTAL REVENUE	B	-10,626	RURAL HEALTH CLINIC	63.50	
49.01 MISC INCOME - OTHER REV	B	-8,662	SHARED ADMIN & GENERAL	6.03	
49.02 IPA CCA PYMT	B	-152	SHARED ADMIN & GENERAL	6.03	
49.03 VENDOR REBATES	B	-12,068	SHARED ADMIN & GENERAL	6.03	
49.04 OFFSET EX UNSHELT BOND SINK	A	-79	NEW CAP REL COSTS-MVBLE E	4	9
49.05 PATIENT PHONES EQUIP	A	-1	NEW CAP REL COSTS-MVBLE E	4	9
49.06 PATIENT PHONES SALARY	A	-321	SHARED ADMIN & GENERAL	6.03	
49.07 PATIENT PHONES BENEFITS	A	-88	EMPLOYEE BENEFITS	5	
49.08 PATIENT PHONES COST	A	-1,117	SHARED ADMIN & GENERAL	6.03	
49.09 LOBBYING EXPENSE	A	-6,203	SHARED ADMIN & GENERAL	6.03	
49.10 ADVERTISING	A	-59	EMPLOYEE BENEFITS	5	
49.11 ADVERTISING	A	-14,276	SHARED ADMIN & GENERAL	6.03	
49.12 ADVERTISING	A	-718	RADIOLOGY-DIAGNOSTIC	41	
49.13 ADVERTISING	A	-240	LABORATORY	44	
49.14 ADVERTISING	A	-5,449	RURAL HEALTH CLINIC	63.50	
49.15 ADVERTISING	A	-739	HOME HEALTH AGENCY	71	
49.16 COUNTRY CLUB MEMBERSHIP	A	-150	SHARED ADMIN & GENERAL	6.03	
49.17 CRNA FEES AFTER 1/1/07	A	-197,280	NONPHYSICIAN ANESTHETISTS	20	
49.18 AUXILIARY EXPENSE	A	-358	SHARED ADMIN & GENERAL	6.03	
50 TOTAL (SUM OF LINES 1 THRU 49)		-817,048			

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

(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

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	3 1	FOUNDATION BLDG	RENT EXPENSE	54,274	63,600	-9,326	10
2							
3							
4							
5		TOTALS		54,274	63,600	-9,326	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
A	MERCER COUNTY HOSPITAL	100.00	MERCER FOUNDATION FOR HTL	0.00	NOT-FOR PROFIT
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1304
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 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
1 61	EMERGENCY ROOM	720,956	102,860	618,096				
2 63 50	RURAL HEALTH CLINIC	245,049	7,985	237,064				
3 53	EKG	13,758	13,758					
4 41	RADIOLOGY	3,045	3,045					
5 60	PODIATRY CLINIC	136,620	136,620					
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,119,428	264,268	855,160				

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

PROVIDER NO:
14-1304

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 10/26/2010
WORKSHEET A-8-4
PARTS I - VII

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	26
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	390
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	260
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.50
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	.55

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
--	------------------	-----------------	-----------------	------------	---------------

9	TOTAL HOURS WORKED		581.00		
10	AHSEA (SEE INSTRUCTIONS)		68.79		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	34.40	34.40		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	39,967
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	39,967
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	39,967

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	39,967

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	8,944
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	8,944
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,430
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	10,374
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	

REASONABLE COST DETERMINATION FOR THERAPY
 SERVICES FURNISHED BY OUTSIDE SUPPLIERS
 ON OR AFTER APRIL 10, 1998

PROVIDER NO:
 14-1304

PERIOD:
 FROM 7/ 1/2009
 TO 6/30/2010

PREPARED 10/26/2010
 WORKSHEET A-8-4
 PARTS I - VII

OCCUPATIONAL THERAPY

31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
 LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 10,374
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE
 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES:
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 39,967
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 10,374
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

PROVIDER NO:
14-1304

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 10/26/2010
WORKSHEET A-8-4
PARTS I - VII

OCCUPATIONAL THERAPY

61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	50,341
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	29,552
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	29,552
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	29,552
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1304

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 10/26/2010 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	28
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	420
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	260
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.50
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	.55

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		67.08		
10	AHSEA (SEE INSTRUCTIONS)		66.10		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.05	33.05		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	4,434
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	4,434
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	4,434

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	66.10
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	27,762
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	27,762

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	8,593
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	8,593
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,430
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	10,023

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	

REASONABLE COST DETERMINATION FOR THERAPY
 SERVICES FURNISHED BY OUTSIDE SUPPLIERS
 ON OR AFTER APRIL 10, 1998

PROVIDER NO:
 14-1304

PERIOD:
 FROM 7/ 1/2009
 TO 6/30/2010

PREPARED 10/26/2010
 WORKSHEET A-8-4
 PARTS I - VII

SPEECH PATHOLOGY

- 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
 LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 10,023
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2,
 LINE 11)
 - 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
 LINE 11)
 - 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 - 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
 LINES 5 AND 6)
 - 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
 COLUMN 2, LINE 10)
 - 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
 LINE 10)
 - 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 - 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
 COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES:
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 38 AND 39 -
 SEE INSTRUCTIONS)
 - 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 39 AND 42 -
 SEE INSTRUCTIONS)
 - 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
 EXPENSE (SUM OF LINES 42 AND 43 -
 SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 27,762
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
 PART III, LINE 33, 34, OR 35) 10,023
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
 (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1304

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 10/26/2010 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	37,785
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	3,575
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	3,575
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	3,575
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1304
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	FOUNDATION BLDG	30	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	ADMITTING	16	GROSS	REVENUES	ENTERED
6.02	A&G HOSPITAL ONLY	-6	ACCUM.	COST	ENTERED
6.03	SHARED ADMIN & GENERAL	-8	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	38	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	38	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	REQUIS.		ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	REVENUES	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

14-1304

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & DG	FOUNDATION BL DG	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE ADMITTING FITS	6.01	SUBTOTAL
	0	3	3.01	4	5		6a.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG	203,718	203,718	54,274				
004 NEW CAP REL COSTS-MVBLE E	360,831			360,831			
005 EMPLOYEE BENEFITS	1,138,207	689			1,138,896		
006 01 ADMITTING	108,773	748		2,474	19,634	131,629	
006 02 A&G HOSPITAL ONLY	487,480	4,039		4,018	68,967		564,504
006 03 SHARED ADMIN & GENERAL MAINTENANCE & REPAIRS	1,057,438	20,399	21,532	181,523	50,614		1,331,506
007 OPERATION OF PLANT	275,172			1,856	32,358		309,386
008 LAUNDRY & LINEN SERVICE	258,761	14,965					273,726
009 HOUSEKEEPING	48,824	4,477			2,202		55,503
010 DIETARY	110,115	1,907		1,530	14,896		128,448
011 CAFETERIA	227,166	12,149		628	31,106		271,049
012 NURSING ADMINISTRATION		6,294					6,294
014 CENTRAL SERVICES & SUPPLY	98,185	1,020			18,797		118,002
015 MEDICAL RECORDS & LIBRARY	57,568	14,660			36		72,264
017 SOCIAL SERVICE	216,020	6,924		10,426	20,620		253,990
018 NONPHYSICIAN ANESTHETISTS	53,595	497			10,203		64,295
020 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	868,127	43,031		16,735	155,159	10,129	1,093,181
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	209,270	14,185		38,930	23,243	5,477	291,105
041 ANESTHESIOLOGY	467	630				889	1,986
044 RADIOLOGY-DIAGNOSTIC	856,246	13,635		72,437	78,675	30,926	1,051,919
047 LABORATORY	857,638	6,919		3,960	77,173	33,263	978,953
049 BLOOD STORING, PROCESSING	14,808					242	15,050
050 RESPIRATORY THERAPY	150,650	662		3,710	25,780	2,376	183,178
051 PHYSICAL THERAPY	241,394	4,985		3,436	44,675	6,736	301,226
052 OCCUPATIONAL THERAPY	29,756					1,288	31,044
053 SPEECH PATHOLOGY	3,610					53	3,663
055 ELECTROCARDIOLOGY	5,235	267				2,555	8,057
056 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS	304,914	2,725		1,528	37,088	13,486	359,741
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	97,750	2,495			37,406	3,249	140,900
063 EMERGENCY	1,135,687	10,349		2,446	86,946	20,960	1,256,388
065 OBSERVATION BEDS (NON-DIS)							
063 50 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	1,614,853		23,395	15,194	229,704		1,883,146
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES							
093 HOME HEALTH AGENCY	424,488	4,488			64,415		493,391
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE	99,348	192			9,199		108,739
095 SUBTOTALS	11,670,368	193,331	44,927	360,831	1,138,896	131,629	11,650,634
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		1,897					1,897
100 PHYSICIANS' PRIVATE OFFICE							
100 BOARD OF HEALTH			9,347				9,347
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS							
100 03 KIDNEY CENTER		8,490					8,490
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,670,368	203,718	54,274	360,831	1,138,896	131,629	11,670,368

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY	SUBTOTAL	SHARED ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.02	6a.02	6.03	7	8	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG							
004 01 NEW CAP REL COSTS-MVBLE E							
005 01 EMPLOYEE BENEFITS							
006 02 ADMITTING							
006 02 A&G HOSPITAL ONLY	564,504						
006 03 SHARED ADMIN & GENERAL	67,800	1,399,306	1,399,306				
007 03 MAINTENANCE & REPAIRS	15,754	325,140	44,373	369,513			
008 03 OPERATION OF PLANT	13,938	287,664	39,259	27,053	353,976		
009 03 LAUNDRY & LINEN SERVICE	2,826	58,329	7,960	8,094	9,730	84,113	
010 03 HOUSEKEEPING	6,541	134,989	18,423	3,448	4,145	1,167	162,172
011 03 DIETARY	13,802	284,851	38,875	21,963	26,404	1,167	12,590
012 03 CAFETERIA	320	6,614	903	11,378	13,678		6,522
014 03 NURSING ADMINISTRATION	6,009	124,011	16,924	1,845	2,218		1,057
015 03 CENTRAL SERVICES & SUPPLY	3,680	75,944	10,364	26,503	31,861		15,192
017 03 MEDICAL RECORDS & LIBRARY	12,933	266,923	36,428	12,517	15,048		7,175
018 03 SOCIAL SERVICE	3,274	67,569	9,221	898	1,080		515
020 03 NONPHYSICIAN ANESTHETISTS							
025 03 INPAT ROUTINE SRVC CNTRS							
025 03 ADULTS & PEDIATRICS	55,665	1,148,846	156,789	77,790	93,515	45,564	44,592
025 03 ANCILLARY SRVC COST CNTRS							
037 03 OPERATING ROOM	14,823	305,928	41,752	25,643	30,827	4,089	14,700
040 03 ANESTHESIOLOGY	101	2,087	285	1,140	1,370		653
041 03 RADIOLOGY-DIAGNOSTIC	53,564	1,105,483	150,871	24,648	29,632	2,920	14,129
044 03 LABORATORY	49,848	1,028,801	140,406	12,508	15,036	1,167	7,170
047 03 BLOOD STORING, PROCESSING	766	15,816	2,158				
049 03 RESPIRATORY THERAPY	9,327	192,505	26,272	1,198	1,440	1,167	687
050 03 PHYSICAL THERAPY	15,338	316,564	43,203	9,011	10,833	15,188	5,166
051 03 OCCUPATIONAL THERAPY	1,581	32,625	4,452				
052 03 SPEECH PATHOLOGY	187	3,850	525				
053 03 ELECTROCARDIOLOGY	410	8,467	1,156	483	581		277
055 03 MEDICAL SUPPLIES CHARGED							
056 03 DRUGS CHARGED TO PATIENTS	18,318	378,059	51,596	4,926	5,922		2,824
060 03 OUTPAT SERVICE COST CNTRS							
060 03 CLINIC	7,175	148,075	20,209	4,510	5,422		2,586
061 03 EMERGENCY	63,975	1,320,363	180,197	18,708	22,491	11,684	10,724
062 03 OBSERVATION BEDS (NON-DIS							
063 03 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	95,889	1,979,035	270,086	51,441			
063 50 OTHER REIMBURS COST CNTRS							
065 03 AMBULANCE SERVICES							
071 03 HOME HEALTH AGENCY	25,123	518,514	70,764	8,113	9,753		4,651
093 03 SPEC PURPOSE COST CENTERS							
093 03 HOSPICE	5,537	114,276	15,596	348	418		199
095 03 SUBTOTALS	564,504	11,650,634	1,399,047	354,166	331,404	84,113	151,409
096 03 NONREIMBURS COST CENTERS							
096 03 GIFT, FLOWER, COFFEE SHOP		1,897	259		4,122		1,965
098 03 PHYSICIANS' PRIVATE OFFICE							
100 03 BOARD OF HEALTH		9,347					
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS							
100 03 KIDNEY CENTER		8,490		15,347	18,450		8,798
101 03 CROSS FOOT ADJUSTMENT							
102 03 NEGATIVE COST CENTER							
103 03 TOTAL	564,504	11,670,368	1,399,306	369,513	353,976	84,113	162,172

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	11	12	14	15	17	18	20
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 A&G HOSPITAL ONLY							
006 03 SHARED ADMIN & GENERAL MAINTENANCE & REPAIRS							
007 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	385,850						
012 CAFETERIA	193,068	232,163					
014 NURSING ADMINISTRATION		3,195	149,250				
015 CENTRAL SERVICES & SUPPLY		32		159,896			
017 MEDICAL RECORDS & LIBRARY		11,311		1,418	350,820		
018 SOCIAL SERVICE		3,323		3		82,609	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	108,297	58,695	60,947	9,968	26,994	77,998	
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		6,582	10,819	16,254	14,598		
041 ANESTHESIOLOGY				117	2,369		
044 RADIOLOGY-DIAGNOSTIC		24,347		12,771	82,419		
047 LABORATORY		32,048		1,397	88,669		
049 BLOOD STORING, PROCESSING					645		
050 RESPIRATORY THERAPY		9,138		4,262	6,332		
051 PHYSICAL THERAPY		13,995		1,030	17,952		
052 OCCUPATIONAL THERAPY				51	3,432		
053 SPEECH PATHOLOGY					140		
055 ELECTROCARDIOLOGY				1,638	6,810		
056 MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS		6,934	5,343	76,805	35,941		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		8,116	7,944	5,517	8,660		
062 EMERGENCY		25,562	36,888	11,349	55,859		
063 OBSERVATION BEDS (NON-DIS)							
063 50 OTHER OUTPATIENT SERVICE RURAL HEALTH CLINIC		28,885		7,550			
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES							
093 HOME HEALTH AGENCY			23,186	4,531			
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE			4,123	5,235		4,611	
095 SUBTOTALS	301,365	232,163	149,250	159,896	350,820	82,609	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFICE							
100 BOARD OF HEALTH							
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS	84,485						
100 03 KIDNEY CENTER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	385,850	232,163	149,250	159,896	350,820	82,609	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR			
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 01 ADMITTING			
006 02 A&G HOSPITAL ONLY			
006 03 SHARED ADMIN & GENERAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,909,995		1,909,995
037 ANCILLARY SRVC COST CNTRS			
040 OPERATING ROOM	471,192		471,192
041 ANESTHESIOLOGY	8,021		8,021
044 RADIOLOGY-DIAGNOSTIC	1,447,220		1,447,220
047 LABORATORY	1,327,202		1,327,202
049 BLOOD STORING, PROCESSING	18,619		18,619
050 RESPIRATORY THERAPY	243,001		243,001
051 PHYSICAL THERAPY	432,942		432,942
052 OCCUPATIONAL THERAPY	40,560		40,560
053 SPEECH PATHOLOGY	4,515		4,515
055 ELECTROCARDIOLOGY	19,412		19,412
056 MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS	568,350		568,350
060 OUTPAT SERVICE COST CNTRS CLINIC	211,039		211,039
061 EMERGENCY	1,693,825		1,693,825
062 OBSERVATION BEDS (NON-DIS			
063 OTHER OUTPATIENT SERVICE			
063 50 RURAL HEALTH CLINIC	2,336,997		2,336,997
065 OTHER REIMBURS COST CNTRS			
071 AMBULANCE SERVICES			
093 HOME HEALTH AGENCY	639,512		639,512
095 SPEC PURPOSE COST CENTERS			
096 HOSPICE	144,806		144,806
095 SUBTOTALS	11,517,208		11,517,208
096 NONREIMBURS COST CENTERS			
098 GIFT, FLOWER, COFFEE SHOP	8,243		8,243
100 PHYSICIANS' PRIVATE OFFICE			
100 BOARD OF HEALTH	9,347		9,347
100 01 VACANT PHYSICIAN OFFICE			
100 02 JAIL MEALS	84,485		84,485
100 03 KIDNEY CENTER	51,085		51,085
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	11,670,368		11,670,368

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & DG	FOUNDATION BL DG	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMI TTING
	0	3	3.01	4	4a	5	6.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	689				689	689	
006 01 ADMITTING	748			2,474	3,222	12	3,234
006 02 A&G HOSPITAL ONLY	4,039			4,018	8,057	42	
006 03 SHARED ADMIN & GENERAL MAINTENANCE & REPAIRS	20,399	21,532		181,523	223,454	31	
007				1,856	1,856	20	
008 OPERATION OF PLANT	14,965				14,965		
009 LAUNDRY & LINEN SERVICE	4,477				4,477	1	
010 HOUSEKEEPING	1,907			1,530	3,437	9	
011 DIETARY	12,149			628	12,777	19	
012 CAFETERIA	6,294				6,294		
014 NURSING ADMINISTRATION	1,020				1,020	11	
015 CENTRAL SERVICES & SUPPLY	14,660				14,660		
017 MEDICAL RECORDS & LIBRARY	6,924			10,426	17,350	13	
018 SOCIAL SERVICE	497				497	6	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		43,031		16,735	59,766	94	249
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	14,185			38,930	53,115	14	135
041 ANESTHESIOLOGY	630				630		22
044 RADIOLOGY-DIAGNOSTIC	13,635			72,437	86,072	48	760
047 LABORATORY	6,919			3,960	10,879	47	816
049 BLOOD STORING, PROCESSING							6
050 RESPIRATORY THERAPY	662			3,710	4,372	16	58
051 PHYSICAL THERAPY	4,985			3,436	8,421	27	166
052 OCCUPATIONAL THERAPY							32
053 SPEECH PATHOLOGY							1
055 ELECTROCARDIOLOGY	267				267		63
056 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS	2,725			1,528	4,253	23	331
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	2,495				2,495	23	80
063 EMERGENCY	10,349			2,446	12,795	53	515
065 OBSERVATION BEDS (NON-DIS)							
063 50 OTHER OUTPATIENT SERVICE			23,395	15,194	38,589	135	
065 RURAL HEALTH CLINIC							
071 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES	4,488				4,488	39	
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 HOSPICE	192				192	6	
095 SUBTOTALS	193,331	44,927		360,831	599,089	689	3,234
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	1,897				1,897		
100 PHYSICIANS' PRIVATE OFFICE							
100 BOARD OF HEALTH			9,347		9,347		
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS							
100 03 KIDNEY CENTER	8,490				8,490		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	203,718	54,274		360,831	618,823	689	3,234

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1304

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART III

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY	SHARED ADMIN & GENERAL	MAINTENANCE & REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.02	6.03	7	8	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 A&G HOSPITAL ONLY	8,099						
006 03 SHARED ADMIN & GENERAL	973	224,458					
007 MAINTENANCE & REPAIRS	226	7,118	9,220				
008 OPERATION OF PLANT	200	6,297	675	22,137			
009 LAUNDRY & LINEN SERVICE	41	1,277	202	609	6,607		
010 HOUSEKEEPING	94	2,955	86	259	92	6,932	
011 DIETARY	198	6,236	548	1,651	92	538	22,059
012 CAFETERIA	5	145	284	855		279	11,038
014 NURSING ADMINISTRATION	86	2,715	46	139		45	
015 CENTRAL SERVICES & SUPPLY	53	1,662	661	1,993		649	
017 MEDICAL RECORDS & LIBRARY	186	5,843	312	941		307	
018 SOCIAL SERVICE	47	1,479	22	68		22	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	799	25,149	1,941	5,848	3,578	1,906	6,191
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	213	6,697	640	1,928	321	628	
040 ANESTHESIOLOGY	1	46	28	86		28	
041 RADIOLOGY-DIAGNOSTIC	769	24,200	615	1,853	229	604	
044 LABORATORY	716	22,521	312	940	92	306	
047 BLOOD STORING, PROCESSING	11	346					
049 RESPIRATORY THERAPY	134	4,214	30	90	92	29	
050 PHYSICAL THERAPY	220	6,930	225	677	1,193	221	
051 OCCUPATIONAL THERAPY	23	714					
052 SPEECH PATHOLOGY	3	84					
053 ELECTROCARDIOLOGY	6	185	12	36		12	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	263	8,276	123	370		121	
060 OUTPAT SERVICE COST CNTRS							
CLINIC	103	3,242	113	339		111	
061 EMERGENCY	918	28,904	467	1,407	918	458	
062 OBSERVATION BEDS (NON-DIS)							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	1,371	43,328	1,284				
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	361	11,351	202	610		199	
093 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
093 HOSPICE	79	2,502	9	26		9	
095 SUBTOTALS	8,099	224,416	8,837	20,725	6,607	6,472	17,229
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		42		258		84	
098 PHYSICIANS' PRIVATE OFFICE							
100 BOARD OF HEALTH							
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS							4,830
100 03 KIDNEY CENTER			383	1,154		376	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	8,099	224,458	9,220	22,137	6,607	6,932	22,059

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1304

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SERVICES 19	NONPHYSICIAN ANESTHETISTS 20	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 ADMITTING								
006 02 A&G HOSPITAL ONLY								
006 03 SHARED ADMIN & GENERAL								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA	18,900							
014 NURSING ADMINISTRATION	260	4,322						
015 CENTRAL SERVICES & SUPPLY	3		19,681					
017 MEDICAL RECORDS & LIBRARY	921		174	26,047				
018 SOCIAL SERVICE	271				2,412			
020 NONPHYSICIAN ANESTHETISTS								
025 INPAT ROUTINE SRVC CNTRS								
ADULTS & PEDIATRICS	4,778	1,766	1,227	2,004	2,277		117,573	
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	536	313	2,001	1,084			67,625	
040 ANESTHESIOLOGY			14	176			1,031	
041 RADIOLOGY-DIAGNOSTIC	1,982		1,572	6,119			124,823	
044 LABORATORY	2,609		172	6,584			45,994	
047 BLOOD STORING, PROCESSING				48			411	
049 RESPIRATORY THERAPY	744		525	470			10,774	
050 PHYSICAL THERAPY	1,139		127	1,333			20,679	
051 OCCUPATIONAL THERAPY			6	255			1,030	
052 SPEECH PATHOLOGY				10			98	
053 ELECTROCARDIOLOGY			202	506			1,289	
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS	564	155	9,454	2,668			26,601	
OUTPAT SERVICE COST CNTRS								
060 CLINIC	661	230	679	643			8,719	
061 EMERGENCY	2,081	1,068	1,397	4,147			55,128	
062 OBSERVATION BEDS (NON-DIS								
063 OTHER OUTPATIENT SERVICE								
063 50 RURAL HEALTH CLINIC	2,351		929				87,987	
OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES								
071 HOME HEALTH AGENCY		671	558				18,479	
SPEC PURPOSE COST CENTERS								
093 HOSPICE		119	644		135		3,721	
095 SUBTOTALS	18,900	4,322	19,681	26,047	2,412		591,962	
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP							2,281	
098 PHYSICIANS' PRIVATE OFFIC								
100 BOARD OF HEALTH							9,347	
100 01 VACANT PHYSICIAN OFFICE								
100 02 JAIL MEALS							4,830	
100 03 KIDNEY CENTER							10,403	
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	18,900	4,322	19,681	26,047	2,412		618,823	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003 GENERAL SERVICE COST CNTR		
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 01 ADMITTING		
006 02 A&G HOSPITAL ONLY		
006 03 SHARED ADMIN & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
020 NONPHYSICIAN ANESTHETISTS		
025 INPAT ROUTINE SRVC CNTRS		
ADULTS & PEDIATRICS		117,573
037 ANCILLARY SRVC COST CNTRS		
OPERATING ROOM		67,625
040 ANESTHESIOLOGY		1,031
041 RADIOLOGY-DIAGNOSTIC		124,823
044 LABORATORY		45,994
047 BLOOD STORING, PROCESSING		411
049 RESPIRATORY THERAPY		10,774
050 PHYSICAL THERAPY		20,679
051 OCCUPATIONAL THERAPY		1,030
052 SPEECH PATHOLOGY		98
053 ELECTROCARDIOLOGY		1,289
055 MEDICAL SUPPLIES CHARGED		
056 DRUGS CHARGED TO PATIENTS		26,601
060 OUTPAT SERVICE COST CNTRS		
CLINIC		8,719
061 EMERGENCY		55,128
062 OBSERVATION BEDS (NON-DIS		
063 OTHER OUTPATIENT SERVICE		
063 50 RURAL HEALTH CLINIC		87,987
065 OTHER REIMBURS COST CNTRS		
071 AMBULANCE SERVICES		
HOME HEALTH AGENCY		18,479
093 SPEC PURPOSE COST CENTERS		
HOSPICE		3,721
095 SUBTOTALS		591,962
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		2,281
098 PHYSICIANS' PRIVATE OFFIC		
100 BOARD OF HEALTH		9,347
100 01 VACANT PHYSICIAN OFFICE		
100 02 JAIL MEALS		4,830
100 03 KIDNEY CENTER		10,403
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		618,823

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1304
 PERIOD: FROM 7/ 1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & FOUNDATION BLDG	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	BENE ADMITTING	RECONCILIATION
	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(GROSS REVENUES)
	3	3.01	4	5	6.01
					6a.02
003 GENERAL SERVICE COST					
003 01 NEW CAP REL COSTS-BLD FOUNDATION BLDG	38,130				
004 01 NEW CAP REL COSTS-MVB EMPLOYEE BENEFITS			316,033		
005 01 EMPLOYEE BENEFITS	129			5,484,616	
006 01 ADMITTING	140		2,167	94,554	14,574,402
006 02 A&G HOSPITAL ONLY	756		3,519	332,126	
006 03 SHARED ADMIN & GENERAL MAINTENANCE & REPAIRS	3,818	4,902	158,987	243,745	
007 01 OPERATIONS OF PLANT	2,801		1,626	155,829	
009 01 LAUNDRY & LINEN SERVICE	838			10,602	
010 01 HOUSEKEEPING	357		1,340	71,736	
011 01 DIETARY	2,274		550	149,796	
012 01 CAFETERIA	1,178				
014 01 NURSING ADMINISTRATION	191			90,521	
015 01 CENTRAL SERVICES & SUPPORT	2,744			173	
017 01 MEDICAL RECORDS & LIBRARY	1,296		9,132	99,300	
018 01 SOCIAL SERVICE	93			49,134	
020 01 NONPHYSICIAN ANESTHETIC INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS			14,657	747,205	1,121,442
025 01 ANCILLARY SERVICE COST CENTER OPERATING ROOM	8,054		34,097	111,933	606,452
037 01 ANESTHESIOLOGY	2,655				98,420
040 01 RADIOLOGY-DIAGNOSTIC LABORATORY	118		63,444	378,878	3,424,008
041 01 LABORATORY	2,552		3,468	371,642	3,683,654
044 01 BLOOD STORAGE, PROCESSING	1,295				26,811
047 01 RESPIRATORY THERAPY	124		3,249	124,148	263,043
049 01 PHYSICAL THERAPY	933		3,009	215,142	745,788
050 01 OCCUPATIONAL THERAPY					142,569
051 01 SPEECH PATHOLOGY					5,813
052 01 ELECTROCARDIOLOGY	50				282,910
053 01 MEDICAL SUPPLIES CHARACTERIZED AS CHARGED TO PATIENT			1,338	178,607	1,493,131
055 01 OUTPATIENT SERVICE COST CENTER CLINIC	510			180,138	359,751
056 01 EMERGENCY	467		2,142	418,710	2,320,610
060 01 OBSERVATION BEDS (NON-REIMBURSABLE)	1,937				
061 01 OTHER OUTPATIENT SERVICE					
062 01 RURAL HEALTH CLINIC		5,326	13,308	1,106,189	
063 01 OTHER REIMBURSABLE COST CENTER AMBULANCE SERVICES					
065 01 HOME HEALTH AGENCY	840			310,206	
071 01 SPECIAL PURPOSE COST CENTER HOSPICE	36			44,302	
093 01 SUBTOTALS	36,186	10,228	316,033	5,484,616	14,574,402
095 01 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE	355				-1,897
096 01 PHYSICIANS' PRIVATE OFFICE					
098 01 BOARD OF HEALTH		2,128			-9,347
100 01 VACANT PHYSICIAN OFFICE					
100 02 JAIL MEALS					
100 03 KIDNEY CENTER	1,589				-8,490
101 01 CROSS FOOT ADJUSTMENT					
102 01 NEGATIVE COST CENTER					
103 01 COST TO BE ALLOCATED (WRKSHT B, PART I)	203,718	54,274	360,831	1,138,896	131,629
104 01 UNIT COST MULTIPLIER (WRKSHT B, PT I)	5.342722		1.141751		.009032
105 01 COST TO BE ALLOCATED (WRKSHT B, PART II)		4.392522		.207653	
106 01 UNIT COST MULTIPLIER (WRKSHT B, PT II)					
107 01 COST TO BE ALLOCATED (WRKSHT B, PART III)				689	3,234
108 01 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000222
				.000126	

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	A&G HOSPITAL ONLY		SHARED ADMIN & GENERAL	MAINTENANCE & REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)
		6. 02	6a. 03	6. 03	7	8	9	10
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
003 01	FOUNDATION BLDG							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	ADMINISTRATIVE							
006 02	A&G HOSPITAL ONLY	11,086,130						
006 03	SHARED ADMIN & GENERAL	1,331,506	-1,399,306	10,253,225				
007	MAINTENANCE & REPAIRS	309,386		325,140	38,258			
008	OPERATION OF PLANT	273,726		287,664	2,801	30,486		
009	LAUNDRY & LINEN SERVICE	55,503		58,329	838	838	67,598	
010	HOUSEKEEPING	128,448		134,989	357	357	938	29,291
011	DIETARY	271,049		284,851	2,274	2,274	938	2,274
012	CAFETERIA	6,294		6,614	1,178	1,178		1,178
014	NURSING ADMINISTRATION	118,002		124,011		191		191
015	CENTRAL SERVICES & SUPPORT	72,264		75,944	2,744	2,744		2,744
017	MEDICAL RECORDS & LIBRARY	253,990		266,923	1,296	1,296		1,296
018	SOCIAL SERVICE	64,295		67,569	93	93		93
020	NONPHYSICIAN ANESTHETIC							
	INPATIENT ROUTINE SERVICE CENTER							
025	ADULTS & PEDIATRICS	1,093,181		1,148,846	8,054	8,054	36,617	8,054
	ANCILLARY SERVICE COST CENTER							
037	OPERATING ROOM	291,105		305,928	2,655	2,655	3,286	2,655
040	ANESTHESIOLOGY	1,986		2,087	118	118		118
041	RADIOLOGY-DIAGNOSTIC	1,051,919		1,105,483	2,552	2,552	2,347	2,552
044	LABORATORY	978,953		1,028,801	1,295	1,295	938	1,295
047	BLOOD STORAGE, PROCESSING	15,050		15,816				
049	RESPIRATORY THERAPY	183,178		192,505	124	124	938	124
050	PHYSICAL THERAPY	301,226		316,564	933	933	12,206	933
051	OCCUPATIONAL THERAPY	31,044		32,625				
052	SPEECH PATHOLOGY	3,663		3,850				
053	ELECTROCARDIOLOGY	8,057		8,467	50	50		50
055	MEDICAL SUPPLIES CHARACTERIZED							
056	DRUGS CHARGED TO PATIENT	359,741		378,059	510	510		510
	OUTPATIENT SERVICE COST CENTER							
060	CLINIC	140,900		148,075	467	467		467
061	EMERGENCY	1,256,388		1,320,363	1,937	1,937	9,390	1,937
062	OBSERVATION BEDS (NON-REIMBURSABLE)							
063	OTHER OUTPATIENT SERVICE							
063 50	RURAL HEALTH CLINIC	1,883,146		1,979,035	5,326			
	OTHER REIMBURSABLE COST CENTER							
065	AMBULANCE SERVICES							
071	HOME HEALTH AGENCY	493,391		518,514	840	840		840
	SPECIAL PURPOSE COST CENTER							
093	HOSPICE	108,739		114,276	36	36		36
095	SUBTOTALS	11,086,130	-1,399,306	10,251,328	36,669	28,542	67,598	27,347
	NONREIMBURSABLE COST CENTER							
096	GIFT, FLOWER, COFFEE			1,897		355		355
098	PHYSICIANS' PRIVATE OFFICES							
100	BOARD OF HEALTH		-9,347					
100 01	VACANT PHYSICIAN OFFICES							
100 02	JAIL MEALS							
100 03	KIDNEY CENTER		-8,490		1,589	1,589		1,589
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	564,504		1,399,306	369,513	353,976	84,113	162,172
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.050920		.136475	9.658451	11.611100	1.244312	5.536581
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)	8,099		224,458	9,220	22,137	6,607	6,932
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000731		.021891	.240995	.726137	.097740	.236660

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (TIME SPENT)
	11	12	14	15	17	18	20
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD FOUNDATION BLDG							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 A&G HOSPITAL ONLY							
006 03 SHARED ADMIN & GENERAL MAINTENANCE & REPAIRS							
007 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	18,926						
012 CAFETERIA	9,470	7,266					
014 NURSING ADMINISTRATION		100	59,222				
015 CENTRAL SERVICES & SUPPLY		1		638,112			
017 MEDICAL RECORDS & LIBRARY		354		5,657	14,574,402		
018 SOCIAL SERVICE		104		13		215	
020 NONPHYSICIAN ANESTHETIST INPAT ROUTINE SRVC CN							100
025 ADULTS & PEDIATRICS ANCILLARY SRVC COST CENTER	5,312	1,837	24,184	39,780	1,121,442	203	
037 OPERATING ROOM		206	4,293	64,867	606,452		
040 ANESTHESIOLOGY				467	98,420		100
041 RADIOLOGY-DIAGNOSTIC LABORATORY		762		50,965	3,424,008		
044 LABORATORY		1,003		5,577	3,683,654		
047 BLOOD STORING, PROCESSING					26,811		
049 RESPIRATORY THERAPY		286		17,007	263,043		
050 PHYSICAL THERAPY		438		4,111	745,788		
051 OCCUPATIONAL THERAPY				204	142,569		
052 SPEECH PATHOLOGY					5,813		
053 ELECTROCARDIOLOGY				6,537	282,910		
055 MEDICAL SUPPLIES CHARGED TO PATIENT		217	2,120	306,512	1,493,131		
056 OUTPAT SERVICE COST CENTER CLINIC		254	3,152	22,016	359,751		
061 EMERGENCY		800	14,637	45,293	2,320,610		
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC		904		30,130			
065 OTHER REIMBURSABLE COST CENTER							
065 01 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER			9,200	18,083			
093 HOSPICE			1,636	20,893		12	
095 SUBTOTALS	14,782	7,266	59,222	638,112	14,574,402	215	100
096 NONREIMBURSABLE COST CENTER							
096 01 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE							
100 BOARD OF HEALTH							
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS	4,144						
100 03 KIDNEY CENTER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	385,850	232,163	149,250	159,896	350,820	82,609	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		31.951968		.250577		384.227907	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	20.387298		2.520178		.024071		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	22,059	18,900	4,322	19,681	26,047	2,412	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.165539	2.601156	.072980	.030843	.001787	11.218605	

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,909,995		1,909,995		1,909,995
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	471,192		471,192		471,192
40	ANESTHESIOLOGY	8,021		8,021		8,021
41	RADIOLOGY-DIAGNOSTIC	1,447,220		1,447,220		1,447,220
44	LABORATORY	1,327,202		1,327,202		1,327,202
47	BLOOD STORING, PROCESSING	18,619		18,619		18,619
49	RESPIRATORY THERAPY	243,001		243,001		243,001
50	PHYSICAL THERAPY	432,942		432,942		432,942
51	OCCUPATIONAL THERAPY	40,560		40,560		40,560
52	SPEECH PATHOLOGY	4,515		4,515		4,515
53	ELECTROCARDIOLOGY	19,412		19,412		19,412
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	568,350		568,350		568,350
60	OUTPAT SERVICE COST CNTRS CLINIC	211,039		211,039		211,039
61	EMERGENCY	1,693,825		1,693,825		1,693,825
62	OBSERVATION BEDS (NON-DIS)	350,488		350,488		350,488
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	2,336,997		2,336,997		2,336,997
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES					
101	SUBTOTAL	11,083,378		11,083,378		11,083,378
102	LESS OBSERVATION BEDS	350,488		350,488		350,488
103	TOTAL	10,732,890		10,732,890		10,732,890

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1304

FROM 7/ 1/2009

WORKSHEET C

TO 6/30/2010

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	936,385		936,385			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,332	604,120	606,452	.776965	.776965	.776965
40	ANESTHESIOLOGY	2,639	95,781	98,420	.081498	.081498	.081498
41	RADIOLOGY-DIAGNOSTIC	112,007	3,312,001	3,424,008	.422668	.422668	.422668
44	LABORATORY	267,011	3,416,643	3,683,654	.360295	.360295	.360295
47	BLOOD STORING, PROCESSING	5,983	20,828	26,811	.694454	.694454	.694454
49	RESPIRATORY THERAPY	204,975	58,068	263,043	.923807	.923807	.923807
50	PHYSICAL THERAPY	116,446	629,342	745,788	.580516	.580516	.580516
51	OCCUPATIONAL THERAPY	78,463	64,106	142,569	.284494	.284494	.284494
52	SPEECH PATHOLOGY	3,136	2,676	5,812	.776841	.776841	.776841
53	ELECTROCARDIOLOGY	23,426	259,484	282,910	.068615	.068615	.068615
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	752,598	740,534	1,493,132	.380643	.380643	.380643
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,232	353,518	359,750	.586627	.586627	.586627
61	EMERGENCY	36,363	2,284,247	2,320,610	.729905	.729905	.729905
62	OBSERVATION BEDS (NON-DIS	12,570	172,487	185,057	1.893946	1.893946	1.893946
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		2,733,593	2,733,593	.854918	.854918	.854918
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	2,560,566	14,747,428	17,307,994			
102	LESS OBSERVATION BEDS						
103	TOTAL	2,560,566	14,747,428	17,307,994			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI SALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,909,995		1,909,995		1,909,995
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	471,192		471,192		471,192
40	ANESTHESIOLOGY	8,021		8,021		8,021
41	RADIOLOGY-DIAGNOSTIC	1,447,220		1,447,220		1,447,220
44	LABORATORY	1,327,202		1,327,202		1,327,202
47	BLOOD STORING, PROCESSING	18,619		18,619		18,619
49	RESPIRATORY THERAPY	243,001		243,001		243,001
50	PHYSICAL THERAPY	432,942		432,942		432,942
51	OCCUPATIONAL THERAPY	40,560		40,560		40,560
52	SPEECH PATHOLOGY	4,515		4,515		4,515
53	ELECTROCARDIOLOGY	19,412		19,412		19,412
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	568,350		568,350		568,350
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	211,039		211,039		211,039
61	EMERGENCY	1,693,825		1,693,825		1,693,825
62	OBSERVATION BEDS (NON-DIS	350,488		350,488		350,488
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	2,336,997		2,336,997		2,336,997
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	11,083,378		11,083,378		11,083,378
102	LESS OBSERVATION BEDS	350,488		350,488		350,488
103	TOTAL	10,732,890		10,732,890		10,732,890

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-1304

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 10/26/2010
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	936,385		936,385			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,332	604,120	606,452	.776965	.776965	.776965
40	ANESTHESIOLOGY	2,639	95,781	98,420	.081498	.081498	.081498
41	RADIOLOGY-DIAGNOSTIC	112,007	3,312,001	3,424,008	.422668	.422668	.422668
44	LABORATORY	267,011	3,416,643	3,683,654	.360295	.360295	.360295
47	BLOOD STORING, PROCESSING	5,983	20,828	26,811	.694454	.694454	.694454
49	RESPIRATORY THERAPY	204,975	58,068	263,043	.923807	.923807	.923807
50	PHYSICAL THERAPY	116,446	629,342	745,788	.580516	.580516	.580516
51	OCCUPATIONAL THERAPY	78,463	64,106	142,569	.284494	.284494	.284494
52	SPEECH PATHOLOGY	3,136	2,676	5,812	.776841	.776841	.776841
53	ELECTROCARDIOLOGY	23,426	259,484	282,910	.068615	.068615	.068615
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	752,598	740,534	1,493,132	.380643	.380643	.380643
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,232	353,518	359,750	.586627	.586627	.586627
61	EMERGENCY	36,363	2,284,247	2,320,610	.729905	.729905	.729905
62	OBSERVATION BEDS (NON-DIS	12,570	172,487	185,057	1.893946	1.893946	1.893946
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		2,733,593	2,733,593	.854918	.854918	.854918
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	2,560,566	14,747,428	17,307,994			
102	LESS OBSERVATION BEDS						
103	TOTAL	2,560,566	14,747,428	17,307,994			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	471,192	67,625	403,567			471,192
40	ANESTHESIOLOGY	8,021	1,031	6,990			8,021
41	RADIOLOGY-DIAGNOSTIC	1,447,220	124,823	1,322,397			1,447,220
44	LABORATORY	1,327,202	45,994	1,281,208			1,327,202
47	BLOOD STORING, PROCESSING	18,619	411	18,208			18,619
49	RESPIRATORY THERAPY	243,001	10,774	232,227			243,001
50	PHYSICAL THERAPY	432,942	20,679	412,263			432,942
51	OCCUPATIONAL THERAPY	40,560	1,030	39,530			40,560
52	SPEECH PATHOLOGY	4,515	98	4,417			4,515
53	ELECTROCARDIOLOGY	19,412	1,289	18,123			19,412
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	568,350	26,601	541,749			568,350
60	CLINIC	211,039	8,719	202,320			211,039
61	EMERGENCY	1,693,825	55,128	1,638,697			1,693,825
62	OBSERVATION BEDS (NON-DIS	350,488		350,488			350,488
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	2,336,997	87,987	2,249,010			2,336,997
65	AMBULANCE SERVICES						
101	SUBTOTAL	9,173,383	452,189	8,721,194			9,173,383
102	LESS OBSERVATION BEDS	350,488		350,488			350,488
103	TOTAL	8,822,895	452,189	8,370,706			8,822,895

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	606,452	.776965	.776965
40	ANESTHESIOLOGY	98,420	.081498	.081498
41	RADIOLOGY-DIAGNOSTIC	3,424,008	.422668	.422668
44	LABORATORY	3,683,654	.360295	.360295
47	BLOOD STORING, PROCESSING	26,811	.694454	.694454
49	RESPIRATORY THERAPY	263,043	.923807	.923807
50	PHYSICAL THERAPY	745,788	.580516	.580516
51	OCCUPATIONAL THERAPY	142,569	.284494	.284494
52	SPEECH PATHOLOGY	5,812	.776841	.776841
53	ELECTROCARDIOLOGY	282,910	.068615	.068615
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	1,493,132	.380643	.380643
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	359,750	.586627	.586627
61	EMERGENCY	2,320,610	.729905	.729905
62	OBSERVATION BEDS (NON-DIS	185,057	1.893946	1.893946
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	2,733,593	.854918	.854918
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	16,371,609		
102	LESS OBSERVATION BEDS	185,057		
103	TOTAL	16,186,552		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	471,192	67,625	403,567			471,192
40	ANESTHESIOLOGY	8,021	1,031	6,990			8,021
41	RADIOLOGY-DIAGNOSTIC	1,447,220	124,823	1,322,397			1,447,220
44	LABORATORY	1,327,202	45,994	1,281,208			1,327,202
47	BLOOD STORING, PROCESSING	18,619	411	18,208			18,619
49	RESPIRATORY THERAPY	243,001	10,774	232,227			243,001
50	PHYSICAL THERAPY	432,942	20,679	412,263			432,942
51	OCCUPATIONAL THERAPY	40,560	1,030	39,530			40,560
52	SPEECH PATHOLOGY	4,515	98	4,417			4,515
53	ELECTROCARDIOLOGY	19,412	1,289	18,123			19,412
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	568,350	26,601	541,749			568,350
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	211,039	8,719	202,320			211,039
61	EMERGENCY	1,693,825	55,128	1,638,697			1,693,825
62	OBSERVATION BEDS (NON-DIS	350,488		350,488			350,488
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	2,336,997	87,987	2,249,010			2,336,997
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	9,173,383	452,189	8,721,194			9,173,383
102	LESS OBSERVATION BEDS	350,488		350,488			350,488
103	TOTAL	8,822,895	452,189	8,370,706			8,822,895

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	606,452	.776965	.776965
40	ANESTHESIOLOGY	98,420	.081498	.081498
41	RADIOLOGY-DIAGNOSTIC	3,424,008	.422668	.422668
44	LABORATORY	3,683,654	.360295	.360295
47	BLOOD STORING, PROCESSING	26,811	.694454	.694454
49	RESPIRATORY THERAPY	263,043	.923807	.923807
50	PHYSICAL THERAPY	745,788	.580516	.580516
51	OCCUPATIONAL THERAPY	142,569	.284494	.284494
52	SPEECH PATHOLOGY	5,812	.776841	.776841
53	ELECTROCARDIOLOGY	282,910	.068615	.068615
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	1,493,132	.380643	.380643
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	359,750	.586627	.586627
61	EMERGENCY	2,320,610	.729905	.729905
62	OBSERVATION BEDS (NON-DIS	185,057	1.893946	1.893946
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	2,733,593	.854918	.854918
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	16,371,609		
102	LESS OBSERVATION BEDS	185,057		
103	TOTAL	16,186,552		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	471,192	606,452			
40	ANESTHESIOLOGY	8,021	98,420			
41	RADIOLOGY-DIAGNOSTIC	1,447,220	3,424,008			
44	LABORATORY	1,327,202	3,683,654			
47	BLOOD STORING, PROCESSING	18,619	26,811			
49	RESPIRATORY THERAPY	243,001	263,043			
50	PHYSICAL THERAPY	432,942	745,788			
51	OCCUPATIONAL THERAPY	40,560	142,569			
52	SPEECH PATHOLOGY	4,515	5,812			
53	ELECTROCARDIOLOGY	19,412	282,910			
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	568,350	1,493,132			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	211,039	359,750			
61	EMERGENCY	1,693,825	2,320,610			
62	OBSERVATION BEDS (NON-DIS	350,488	185,057			
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	2,336,997	2,733,593			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL	9,173,383	16,371,609			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCI LLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCI LLARY SRVC COST CNTRS							
	OPERATING ROOM	471,192		471,192	606,452			
40	ANESTHESIOLOGY	8,021		8,021	98,420			
41	RADIOLOGY-DIAGNOSTIC	1,447,220	3,045	1,450,265	3,424,008			
44	LABORATORY	1,327,202		1,327,202	3,683,654			
47	BLOOD STORING, PROCESSING	18,619		18,619	26,811			
49	RESPIRATORY THERAPY	243,001		243,001	263,043			
50	PHYSICAL THERAPY	432,942		432,942	745,788			
51	OCCUPATIONAL THERAPY	40,560		40,560	142,569			
52	SPEECH PATHOLOGY	4,515		4,515	5,812			
53	ELECTROCARDIOLOGY	19,412	13,758	33,170	282,910			
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	568,350		568,350	1,493,132			
60	CLINIC	211,039	136,620	347,659	359,750			
61	EMERGENCY	1,693,825	102,860	1,796,685	2,320,610			
62	OBSERVATION BEDS (NON-DIS	350,488		350,488	185,057			
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	6,836,386	256,283	7,092,669	13,638,016			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE VII OUTPAT VISITS							
106	TITLE IX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE VII OUTPAT COSTS							
109	TITLE IX OUTPAT COSTS							

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.776965		.776965		
40 ANESTHESIOLOGY	.081498		.081498		
41 RADIOLOGY-DIAGNOSTIC	.422668		.422668		
44 LABORATORY	.360295		.360295		
47 BLOOD STORING, PROCESSING & TRANS.	.694454		.694454		
49 RESPIRATORY THERAPY	.923807		.923807		
50 PHYSICAL THERAPY	.580516		.580516		
51 OCCUPATIONAL THERAPY	.284494		.284494		
52 SPEECH PATHOLOGY	.776841		.776841		
53 ELECTROCARDIOLOGY	.068615		.068615		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.380643		.380643		
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	.586627		.586627		
62 EMERGENCY	.729905		.729905		
63 OBSERVATION BEDS (NON-DISTINCT PART)	1.893946		1.893946		
63 OTHER OUTPATIENT SERVICE COST CENTE					
63 50 RURAL HEALTH CLINIC					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnosti c	All Other (1)	Outpati ent Ambul atory Surgi cal Ctr	Outpati ent Radi al ogy	Other Outpati ent Di agnosti c
	4	5	6	7	8
(A) ANCI LLARY SRVC COST CNTRS					
37 OPERATING ROOM		237,875			
40 ANESTHESI OLOGY		38,513			
41 RADI OLOGY-DI AGNOSTI C		1,021,052			
44 LABORATORY		1,244,843			
47 BLOOD STORI NG, PROCESSI NG & TRANS.		7,011			
49 RESPI RATORY THERAPY		54,707			
50 PHYSI CAL THERAPY		254,325			
51 OCCUPATI ONAL THERAPY		20,082			
52 SPEECH PATHOLOGY		2,153			
53 ELECTROCARDI OLOGY		117,645			
55 MEDICAL SUPPLI ES CHARGED TO PATI ENTS					
56 DRUGS CHARGED TO PATI ENTS		325,243			
60 OUTPAT SERVI CE COST CNTRS					
60 CLINI C		217,450			
61 EMERGENCY		857,291			
62 OBSERVATI ON BEDS (NON-DI STI NCT PART)		120,162			
63 OTHER OUTPATI ENT SERVI CE COST CENTE					
63 50 RURAL HEALTH CLINI C					
65 OTHER REI MBURS COST CNTRS					
65 AMBULANCE SERVI CES					
101 SUBTOTAL		4,518,352			
102 CRNA CHARGES					
103 LESS PBP CLINI C LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES		4,518,352			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE I NSTRUCTI ONS)

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other		Hospital I/P	Hospital I/P
	9	10	Part B Charges	Part B Costs
(A) ANCILLARY SRVC COST CNTRS				
37 OPERATING ROOM		184,821		
40 ANESTHESIOLOGY		3,139		
41 RADIOLOGY-DIAGNOSTIC		431,566		
44 LABORATORY		448,511		
47 BLOOD STORING, PROCESSING & TRANS.		4,869		
49 RESPIRATORY THERAPY		50,539		
50 PHYSICAL THERAPY		147,640		
51 OCCUPATIONAL THERAPY		5,713		
52 SPEECH PATHOLOGY		1,673		
53 ELECTROCARDIOLOGY		8,072		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				
56 DRUGS CHARGED TO PATIENTS		123,801		
60 OUTPAT SERVICE COST CNTRS				
61 CLINIC		127,562		
62 EMERGENCY		625,741		
63 OBSERVATION BEDS (NON-DISTINCT PART)		227,580		
63 OTHER OUTPATIENT SERVICE COST CENTE				
50 63 RURAL HEALTH CLINIC				
65 OTHER REIMBURS COST CNTRS				
101 AMBULANCE SERVICES				
102 SUBTOTAL		2,391,227		
103 CRNA CHARGES				
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES				
104 NET CHARGES		2,391,227		

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,631
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	803
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	793
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	392
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	392
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	22
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	22
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	381
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	348
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	347
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,909,995
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	2,558
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	2,558
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	946,151
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	963,844

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	421,217
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,488
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	412,729
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.288236
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	848.80
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	520.47
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	328.33
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	751.30
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	7,513
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	956,331

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,190.95
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	453,752
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	453,752

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				286,769
49	TOTAL PROGRAM INPATIENT COSTS				740,521

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	414,451
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	413,260
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	827,711
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 10/26/2010
14-1304	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART III
14-1304		

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	292
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1, 200. 30
85	OBSERVATION BED COST	350, 488

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		320,116	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.776965		
40	ANESTHESIOLOGY	.081498		
41	RADIOLOGY-DIAGNOSTIC	.422668	37,880	16,011
44	LABORATORY	.360295	124,637	44,906
47	BLOOD STORING, PROCESSING & TRANS.	.694454	3,536	2,456
49	RESPIRATORY THERAPY	.923807	111,893	103,368
50	PHYSICAL THERAPY	.580516	10,517	6,105
51	OCCUPATIONAL THERAPY	.284494	9,662	2,749
52	SPEECH PATHOLOGY	.776841	1,113	865
53	ELECTROCARDIOLOGY	.068615	18,870	1,295
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.380643	279,123	106,246
60	CLINIC	.586627	2,437	1,430
61	EMERGENCY	.729905	1,273	929
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.893946	216	409
63	OTHER OUTPATIENT SERVICE COST CENTE			
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		601,157	286,769
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		601,157	

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			
37	ANCILLARY SRVC COST CNTRS			
40	OPERATING ROOM	. 776965	993	772
41	ANESTHESIOLOGY	. 081498		
44	RADIOLOGY-DIAGNOSTIC	. 422668	19,972	8,442
47	LABORATORY	. 360295	83,897	30,228
49	BLOOD STORING, PROCESSING & TRANS.	. 694454	1,248	867
50	RESPIRATORY THERAPY	. 923807	71,565	66,112
51	PHYSICAL THERAPY	. 580516	83,610	48,537
52	OCCUPATIONAL THERAPY	. 284494	55,637	15,828
53	SPEECH PATHOLOGY	. 776841	1,923	1,494
55	ELECTROCARDIOLOGY	. 068615	865	59
56	MEDICAL SUPPLIES CHARGED TO PATIENTS			
60	DRUGS CHARGED TO PATIENTS	. 380643	235,679	89,710
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	. 586627	2,066	1,212
63	EMERGENCY	. 729905		
63	OBSERVATION BEDS (NON-DISTINCT PART)	1. 893946		
63	OTHER OUTPATIENT SERVICE COST CENTE			
65	RURAL HEALTH CLINIC			
101	OTHER REIMBURS COST CNTRS			
102	AMBULANCE SERVICES			
103	TOTAL		557,455	263,261
	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
	NET CHARGES		557,455	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E
14-1304		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,391,227
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)	2,391,227

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)	2,415,139
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	25,780
18.01	CAH ACTUAL BILLED COINSURANCE	648,254
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,741,105
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	1,741,105
24	PRIMARY PAYER PAYMENTS	172
25	SUBTOTAL	1,740,933

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	48,317
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	48,317
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	48,317
28	SUBTOTAL	1,789,250
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	1,789,250
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,765,735
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	23,515
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

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)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1304
 COMPONENT NO: 14-1304
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 WORKSHEET E-1

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		519,027		1,676,980
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01		1/15/2010	17,782
ADJUSTMENTS TO PROVIDER	.02		5/28/2010	633,661
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50	1/15/2010 2,690	5/14/2010	562,688
ADJUSTMENTS TO PROGRAM	.51	5/14/2010 2,471		
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	-5,161		88,755
4 TOTAL INTERIM PAYMENTS		513,866		1,765,735
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)		113,187		23,515
7 TOTAL MEDICARE PROGRAM LIABILITY		627,053		1,789,250

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1304
 COMPONENT NO: 14-Z304
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010 WORKSHEET E-1

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		983,215		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM	1/15/2010	6,720		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		-6,720		NONE
4 TOTAL INTERIM PAYMENTS		976,495		
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		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		115,770		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,092,265		

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
14-1304	FROM 7/ 1/2009	10/26/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E-2
14-Z304		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

	PART A 1	PART B 2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	835,988	
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3 ANCILLARY SERVICES (SEE INSTRUCTIONS)	265,894	
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5 PROGRAM DAYS	695	
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8 SUBTOTAL	1,101,882	
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10 SUBTOTAL	1,101,882	
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12 SUBTOTAL	1,101,882	
13 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	9,617	
14 80% OF PART B COSTS		
15 SUBTOTAL	1,092,265	
16 OTHER ADJUSTMENTS (SPECIFY)		
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL	1,092,265	
19 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20 INTERIM PAYMENTS	976,495	
20.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21 BALANCE DUE PROVIDER/PROGRAM	115,770	
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
14-1304	FROM 7/ 1/2009	10/26/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E-3
14-1304		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	740,521
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	740,521
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	747,926

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	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	747,926
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	120,873
21	EXCESS REASONABLE COST	
22	SUBTOTAL	627,053
23	COINSURANCE	
24	SUBTOTAL	627,053
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	627,053
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	627,053
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	513,866
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	113,187
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	79,672			
2	TEMPORARY INVESTMENTS	138,330			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	2,394,808			
5	OTHER RECEIVABLES	103,362			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	207,003			
8	PREPAID EXPENSES	104,710			
9	OTHER CURRENT ASSETS	206,237			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	3,234,122			
FIXED ASSETS					
12	LAND	43,583			
12.01					
13	LAND IMPROVEMENTS	24,966			
13.01	LESS ACCUMULATED DEPRECIATION	-6,456			
14	BUILDINGS	4,916,115			
14.01	LESS ACCUMULATED DEPRECIATION	-3,033,751			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	4,394,189			
18.01	LESS ACCUMULATED DEPRECIATION	-3,615,700			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	2,722,946			
OTHER ASSETS					
22	INVESTMENTS	1,625,892			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	60,946			
26	TOTAL OTHER ASSETS	1,686,838			
27	TOTAL ASSETS	7,643,906			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	399,909			
29 SALARIES, WAGES & FEES PAYABLE	846,108			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,575,723			
32 DEFERRED INCOME	28,396			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	184,420			
36 TOTAL CURRENT LIABILITIES	3,034,556			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	450,297			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	244,896			
42 TOTAL LONG-TERM LIABILITIES	695,193			
43 TOTAL LIABILITIES	3,729,749			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	3,914,157			
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	3,914,157			
52 TOTAL LIABILITIES AND FUND BALANCES	7,643,906			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		3,071,582		
2 NET INCOME (LOSS)		842,575		
3 TOTAL		3,914,157		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		3,914,157		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		3,914,157		

	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				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-1304
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	483,034		483,034
4 00 SWING BED - SNF	453,351		453,351
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	936,385		936,385
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	936,385		936,385
17 00 ANCILLARY SERVICES	1,577,014	9,195,584	10,772,598
18 00 OUTPATIENT SERVICES	55,166	2,810,252	2,865,418
18 50 RURAL HEALTH CLINIC		2,733,593	2,733,593
19 00 HOME HEALTH AGENCY		1,153,721	1,153,721
20 00 AMBULANCE SERVICES			
23 00 HOSPICE		135,331	135,331
24 00 PROFESSIONAL FEES	12,658	1,043,176	1,055,834
25 00 TOTAL PATIENT REVENUES	2,581,223	17,071,657	19,652,880

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		12,487,416	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		12,487,416	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1304
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	19,652,880
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	7,395,251
3	NET PATIENT REVENUES	12,257,629
4	LESS: TOTAL OPERATING EXPENSES	12,487,416
5	NET INCOME FROM SERVICE TO PATIENTS	-229,787
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	9,599
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	12,068
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
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	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	TAX REVENUE	415,760
24.01	OTHER REVENUE	553,199
24.02	FARM INCOME	124,194
24.03	DIETARY REVENUE	176
25	TOTAL OTHER INCOME	1,114,996
26	TOTAL OTHER EXPENSES	885,209
27	LOSS ON DISPOSAL OF ASSETS	42,633
28	ROUNDING	1
29		
30	TOTAL OTHER EXPENSES	42,634
31	NET INCOME (OR LOSS) FOR THE PERIOD	842,575

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
5	107,260	7,902	51,893	7,217	26,889	201,161
HHA REIMBURSABLE SERVICES						
6	164,910	12,149				177,059
7	17,091	1,259	506	3,652	174	22,682
8						
9						
10						
11	50,355	3,710				54,065
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	339,616	25,020	52,399	10,869	27,063	454,967

	RECLASSIFIED - CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
5	-29,410	171,751	-1,069	170,682
HHA REIMBURSABLE SERVICES				
6		177,059		177,059
7		22,682		22,682
8				
9				
10				
11		54,065		54,065
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-29,410	425,557	-1,069	424,488

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						170,682	170,682
HHA REIMBURSABLE SERVICES							
6						177,059	119,071
7						22,682	15,253
8							
9							
10							
11						54,065	36,358
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						424,488	424,488

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						296,130	
7						37,935	
8							
9							
10							
11						90,423	
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						424,488	

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCI LIATIO N 5A	ADMINI STRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-170,682	253,806
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					177,059
7	PHYSICAL THERAPY					22,682
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					54,065
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-170,682	253,806
25	COST TO BE ALLOCATED					170,682
26	UNIT COST MULTIPLIER					.672490

PROVIDER NO:
 14-1304
 HHA NO:
 14-7462

PERIOD:
 FROM 7/ 1/2009
 TO 6/30/2010

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	FOUNDATION B LDG 3.01	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	ADMI TTING 6.01
1 ADMIN & GENERAL		4,488			16,166	
2 SKILLED NURSING CARE	296,130				34,244	
3 PHYSICAL THERAPY	37,935				3,549	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	90,423				10,456	
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)	424,488	4,488			64,415	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 6A.01	A&G HOSPITAL ONLY 6.02	SUBTOTAL 6A.02	SHARED ADMIN & GENERAL & GENERAL 6.03	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8
1 ADMIN & GENERAL	20,654	1,052	21,706	2,962	8,113	9,753
2 SKILLED NURSING CARE	330,374	16,822	347,196	47,383		
3 PHYSICAL THERAPY	41,484	2,112	43,596	5,950		
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	100,879	5,137	106,016	14,469		
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)	493,391	25,123	518,514	70,764	8,113	9,753
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	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL		4,651			23,186	4,531
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)		4,651			23,186	4,531
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	MEDI CAL RECO RDS & LIBRAR 17	SOCI AL SERVI CE 18	NONPHYSI CI AN ANESTHETI ST 20	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				74,902		74,902
2 SKILLED NURSING CARE				394,579		394,579
3 PHYSICAL THERAPY				49,546		49,546
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				120,485		120,485
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)				639,512		639,512
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	52,345	446,924
3 PHYSICAL THERAPY	6,573	56,119
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE	15,984	136,469
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)	74,902	639,512
21 UNIT COST MULTIPLIER	0.132661	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET	FOUNDATION BLDG (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BENEFITS (GROSS SALARIES	ADMITTING (GROSS REVENUES	RECONCILIATION
	3	3.01	4	5	6.01	6A.02
1 ADMIN & GENERAL	840			77,850		
2 SKILLED NURSING CARE				164,910		
3 PHYSICAL THERAPY				17,091		
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				50,355		
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)	840			310,206		
21 COST TO BE ALLOCATED	4,488			64,415		
22 UNIT COST MULTIPLIER	5.342857			0.207652		

HHA COST CENTER	A&G HOSPITAL ONLY (ACCUM. COST	RECONCILIATION	SHARED ADMIN & GENERAL (ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE FEET	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY
	6.02	6A.03	6.03	7	8	9
1 ADMIN & GENERAL	20,654		21,706	840	840	
2 SKILLED NURSING CARE	330,374		347,196			
3 PHYSICAL THERAPY	41,484		43,596			
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	100,879		106,016			
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)	493,391		518,514	840	840	
21 COST TO BE ALLOCATED	25,123		70,764	8,113	9,753	
22 UNIT COST MULTIPLIER	0.050919		0.136475	9.658333	11.610714	

HHA 1

HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	MEDICAL RECORDS & LIBRARIES
(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(DIRECT NRSING HRS)	(REQUIS.)	(GROSS REVENUES)
10	11	12	14	15	17
1 ADMIN & GENERAL	840		9,200	18,083	
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)	840		9,200	18,083	
21 COST TO BE ALLOCATED	4,651		23,186	4,531	
22 UNIT COST MULTIPLIER	5.536905		2.520217	0.250567	

SOCIAL SERVICE	NONPHYSICIAN ANESTHETIST
(TIME SPENT)	(TIME SPENT)
18	20
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	

PROVIDER NO: 14-1304
 HHA NO: 14-7462
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 WORKSHEET H-6
 PARTS I II & III
 HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
1 SKILLED NURSING	2	446,924	2	446,924	3,293	135.72	392
2 PHYSICAL THERAPY	3	56,119		56,119	380	147.68	97
3 OCCUPATIONAL THERAPY	4				83		8
4 SPEECH PATHOLOGY	5				6		
5 MEDICAL SOCIAL SERVICES	6				3		
6 HOME HEALTH AIDE SERVICE	7	136,469		136,469	2,447	55.77	106
7 TOTAL		639,512		639,512	6,212		603

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	8	9	10	12
2 PHYSICAL THERAPY	1,046	93	53,202	141,963	195,165
3 OCCUPATIONAL THERAPY		6	14,325	13,734	28,059
4 SPEECH PATHOLOGY					
5 MEDICAL SOCIAL SERVICES					
6 HOME HEALTH AIDE SERVICES	928		5,912	51,755	57,667
7 TOTAL	2,073		73,439	207,452	280,891

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	PART A
8 SKILLED NURSING							6
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	
8 SKILLED NURSING	7	8	9	10	12
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

PROVIDER NO: 14-1304
 HHA NO: 14-7462
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 WORKSHEET H-6
 PARTS I, II & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 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				17,513		555
16 COST OF DRUGS	9.00				52		
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 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES		6,891		
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 F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.580516			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.284494			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.776841			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55				COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.380643			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 VISITS PRIOR 1/1/1998 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 1/1/1998 TO 12/31/1998 4	PROGRAM COSTS 1/1/1998 TO 12/31/1998 5	PROGRAM VISITS ON OR AFTER 1/1/1999 5
1 PHYSICAL THERAPY		147.68	2.01	3	3.01	
2 OCCUPATIONAL THERAPY						
3 SPEECH PATHOLOGY						
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 10/26/2010
14-1304	FROM 7/ 1/2009	WORKSHEET H-7
HHA NO:	TO 6/30/2010	PARTS I & II
14-7462		

TITLE XVIII 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 EPISODES WITHOUT OUTLIERS 70,549 187,631
- 10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS 2,086 2,607
- 10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES 1,825 4,536
- 10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES 19
- 10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE
- 10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES
- 10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS 478 821
- 10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES
- 10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE
- 10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES
- 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 74,938 195,614
- 13 EXCESS REASONABLE COST
- 14 SUBTOTAL 74,938 195,614
- 15 COINSURANCE BILLED TO PROGRAM PATIENTS
- 16 NET COST 74,938 195,614
- 17 REIMBURSABLE BAD DEBTS
- 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)
- 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD 74,938 195,614
- 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 74,938 195,614
- 23 SEQUESTRATION ADJUSTMENT
- 24 SUBTOTAL 74,938 195,614
- 25 INTERIM PAYMENTS 74,938 195,614
- 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
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
14-1593		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	400	31		
10 NURSING CARE	43,902	3,438	7,422	731
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	44,302	3,469	7,422	731

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
14-1593		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		431		431
10 NURSING CARE	5,268	60,761		60,761
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	17,265	17,265		17,265
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	20,891	20,891		20,891
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	43,424	99,348		99,348

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
14-1593		

HOSPICE 1

	TOTAL
	(COL. 8
ADJUSTMENTS	+ COL. 9)
9	10

	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	431
10	NURSING CARE	60,761
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	17,265
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	20,891
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)	99,348

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-1
14-1593		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			1,963	971
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 HOME MAKER				
23 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			1,963	971

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-1
14-1593		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				400
13 NURSING CARE	37,903		3,065	
14. 20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				
23. 20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27. 30 ANALGESICS				
28. 31 SEDATIVES / HYPNOTICS				
29. 32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	37,903		3,065	400

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-1
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HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	400
13	NURSING CARE	43,902
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	44,302

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-2
14-1593		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
10.20	VISITING SERVICES		
11	PHYSICIAN SERVICES		
12	NURSING CARE		
13	NURSING CARE-CONTINUOUS HOME CARE	154	76
14	PHYSICAL THERAPY		
15	OCCUPATIONAL THERAPY		
16	SPEECH/LANGUAGE PATHOLOGY		
17	MEDICAL SOCIAL SERVICES		
18	SPIRITUAL COUNSELING		
19	DIETARY COUNSELING		
20	COUNSELING - OTHER		
20.30	HOME HEALTH AIDE AND HOME MAKER		
21	HH AIDE & HOME MAKER-CONT. HOME CARE		
22	OTHER HOSPICE SERVICE COSTS		
23	OTHER		
24	DRUGS BIOLOGICAL AND INFUSION THERAPY		
25	ANALGESICS		
26	SEDATIVES / HYPNOTICS		
27	OTHER - SPECIFY		
28	DURABLE MEDICAL EQUIPMENT/OXYGEN		
29	PATIENT TRANSPORTATION		
30	IMAGING SERVICES		
31	LABS AND DIAGNOSTICS		
32	MEDICAL SUPPLIES		
33	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
34	RADIATION THERAPY		
	CHEMOTHERAPY		
	OTHER		
	BEREAVEMENT PROGRAM COSTS		
	VOLUNTEER PROGRAM COSTS		
	FUNDRAISING		
	OTHER PROGRAM COSTS		
	TOTAL (SUM OF LINES 1 THRU 33)	154	76

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-2
14-1593		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				31
10 NURSING CARE	2,968		240	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,968		240	31

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-2
14-1593		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	31
13	NURSING CARE	3,438
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	3,469

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-3
14-1593		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-3
14-1593		

HOSPICE 1

	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
	5	6	7	8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	731			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	731			

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-3
14-1593		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	731
10. 20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	
18. 20	HH AIDE & HOME MAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20. 30	ANALGESICS	
20. 31	SEDATIVES / HYPNOTICS	
20. 32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	731

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1593		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
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	431			
13 NURSING CARE	60,761			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY	17,265			
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	20,891			
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)	99,348			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1593		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				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			431	
13 NURSING CARE			60,761	
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			17,265	
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			20,891	
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)			99,348	

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1593		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	431
13	NURSING CARE	60,761
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	17,265
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	20,891
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)	99,348

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1593		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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1593		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			99,348
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			431
13 NURSING CARE			60,761
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			17,265
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			20,891
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			
45 UNIT COST MULTIPLIER	.000000		.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-1304
 HOSPICE NO: 14-1593
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	14	15	17	18
1.00 ADMINISTRATIVE AND GENERAL	4,123	5,235		4,611
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,123	5,235		4,611
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL
	20	25	26	27
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		15,164		15,164
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		614		614
5.00 NURSING CARE		83,457		83,457
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		20,620		20,620
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		24,951		24,951
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)		144,806		144,806
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-5
14-1593		PART I

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES	72	686
5.00 NURSING CARE	9,762	93,219
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	2,412	23,032
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	2,918	27,869
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)		144,806
30.00 UNIT COST MULTIPLIER	.116968	

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	FOUNDATION BLDG (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	3	3.01	4	5
1.00 ADMINISTRATIVE AND GENERAL	36			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				400
5.00 NURSING CARE				43,902
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)	36			44,302
30.00 TOTAL COST TO BE ALLOCATED	192			9,199
31.00 UNIT COST MULTIPLIER	5.333333	.000000	.000000	.207643

HOSPICE COST CENTER	ADMINITTING (GROSS REVENUES)	RECONCILIATION 6A.02	A&G HOSPITAL ONLY (ACCUMULATED COST)	RECONCILIATION 6A.03
	6.01	6A.02	6.02	6A.03
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE			192	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			514	
5.00 NURSING CARE			69,877	
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			17,265	
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			20,891	
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	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL		36		1,636
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)		36		1,636
30.00 TOTAL COST TO BE ALLOCATED		199		4,123
31.00 UNIT COST MULTIPLIER	5.527778	.000000	.000000	2.520171

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY (REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (TIME SPENT)
	15	17	18	20
1.00 ADMINISTRATIVE AND GENERAL	20,893			12
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				

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

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-5
14-1593		PART II

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	20,893		12	
30.00 TOTAL COST TO BE ALLOCATED	5,235		4,611	
31.00 UNIT COST MULTIPLIER	.250562	.000000	384.250000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-5
14-1593		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3
1	PHYSICAL THERAPY	50	.580516	
2	OCCUPATIONAL THERAPY	51	.284494	
3	SPEECH PATHOLOGY	52	.776841	
4	DRUGS CHARGED TO PATIENTS	56	.380643	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.360295	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		
8	EMERGENCY	61	.729905	
9	RADIOLOGY-DIAGNOSTIC	41	.422668	
10	OTHER ANCI LLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-6
14-1593		

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)				144,806
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				939
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				154.21
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	849			
6 UNDUPLICATED MEDICAID DAYS	130,924			
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			90	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			13,879	

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

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

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET M-1
14-3453		

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI - CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	477,658	271,821	749,479
2	PHYSICIAN ASSISTANT	276,153	15,478	291,631
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	258,968	14,515	273,483
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS	6,993	392	7,385
10	SUBTOTAL (SUM OF LINES 1-9)	1,019,772	302,206	1,321,978
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT		128,954	128,954
14	SUBTOTAL (SUM OF LINES 11-13)		128,954	128,954
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		27,495	27,495
16	TRANSPORTATION (HEALTH CARE STAFF)		13,058	13,058
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS		1,423	1,423
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		41,976	41,976
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,019,772	473,136	1,492,908
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		77,354	77,354
30	ADMINISTRATIVE COSTS	168,147	36,834	204,981
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	168,147	114,188	282,335
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,187,919	587,324	1,775,243
				-54,600
				-81,730
				-136,330
				-136,330

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

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET M-1
14-3453		

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	749,479	-7,985	741,494
2	PHYSICIAN ASSISTANT	291,631		291,631
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	273,483		273,483
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS	7,385		7,385
10	SUBTOTAL (SUM OF LINES 1-9)	1,321,978	-7,985	1,313,993
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT	128,954		128,954
14	SUBTOTAL (SUM OF LINES 11-13)	128,954		128,954
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES	27,495		27,495
16	TRANSPORTATION (HEALTH CARE STAFF)	13,058		13,058
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS	1,423		1,423
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	41,976		41,976
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,492,908	-7,985	1,484,923
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS	22,754	-10,626	12,128
30	ADMINISTRATIVE COSTS	123,251	-5,449	117,802
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	146,005	-16,075	129,930
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,638,913	-24,060	1,614,853

ALLOCATION OF OVERHEAD
TO RHC/FOHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2009	10/26/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET M-2
14-3453		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1 PHYSICIANS	2.83	10,468	4,200	11,886
2 PHYSICIAN ASSISTANTS	.83	4,347	2,100	1,743
3 NURSE PRACTITIONERS			2,100	
4 SUBTOTAL (SUM OF LINES 1-3)	3.66	14,815		13,629
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3.66	14,815		
9 PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FOHC SERVICES				
10 TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	1,484,923			
11 TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	1,484,923			
13 RATIO OF RHC/FOHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14 TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	129,930			
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	722,144			
16 TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	852,074			
17 ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16	852,074			
19 OVERHEAD APPLICABLE TO RHC/FOHC SERVICES (LINE 13 X LINE 18)	852,074			
20 TOTAL ALLOWABLE COST OF RHC/FOHC SERVICES (SUM OF LINES 10 AND 19)	2,336,997			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 10/26/2010
14-1304	FROM 7/1/2009	WORKSHEET M-2
COMPONENT NO:	TO 6/30/2010	
14-3453		

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	14,815
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	14,815
9 PHYSICIAN SERVICES UNDER AGREEMENTS	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 10/26/2010
14-1304	FROM 7/ 1/2009	WORKSHEET M-3
COMPONENT NO:	TO 6/30/2010	
14-3453		

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	2,336,997
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	2,336,997
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	14,815
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	14,815
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	157.75

CALCULATION OF LIMIT (1)

	PRIOR TO	ON OR AFTER
	JANUARY 1	JANUARY 1
	1	2

8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84	77.76
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	157.75	157.75
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		3,820
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		602,605
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)		
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)		
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)		
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		602,605
16.01	PRIMARY PAYER AMOUNT		
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		55,521
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		547,084
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		437,667
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		437,667
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
23	OTHER ADJUSTMENTS (SPECIFY)		
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		437,667
25	INTERIM PAYMENTS		346,486
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		91,181
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2		

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR
 SERVICES RENDERED TO PROGRAM BENEFICIARIES
 RHC FQHC

PROVIDER NO: 14-1304
 COMPONENT NO: 14-3453
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/26/2010
 WORKSHEET M-5

RHC 1

DESCRIPTION	PART MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2 342,545
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
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	1/15/2010	3,941
ADJUSTMENTS TO PROVIDER .02		
ADJUSTMENTS TO PROVIDER .03		
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROGRAM .50		
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
ADJUSTMENTS TO PROGRAM .99		
SUBTOTAL		3,941
4 TOTAL INTERIM PAYMENTS		346,486
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
TENTATIVE TO PROGRAM .99		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		91,181
SETTLEMENT TO PROVIDER .01		
SETTLEMENT TO PROGRAM .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		437,667

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.