

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		14-0189		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/21/2008 TIME 11:41

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:
 SARAH BUSH LINCOLN HEALTH CENTER 14-0189
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	-282,443	355,736	0
2	SUBPROVIDER	0	95,276	0	0
5	HOSPITAL-BASED SNF	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
9	RHC	0	0	3,345	0
9 .01	RHC II	0	0	970	0
9 .02	RHC III	0	0	2,059	0
100	TOTAL	0	-187,167	362,110	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.

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/ 1/2007 ENDING: 6/30/2008
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 100 0.8320 0.8335
 0.00 2 14 99914

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

	%	Y/N
28.03 STAFFING	100.00%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
 N Y N

- 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 THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N
- 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? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 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 NHCMQ 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
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	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. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 964,823
 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

	DATE	Y OR N	LIMIT	Y OR N	FEES
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. N 0.00 0					
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. 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). N
- 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

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	74,219,393	-4,394	74,214,999	2,697,364.00	27.51	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,096,447		1,096,447	14,197.00	77.23	
4 PHYSICIAN - PART A	460,678		460,678	2,582.00	178.42	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	6,840,921		6,840,921	46,822.00	146.10	
5.01 NON-PHYSICIAN - PART B	310,875		310,875	6,071.00	51.21	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	578,299		578,299	23,415.00	24.70	
8.01 EXCLUDED AREA SALARIES	24,273,557	-4,394	24,269,163	715,379.00	33.92	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	14,409,607		14,409,607			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,475,728		1,475,728			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	494,317		494,317	18,551.00	26.65	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	9,136,630		9,136,630	314,073.00	29.09	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	885,746		885,746	45,912.00	19.29	
25 LAUNDRY & LINEN SERVICE	16,438		16,438	1,456.00	11.29	
26 HOUSEKEEPING	893,220		893,220	76,516.00	11.67	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,153,472	-629,680	523,792	40,607.00	12.90	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		629,680	629,680	48,814.00	12.90	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,146,645		1,146,645	41,875.00	27.38	
31 CENTRAL SERVICE AND SUPPLY	285,061		285,061	20,373.00	13.99	
32 PHARMACY	920,845		920,845	30,685.00	30.01	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,209,157		1,209,157	77,535.00	15.59	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	65,971,150	-4,394	65,966,756	2,630,274.00	25.08	
2 EXCLUDED AREA SALARIES	24,851,856	-4,394	24,847,462	738,794.00	33.63	
3 SUBTOTAL SALARIES	41,119,294		41,119,294	1,891,480.00	21.74	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	14,409,607		14,409,607		35.04	
6 TOTAL	55,528,901		55,528,901	1,891,480.00	29.36	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	16,141,531		16,141,531	716,397.00	22.53	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		990.00	129.00	306.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	0			
2 UNDUPLICATED CENSUS COUNT	1,425.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.36		.36
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	2.05		2.05
5 OTHER ADMINISTRATIVE PERSONEL	11.46		11.46
6 DIRECTING NURSING SERVICE	22.07		22.07
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	4.83		4.83
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.14		1.14
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.38		.38
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.74		.74
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.56		3.56
17 HOME HEALTH AIDE SUPERVISOR			
18 PRIVATE DUTY	.04		.04
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	3	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		99914	
20.01		50031	
20.02		50013	

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

	WITHOUT OUTLIERS 1	FULL EPI SODES WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	10,043	711	304	216
22 SKILLED NURSING VISIT CHARGES	1,427,677	99,432	42,681	30,347
23 PHYSICAL THERAPY VISITS	3,535	6	29	97
24 PHYSICAL THERAPY VISIT CHARGES	563,156	915	4,544	15,441
25 OCCUPATIONAL THERAPY VISITS	838	2	6	19
26 OCCUPATIONAL THERAPY VISIT CHARGES	133,244	315	922	3,014
27 SPEECH PATHOLOGY VISITS	268	0	4	0
28 SPEECH PATHOLOGY VISIT CHARGES	42,875	0	674	0
29 MEDICAL SOCIAL SERVICE VISITS	192	6	1	4
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	37,484	1,149	193	799
31 HOME HEALTH AIDE VISITS	2,389	78	3	32
32 HOME HEALTH AIDE VISIT CHARGES	164,237	5,220	201	2,189
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	17,265	803	347	368
34 OTHER CHARGES	60,518	6,494	9,506	1,982
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	2,429,191	113,525	58,721	53,772
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	1,102	0	128	30
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	15	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	891	12, 165
22 SKILLED NURSING VISIT CHARGES	0	122, 705	1, 722, 842
23 PHYSICAL THERAPY VISITS	0	251	3, 918
24 PHYSICAL THERAPY VISIT CHARGES	0	38, 850	622, 906
25 OCCUPATIONAL THERAPY VISITS	0	52	917
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	8, 003	145, 498
27 SPEECH PATHOLOGY VISITS	0	27	299
28 SPEECH PATHOLOGY VISIT CHARGES	0	4, 252	47, 801
29 MEDICAL SOCIAL SERVICE VISITS	0	9	212
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	1, 689	41, 314
31 HOME HEALTH AIDE VISITS	0	156	2, 658
32 HOME HEALTH AIDE VISIT CHARGES	0	10, 500	182, 347
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	1, 386	20, 169
34 OTHER CHARGES	0	4, 269	82, 769
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	190, 268	2, 845, 477
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	53	1, 313
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	4	19
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0189
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/21/2008
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8320
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 412 NW 3RD
 1.01 CITY: CASEY STATE: IL ZIP CODE: 62420 COUNTY: CLARK
 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	JASON JERABEK, DO	143978
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ROBERT DOUGHERTY	143978

PHYSICIAN NAME HOURS OF SUPERVISION

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.) N

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
			800	1700	800	1700	800	1700	800	1700	800	1700		

(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. N

15 PROVIDER NAME: PROVIDER NUMBER:

TITLE V TITLE XVII 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. N

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. N

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 7 HAWTHORNE LANE
 1.01 CITY: SULLIVAN STATE: IL ZIP CODE: 61951 COUNTY: MOULTRIE
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

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 KARI CATALDO, DO 143998
 9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT SHIRLEY DALLMIER, PA 143998

PHYSICIAN NAME HOURS OF SUPERVISION

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.) N

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
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1700	800	1700	800	1700		

(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. N

15 PROVIDER NAME: PROVIDER NUMBER:

TITLE V TITLE XVII I 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. N

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. N

RHC 3

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 650 OAK AVENUE
 1.01 CITY: NEOGA STATE: IL ZIP CODE: 62447 COUNTY: CUMBERLAND
 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	SHERRI HOWELL, DO	143435
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	IVAN BOEHM, PA	143435

	PHYSICIAN NAME	HOURS OF SUPERVISION
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.)		N

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
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1700	800	1700	800	1700		

(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. N

15 PROVIDER NAME: PROVIDER NUMBER:

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. N TITLE V TITLE XVII TITLE XIX

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. N

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2007	11/21/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET S-9
14-1599		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	16,919	2,458	4,643	300
3 INPATIENT RESPIRE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	16,919	2,458	4,643	300

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,455	20,832
3 INPATIENT RESPIRE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	1,455	20,832

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	471	37	101	14
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	35.92	66.43	45.97	21.43
9 UNDUPLICATED CENSUS COUNT	464	35	100	14

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	55	563
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	26.45	37.00
9 UNDUPLICATED CENSUS COUNT	54	553

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	38,372,499
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.340862
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	13,079,727
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	7,514,546
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,561,423
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	13,079,727

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0189

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

PREPARED 11/21/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				4,104,820	4,104,820
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				7,577,630	7,577,630
5	0500 EMPLOYEE BENEFITS	494,317	11,704,674	12,198,991	42,299	12,241,290
6	0600 ADMINISTRATIVE & GENERAL	9,136,630	21,045,608	30,182,238	-12,706,256	17,475,982
8	0800 OPERATION OF PLANT	885,746	2,407,199	3,292,945	-65,052	3,227,893
9	0900 LAUNDRY & LINEN SERVICE	16,438	327,588	344,026		344,026
10	1000 HOUSEKEEPING	893,220	321,400	1,214,620	-140	1,214,480
11	1100 DIETARY	1,153,472	892,621	2,046,093	-1,118,336	927,757
12	1200 CAFETERIA				1,116,962	1,116,962
14	1400 NURSING ADMINISTRATION	1,146,645	169,321	1,315,966		1,315,966
15	1500 CENTRAL SERVICES & SUPPLY	285,061	295,247	580,308	-30,640	549,668
16	1600 PHARMACY	920,845	6,341,291	7,262,136	-6,192,953	1,069,183
17	1700 MEDICAL RECORDS & LIBRARY	1,209,157	277,093	1,486,250	-6,815	1,479,435
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,880,567	918,750	7,799,317	-822,971	6,976,346
27	2700 CORONARY CARE UNIT	929,369	133,382	1,062,751		1,062,751
31	3100 SUBPROVIDER	1,678,405	197,282	1,875,687	8,354	1,884,041
33	3300 NURSERY	48	19,323	19,371	324,468	343,839
34	3400 SKILLED NURSING FACILITY	578,299	65,120	643,419	-147	643,272
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,318,815	670,071	2,988,886	-4,437	2,984,449
38	3800 RECOVERY ROOM	489,620	115,857	605,477	-3,421	602,056
39	3900 DELIVERY ROOM & LABOR ROOM	331	68,941	69,272	492,401	561,673
40	4000 ANESTHESIOLOGY	3,726,171	799,071	4,525,242	362,984	4,888,226
41	4100 RADIOLOGY-DIAGNOSTIC	1,403,995	632,183	2,036,178	-221,518	1,814,660
42	4200 RADIOLOGY-THERAPEUTIC	1,006,658	313,648	1,320,306	8,014	1,328,320
42.01	3230 CAT SCAN	357,160	583,945	941,105	66,576	1,007,681
43	4300 RADIOISOTOPE	886,802	824,368	1,711,170	153,175	1,864,345
44	4400 LABORATORY	3,321,763	4,294,004	7,615,767	12,893	7,628,660
49	4900 RESPIRATORY THERAPY	681,794	197,913	879,707	-924	878,783
50	5000 PHYSICAL THERAPY	1,145,651	219,652	1,365,303	-7,352	1,357,951
51	5100 OCCUPATIONAL THERAPY	264,921	37,719	302,640		302,640
52	5200 SPEECH PATHOLOGY	501,874	74,614	576,488	-1,346	575,142
53	5300 ELECTROCARDIOLOGY	568,179	333,800	901,979		901,979
54	5400 ELECTROENCEPHALOGRAPHY	358,440	306,249	664,689	-3,241	661,448
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,265,936	3,265,936		3,265,936
56	5600 DRUGS CHARGED TO PATIENTS				6,199,757	6,199,757
58	5800 ASC (NON-DISTINCT PART)	1,156,764	940,072	2,096,836	-7,030	2,089,806
58.01	3120 CARDIAC CATHETERIZATION LABORATORY	169,931	151,382	321,313		321,313
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	282,203	29,424	311,627		311,627
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	5,468,220	800,729	6,268,949	216,584	6,485,533
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC - CASEY	511,001	125,777	636,778	23,366	660,144
63.51	6311 RURAL HEALTH CLINIC - SULLIVAN	339,905	137,333	477,238	22,988	500,226
63.52	6312 RURAL HEALTH CLINIC - NEOGA	455,824	108,391	564,215	23,106	587,321
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	2,193,406	680,618	2,874,024	-12,203	2,861,821
	SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE	1,111,247	1,085,058	2,196,305	-222,972	1,973,333
95	SUBTOTALS	54,928,894	61,912,654	116,841,548	-671,377	116,170,171
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	17,465,979	4,203,659	21,669,638	723,203	22,392,841
100	0000 OTHER NONREIMBURSABLE					
100.01	7950 WELLNESS	81,713	257,532	339,245		339,245
100.02	7951 LIFELINE	29,563	123,144	152,707		152,707
100.03	7952 OCCUPATIONAL HEALTH	418,525	185,962	604,487	-47,432	557,055
100.04	7953 EAP	84,939	9,773	94,712	-4,394	90,318
100.05	7954 MISC. NONREIMBURSABLE	1,209,780	1,046,155	2,255,935		2,255,935
100.06	7955 RETAIL PHARMACY					
101	TOTAL	74,219,393	67,738,879	141,958,272	-0-	141,958,272

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0189
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/21/2008
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	-2,417,584	1,687,236
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-107,529	7,470,101
5	0500 EMPLOYEE BENEFITS	-179,990	12,061,300
6	0600 ADMINISTRATIVE & GENERAL	-188,183	17,287,799
8	0800 OPERATION OF PLANT		3,227,893
9	0900 LAUNDRY & LINEN SERVICE		344,026
10	1000 HOUSEKEEPING	-393	1,214,087
11	1100 DIETARY	-12,523	915,234
12	1200 CAFETERIA	-612,493	504,469
14	1400 NURSING ADMINISTRATION		1,315,966
15	1500 CENTRAL SERVICES & SUPPLY		549,668
16	1600 PHARMACY		1,069,183
17	1700 MEDICAL RECORDS & LIBRARY	-78,606	1,400,829
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-8,998	6,967,348
27	2700 CORONARY CARE UNIT		1,062,751
31	3100 SUBPROVIDER	-823,882	1,060,159
33	3300 NURSERY		343,839
34	3400 SKILLED NURSING FACILITY		643,272
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		2,984,449
38	3800 RECOVERY ROOM		602,056
39	3900 DELIVERY ROOM & LABOR ROOM		561,673
40	4000 ANESTHESIOLOGY	-4,420,791	467,435
41	4100 RADIOLOGY-DIAGNOSTIC	-4,233	1,810,427
42	4200 RADIOLOGY-THERAPEUTIC	-535,626	792,694
42.01	3230 CAT SCAN	-3,925	1,003,756
43	4300 RADIOISOTOPE	-3,450	1,860,895
44	4400 LABORATORY	-672,077	6,956,583
49	4900 RESPIRATORY THERAPY		878,783
50	5000 PHYSICAL THERAPY	-10,089	1,347,862
51	5100 OCCUPATIONAL THERAPY	-12,267	290,373
52	5200 SPEECH PATHOLOGY	-446,577	128,565
53	5300 ELECTROCARDIOLOGY	-256,859	645,120
54	5400 ELECTROENCEPHALOGRAPHY	-234,860	426,588
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,265,936
56	5600 DRUGS CHARGED TO PATIENTS		6,199,757
58	5800 ASC (NON-DISTINCT PART)		2,089,806
58.01	3120 CARDIAC CATHETERIZATION LABORATORY		321,313
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		311,627
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-3,000,425	3,485,108
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC - CASEY		660,144
63.51	6311 RURAL HEALTH CLINIC - SULLIVAN		500,226
63.52	6312 RURAL HEALTH CLINIC - NEOGA		587,321
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		2,861,821
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		1,973,333
95	SUBTOTALS	-14,031,360	102,138,811
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		22,392,841
100	0000 OTHER NONREIMBURSABLE		
100.01	7950 WELLNESS		339,245
100.02	7951 LIFELINE		152,707
100.03	7952 OCCUPATIONAL HEALTH		557,055
100.04	7953 EAP		90,318
100.05	7954 MISC. NONREIMBURSABLE		2,255,935
100.06	7955 RETAIL PHARMACY		
101	TOTAL	-14,031,360	127,926,912

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/21/2008
 I 14-0189 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
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	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	CAT SCAN	3230	CAT SCAN
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
58.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC - CASEY	6310	RURAL HEALTH CLINIC #####
63.51	RURAL HEALTH CLINIC - SULLIVAN	6311	RURAL HEALTH CLINIC #####
63.52	RURAL HEALTH CLINIC - NEOGA	6312	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
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	OTHER NONREIMBURSABLE	0000	
100.01	WELLNESS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.02	LIFELINE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.03	OCCUPATIONAL HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.04	EAP	7953	OTHER NONREIMBURSABLE COST CENTERS
100.05	MISC. NONREIMBURSABLE	7954	OTHER NONREIMBURSABLE COST CENTERS
100.06	RETAIL PHARMACY	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140189

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

PREPARED 11/21/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 COST OF DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		6,199,757
2					
3					
4					
5					
6 RADIOLOGY ADMIN EXPENSES	B	CAT SCAN	42.01	66,576	
7		RADIOISOTOPE	43	153,175	
8 EMPLOYEE PHYSICALS	C	EMPLOYEE BENEFITS	5		44,852
9 DIETARY/CAFETERIA EXPENSES	D	CAFETERIA	12	629,680	487,282
10 INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT	3		2,055,948
11		NEW CAP REL COSTS-MVBLE EQUIP	4		107,529
12 EMPLOYEE EAP VISITS	G	EMPLOYEE BENEFITS	5		4,394
13 W&C - OB/GYN, L&D, NURSERY SPLIT	I	NURSERY	33	324,468	
14		DELIVERY ROOM & LABOR ROOM	39	492,401	
15 CAPITAL COSTS: EQUIP RENTAL	J	NEW CAP REL COSTS-MVBLE EQUIP	4		471,033
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 CAPITAL COSTS: EQUIP RENTAL	J				
2					
3					
4					
5					
6					
7					
8 PHYSICIAN PROF LIAB EXPENSE	K	RURAL HEALTH CLINIC - CASEY	63.50		24,598
9		RURAL HEALTH CLINIC - SULLIVAN	63.51		24,598
10		RURAL HEALTH CLINIC - NEOGA	63.52		24,598
11		SUBPROVIDER	31		9,368
12		ANESTHESIOLOGY	40		365,375
13		RADIOLOGY-THERAPEUTIC	42		10,540
14		LABORATORY	44		14,054
15		EMERGENCY	61		221,338
16		PHYSICIANS' PRIVATE OFFICES	98		774,456
17 DEPRECIATION	L	NEW CAP REL COSTS-BLDG & FIXT	3		2,048,872
18		NEW CAP REL COSTS-MVBLE EQUIP	4		6,999,068
36 TOTAL RECLASSIFICATIONS				1,666,300	19,887,660

(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:
140189

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

PREPARED 11/21/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7	NO 7			
1 COST OF DRUGS CHARGED TO PATIENTS	A	PHARMACY	16			6,192,953	
2		OPERATING ROOM	37			584	
3		RECOVERY ROOM	38			2,027	
4		ANESTHESIOLOGY	40			2,391	
5		ASC (NON-DISTINCT PART)	58			1,802	
6 RADIOLOGY ADMIN EXPENSES	B	RADIOLOGY-DIAGNOSTIC	41		219,751		
7							
8 EMPLOYEE PHYSICALS	C	OCCUPATIONAL HEALTH	100.03			44,852	
9 DIETARY/CAFETERIA EXPENSES	D	DIETARY	11		629,680	487,282	
10 INTEREST	F	ADMINISTRATIVE & GENERAL	6			2,163,477	11
11							11
12 EMPLOYEE EAP VISITS	G	EAP	100.04		4,394		
13 W&C - OB/GYN, L&D, NURSERY SPLIT	I	ADULTS & PEDIATRICS	25		816,869		
14							
15 CAPITAL COSTS: EQUIP RENTAL	J	EMPLOYEE BENEFITS	5			6,947	14
16		ADMINISTRATIVE & GENERAL	6			25,914	14
17		OPERATION OF PLANT	8			65,052	14
18		HOUSEKEEPING	10			140	14
19		DIETARY	11			1,374	14
20		CENTRAL SERVICES & SUPPLY	15			30,640	14
21		MEDICAL RECORDS & LIBRARY	17			6,815	14
22		ADULTS & PEDIATRICS	25			6,102	14
23		SUBPROVIDER	31			1,014	14
24		SKILLED NURSING FACILITY	34			147	14
25		OPERATING ROOM	37			3,853	14
26		RECOVERY ROOM	38			1,394	14
27		RADIOLOGY-DIAGNOSTIC	41			1,767	14
28		RADIOLOGY-THERAPEUTIC	42			2,526	14
29		LABORATORY	44			1,161	14
30		RESPIRATORY THERAPY	49			924	14
31		PHYSICAL THERAPY	50			7,352	14
32		SPEECH PATHOLOGY	52			1,346	14
33		ELECTROENCEPHALOGRAPHY	54			3,241	14
34		ASC (NON-DISTINCT PART)	58			5,228	14
35		EMERGENCY	61			4,754	14
1 CAPITAL COSTS: EQUIP RENTAL	J	RURAL HEALTH CLINIC - CASEY	63.50			1,232	14
2		RURAL HEALTH CLINIC - SULLIVAN	63.51			1,610	14
3		RURAL HEALTH CLINIC - NEOGA	63.52			1,492	14
4		HOME HEALTH AGENCY	71			12,203	14
5		HOSPICE	93			222,972	14
6		PHYSICIANS' PRIVATE OFFICES	98			51,253	14
7		OCCUPATIONAL HEALTH	100.03			2,580	14
8 PHYSICIAN PROF LIAB EXPENSE	K	ADMINISTRATIVE & GENERAL	6			1,468,925	
9							
10							
11							
12							
13							
14							
15							
16							
17 DEPRECIATION	L	ADMINISTRATIVE & GENERAL	6			9,047,940	9
18							9
36 TOTAL RECLASSIFICATIONS					1,670,694	19,883,266	

(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:
140189

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

PREPARED 11/21/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : COST OF DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	6,199,757	PHARMACY	16	6,192,953	
2.00			0	OPERATING ROOM	37	584	
3.00			0	RECOVERY ROOM	38	2,027	
4.00			0	ANESTHESIOLOGY	40	2,391	
5.00			0	ASC (NON-DI STINCT PART)	58	1,802	
TOTAL RECLASSIFICATIONS FOR CODE A			6,199,757				6,199,757

RECLASS CODE: B
EXPLANATION : RADIOLOGY ADMIN EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAT SCAN	42.01	66,576	RADIOLOGY-DIAGNOSTIC	41	219,751	
2.00	RADIOISOTOPE	43	153,175			0	
TOTAL RECLASSIFICATIONS FOR CODE B			219,751				219,751

RECLASS CODE: C
EXPLANATION : EMPLOYEE PHYSICALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	44,852	OCCUPATIONAL HEALTH	100.03	44,852	
TOTAL RECLASSIFICATIONS FOR CODE C			44,852				44,852

RECLASS CODE: D
EXPLANATION : DIETARY/CAFETERIA EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,116,962	DIETARY	11	1,116,962	
TOTAL RECLASSIFICATIONS FOR CODE D			1,116,962				1,116,962

RECLASS CODE: F
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,055,948	ADMINISTRATIVE & GENERAL	6	2,163,477	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	107,529			0	
TOTAL RECLASSIFICATIONS FOR CODE F			2,163,477				2,163,477

RECLASS CODE: G
EXPLANATION : EMPLOYEE EAP VISITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	4,394	EAP	100.04	4,394	
TOTAL RECLASSIFICATIONS FOR CODE G			4,394				4,394

RECLASS CODE: I
EXPLANATION : W&C - OB/GYN, L&D, NURSERY SPLIT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	324,468	ADULTS & PEDIATRICS	25	816,869	
2.00	DELIVERY ROOM & LABOR ROOM	39	492,401			0	
TOTAL RECLASSIFICATIONS FOR CODE I			816,869				816,869

RECLASS CODE: J
EXPLANATION : CAPITAL COSTS: EQUIP RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	471,033	EMPLOYEE BENEFITS	5	6,947	
2.00			0	ADMINISTRATIVE & GENERAL	6	25,914	
3.00			0	OPERATION OF PLANT	8	65,052	
4.00			0	HOUSEKEEPING	10	140	

RECLASSIFICATIONS

PROVIDER NO:
140189

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

PREPARED 11/21/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : CAPITAL COSTS: EQUIP RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
5.00			0	DIETARY	11	1,374	
6.00			0	CENTRAL SERVICES & SUPPLY	15	30,640	
7.00			0	MEDICAL RECORDS & LIBRARY	17	6,815	
8.00			0	ADULTS & PEDIATRICS	25	6,102	
9.00			0	SUBPROVIDER	31	1,014	
10.00			0	SKILLED NURSING FACILITY	34	147	
11.00			0	OPERATING ROOM	37	3,853	
12.00			0	RECOVERY ROOM	38	1,394	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	1,767	
14.00			0	RADIOLOGY-THERAPEUTIC	42	2,526	
15.00			0	LABORATORY	44	1,161	
16.00			0	RESPIRATORY THERAPY	49	924	
17.00			0	PHYSICAL THERAPY	50	7,352	
18.00			0	SPEECH PATHOLOGY	52	1,346	
19.00			0	ELECTROENCEPHALOGRAPHY	54	3,241	
20.00			0	ASC (NON-DISTINCT PART)	58	5,228	
21.00			0	EMERGENCY	61	4,754	
22.00			0	RURAL HEALTH CLINIC - CASEY	63.50	1,232	
23.00			0	RURAL HEALTH CLINIC - SULLIVAN	63.51	1,610	
24.00			0	RURAL HEALTH CLINIC - NEOGA	63.52	1,492	
25.00			0	HOME HEALTH AGENCY	71	12,203	
26.00			0	HOSPICE	93	222,972	
27.00			0	PHYSICIANS' PRIVATE OFFICES	98	51,253	
28.00			0	OCCUPATIONAL HEALTH	100.03	2,580	
TOTAL RECLASSIFICATIONS FOR CODE J			471,033				471,033

RECLASS CODE: K
EXPLANATION : PHYSICIAN PROF LIAB EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RURAL HEALTH CLINIC - CASEY	63.50	24,598	ADMINISTRATIVE & GENERAL	6	1,468,925	
2.00	RURAL HEALTH CLINIC - SULLIVAN	63.51	24,598			0	
3.00	RURAL HEALTH CLINIC - NEOGA	63.52	24,598			0	
4.00	SUBPROVIDER	31	9,368			0	
5.00	ANESTHESIOLOGY	40	365,375			0	
6.00	RADIOLOGY-THERAPEUTIC	42	10,540			0	
7.00	LABORATORY	44	14,054			0	
8.00	EMERGENCY	61	221,338			0	
9.00	PHYSICIANS' PRIVATE OFFICES	98	774,456			0	
TOTAL RECLASSIFICATIONS FOR CODE K			1,468,925				1,468,925

RECLASS CODE: L
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,048,872	ADMINISTRATIVE & GENERAL	6	9,047,940	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	6,999,068			0	
TOTAL RECLASSIFICATIONS FOR CODE L			9,047,940				9,047,940

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,895,350	332,609		332,609	211,391	2,016,568	
2 LAND IMPROVEMENTS	3,766,542	24,856		24,856	14,853	3,776,545	
3 BUILDINGS & FIXTURE	54,378,014	398,270		398,270	1,985	54,774,299	
4 BUILDING IMPROVEMENT	223,607				12,470	211,137	
5 FIXED EQUIPMENT	13,246,785	322,308		322,308	614,436	12,954,657	
6 MOVABLE EQUIPMENT	57,660,273	7,768,780		7,768,780	3,438,674	61,990,379	
7 SUBTOTAL	131,170,571	8,846,823		8,846,823	4,293,809	135,723,585	
8 RECONCILING ITEMS							
9 TOTAL	131,170,571	8,846,823		8,846,823	4,293,809	135,723,585	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
3	NEW CAP REL COSTS-BL	54,985,437		54,985,437	.419163			
4	NEW CAP REL COSTS-MV	80,738,148	4,544,508	76,193,640	.580837			
5	TOTAL	135,723,585	4,544,508	131,179,077	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	2,048,872		-361,636				1,687,236
4	NEW CAP REL COSTS-MV	6,999,068					471,033	7,470,101
5	TOTAL	9,047,940		-361,636			471,033	9,157,337

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**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	-8,215,262			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-612,493	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-78,606	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**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			**COST CENTER DELETED**	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 INVESTMENT INCOME	B	-2,055,948	NEW CAP REL COSTS-BLDG &	3	11
38 INVESTMENT INCOME	B	-107,529	NEW CAP REL COSTS-MVBLE E	4	11
39 A&G OTHER INCOME	B	-163,633	ADMINISTRATIVE & GENERAL	6	
40 CUSTODIAL SERVICES OTHER REV	B	-393	HOUSEKEEPING	10	
41 DIETARY OUTREACH REV	B	-12,523	DIETARY	11	
42 W&C OTHER REV	B	-8,998	ADULTS & PEDIATRICS	25	
43 X-RAY OTHER REV	B	-3,445	RADIOLOGY-DIAGNOSTIC	41	
44 PHYSICAL THERAPY OTHER REV	B	-10,089	PHYSICAL THERAPY	50	
45 OCCUPATIONAL THPY OTHER REV	B	-12,267	OCCUPATIONAL THERAPY	51	
46 SPEECH/AUDIO OTHER REV	B	-446,577	SPEECH PATHOLOGY	52	
47 CARDIOLOGY OTHER REV	B	-69,396	ELECTROCARDIOLOGY	53	
48 EMERGENCY (EMS) OTHER REV	B	-92,741	EMERGENCY	61	
49 AHA/IHA LOBBYING FEES	A	-24,550	ADMINISTRATIVE & GENERAL	6	
49.01 CRNA S&W AND LOCUM TENEMS	A	-1,575,284	ANESTHESIOLOGY	40	
49.02 CRNA (BENEFITS)	A	-179,990	EMPLOYEE BENEFITS	5	
49.03 NON-ALLOWABLE INTEREST EXPENSE	A	-361,636	NEW CAP REL COSTS-BLDG &	3	11
50 TOTAL (SUM OF LINES 1 THRU 49)		-14,031,360			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0189

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

PREPARED 11/21/2008
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 31	PSYCH	823,882	823,882		138,700			
2 40	ANESTHESIA	2,945,716	2,764,915	180,801	167,500	923	74,328	3,716
3 41	DIAGNOSTIC RADIOLOGY	788	788		217,600			
4 42	MEDICAL ONCOLOGY	566,694	499,378	67,316	217,600	282	29,502	1,475
5 42	1 CAT SCAN	3,925	3,925		217,600			
6 43	RADIOISOTOPE	3,450	3,450		217,600			
7 44	PATHOLOGY	702,374	652,811	49,563	208,000	293	29,300	1,465
8 53	EKG/CARDIOLOGY	187,463	187,463		150,200			
9 54	NEUROLOGY	234,860	234,860		150,200			
10 61	EMERGENCY ROOM	2,997,050	2,833,328	163,722	150,200	1,040	75,100	3,755
11								
12								
13								
14								
15								
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25								
26								
27								
28								
29								
30								
101	TOTAL	8,466,202	8,004,800	461,402		2,538	208,230	10,411

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0189
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/21/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 31	PSYCH	8,964		14,054				823,882
2 40	ANESTHESIA	56,299	3,455	365,375	22,426	100,209	80,592	2,845,507
3 41	DIAGNOSTIC RADIOLOGY							788
4 42	MEDICAL ONCOLOGY	2,645	314	10,540	1,252	31,068	36,248	535,626
5 42	1 CAT SCAN							3,925
6 43	RADIOISOTOPE							3,450
7 44	PATHOLOGY	4,761	336	9,368	661	30,297	19,266	672,077
8 53	EKG/CARDIOLOGY							187,463
9 54	NEUROLOGY	3,215						234,860
10 61	EMERGENCY ROOM	39,814	2,175	221,338	12,091	89,366	74,356	2,907,684
11								
12								
13								
14								
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16								
17								
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27								
28								
29								
30								
101	TOTAL	115,698	6,280	620,675	36,430	250,940	210,462	8,215,262

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	12	NUMBER HOUSED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS CHARGES	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATION OF E & GENERAL PLANT	
	0	3	4	5		6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,687,236	1,687,236					
005 NEW CAP REL COSTS-MVBLE E	7,470,101		7,470,101				
006 EMPLOYEE BENEFITS	12,061,300	14,020	1,478	12,076,798			
008 ADMIN STRATIVE & GENERAL	17,287,799	186,027	2,282,547	1,496,662	21,253,035	21,253,035	
009 OPERATION OF PLANT	3,227,893	131,742	208,995	145,093	3,713,723	739,900	4,453,623
010 LAUNDRY & LINEN SERVICE	344,026	4,783	114	2,693	351,616	70,054	15,716
011 HOUSEKEEPING	1,214,087	27,640	14,908	146,317	1,402,952	279,516	90,818
012 DIETARY	915,234	29,563	46,712	85,802	1,077,311	214,637	97,137
014 CAFETERIA	504,469	17,894	14,778	103,147	640,288	127,567	58,794
015 NURSING ADMINISTRATION	1,315,966	522	6,282	187,831	1,510,601	300,963	1,717
016 CENTRAL SERVICES & SUPPLY	549,668	28,730	153,546	46,696	778,640	155,132	94,399
017 PHARMACY	1,069,183	11,868	138,261	150,843	1,370,155	272,981	38,994
025 MEDICAL RECORDS & LIBRARY	1,400,829	15,547	59,953	198,071	1,674,400	333,597	51,084
027 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	6,967,348	149,172	267,009	993,288	8,376,817	1,668,947	490,138
031 CORONARY CARE UNIT	1,062,751	19,961	53,623	152,239	1,288,574	256,728	65,587
033 SUBPROVIDER	1,060,159	39,260	14,612	274,938	1,388,969	276,730	128,998
034 NURSERY	343,839	2,779	10,499	53,159	410,276	81,741	9,131
037 SKILLED NURSING FACILITY	643,272	24,253	8,952	94,731	771,208	153,651	79,689
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	2,984,449	108,808	449,876	379,843	3,922,976	781,590	357,515
039 RECOVERY ROOM	602,056	7,085	63,968	80,204	753,313	150,086	23,278
040 DELIVERY ROOM & LABOR ROO	561,673	6,337	42,627	80,714	691,351	137,741	20,821
041 ANESTHESIOLOGY	467,435	2,909	56,650	610,380	1,137,374	226,604	9,560
042 RADIOLOGY-DIAGNOSTIC	1,810,427	60,964	836,328	198,463	2,906,182	579,010	200,311
042 RADIOLOGY-THERAPEUTIC	792,694	30,815	410,989	164,900	1,399,398	278,808	101,251
042 01 CAT SCAN	1,003,756	6,873	367,113	67,557	1,445,299	287,953	22,582
043 RADIOISOTOPE	1,860,895	17,975	545,611	167,739	2,592,220	516,458	59,060
044 LABORATORY	6,956,583	35,594	273,836	544,135	7,810,148	1,556,047	116,952
049 RESPIRATORY THERAPY	878,783	6,958	32,457	111,684	1,029,882	205,188	22,864
050 PHYSICAL THERAPY	1,347,862	34,801	37,793	187,668	1,608,124	320,393	114,347
051 OCCUPATIONAL THERAPY	290,373		4,286	43,396	338,055	67,352	
052 SPEECH PATHOLOGY	128,565	11,359	20,283	82,211	242,418	48,298	37,322
053 ELECTROCARDIOLOGY	645,120	25,821	106,961	93,073	870,975	173,528	84,839
054 ELECTROENCEPHALOGRAPHY	426,588	5,594	40,747	58,716	531,645	105,922	18,380
055 MEDICAL SUPPLIES CHARGED	3,265,936				3,265,936	650,685	
056 DRUGS CHARGED TO PATIENTS	6,199,757				6,199,757	1,235,202	
058 ASC (NON-DIAGNOSTIC PART)	2,089,806	48,745	277,424	189,488	2,605,463	519,097	160,163
058 01 CARDIAC CATHETERIZATION L	321,313	12,800	272,940	27,836	634,889	126,491	42,057
059 PSYCHIATRIC/PSYCHOLOGICAL	311,627		337	46,227	358,191	71,364	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	3,485,108	35,301	78,222	895,744	4,494,375	895,432	115,990
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - CAS	660,144	64,153	12,122	83,707	820,126	163,397	210,788
063 51 RURAL HEALTH CLINIC - SUL	500,226	31,261	2,885	55,679	590,051	117,558	102,716
063 52 RURAL HEALTH CLINIC - NEO	587,321	12,750	1,820	74,668	676,559	134,794	41,894
071 OTHER REIMBURS COST CNTRS							
093 HOME HEALTH AGENCY	2,861,821		1,652	359,300	3,222,773	642,086	
095 SPEC PURPOSE COST CENTERS							
095 HOSPICE	1,973,333		541	182,032	2,155,906	429,530	
096 SUBTOTALS	102,138,811	1,270,664	7,219,737	8,916,874	98,311,951	15,352,758	3,084,892
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		7,616			7,616	1,517	25,024
100 PHYSICIANS' PRIVATE OFFIC	22,392,841	374,398	183,916	2,861,051	25,812,206	5,142,640	1,230,159
100 OTHER NONREIMBURSABLE							
100 01 WELLNESS	339,245		748	13,385	353,378	70,405	
100 02 LI FELINE	152,707	554	9,570	4,843	167,674	33,406	1,820
100 03 OCCUPATIONAL HEALTH	557,055	11,052	7,135	68,558	643,800	128,267	36,315
100 04 EAP	90,318	4,261	238	13,914	108,731	21,663	13,999
100 05 MI SC. NONREIMBURSABLE	2,255,935	12,696	48,757	198,173	2,515,561	501,185	41,717
100 06 RETAIL PHARMACY		5,995			5,995	1,194	19,697
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	127,926,912	1,687,236	7,470,101	12,076,798	127,926,912	21,253,035	4,453,623

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10		11	12	14	15	16
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	437,386							
011 HOUSEKEEPING		1,773,286						
012 DIETARY	2,852	87,097		1,479,034				
014 CAFETERIA					826,649			
015 NURSING ADMINISTRATION		1,650			19,612	1,834,543		
016 CENTRAL SERVICES & SUPPLY	10,876						1,039,047	
017 PHARMACY								1,682,130
025 MEDICAL RECORDS & LIBRARY		8,248			36,282			
027 INPAT ROUTINE SRVC CNTRS								
031 ADULTS & PEDIATRICS	152,264	19,795		1,095,674	147,094	721,442		
033 CORONARY CARE UNIT	14,879	82,149		56,936	16,670	94,170		
034 SUBPROVIDER	7,857	84,788		196,283	19,612	98,414		
037 NURSERY	5,756				6,864	37,128		
038 SKILLED NURSING FACILITY	8,880	100,624		88,943	10,787	61,335		
039 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM	53,043	182,772		26,592	46,088	258,270		
041 RECOVERY ROOM	8,366	55,755			8,825	47,109		
042 DELIVERY ROOM & LABOR ROO	13,891				9,806	53,770		
043 ANESTHESIOLOGY		2,309			15,690			
044 RADIOLOGY-DIAGNOSTIC	40,856	36,620			30,399			
049 RADIOLOGY-THERAPEUTIC	5,292	37,610			9,806			
050 CAT SCAN		14,846			5,884			
051 RADIOISOTOPE	535	26,723			13,728			
052 LABORATORY	55	46,848			73,545			
053 RESPIRATORY THERAPY		17,485			13,728			
054 PHYSICAL THERAPY	5,710	36,950			12,748			
055 OCCUPATIONAL THERAPY		660			4,903			
056 SPEECH PATHOLOGY		11,547			8,825			
057 ELECTROCARDIOLOGY	5,897	51,796			11,767			
058 ELECTROENCEPHALOGRAPHY	764	12,867			7,845			
059 MEDICAL SUPPLIES CHARGED		30,352			9,806		1,039,047	
061 DRUGS CHARGED TO PATIENTS		18,805			14,709			1,682,130
062 ASC (NON-DISTINCT PART)	26,095	134,275			23,534	133,069		
063 01 CARDIAC CATHETERIZATION L	1,528	12,537			2,942			
063 50 PSYCHIATRIC/PSYCHOLOGICAL		1,320			6,864			
063 51 OUTPAT SERVICE COST CNTRS								
063 52 EMERGENCY	70,438	292,633		14,606	68,642	329,836		
071 OBSERVATION BEDS (NON-DIS								
093 OTHER OUTPATIENT SERVICE								
095 50 RURAL HEALTH CLINIC - CAS								
095 51 RURAL HEALTH CLINIC - SUL								
095 52 RURAL HEALTH CLINIC - NEO								
096 OTHER REIMBURS COST CNTRS								
098 HOME HEALTH AGENCY		17,156						
100 SPEC PURPOSE COST CENTERS								
100 01 HOSPICE		4,289						
100 02 SUBTOTALS	435,834	1,430,506		1,479,034	657,005	1,834,543	1,039,047	1,682,130
100 03 NONREIMBURS COST CENTERS								
100 04 GIFT, FLOWER, COFFEE SHOP								
100 05 PHYSICIANS' PRIVATE OFFIC		301,871			140,226			
100 06 OTHER NONREIMBURSABLE								
100 01 WELLNESS					1,961			
100 02 LIFELINE		3,299						
100 03 OCCUPATIONAL HEALTH	1,018	3,959			7,845			
100 04 EAP		2,969			1,961			
100 05 MI SC. NONREIMBURSABLE	534	30,682			17,651			
100 06 RETAIL PHARMACY								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	437,386	1,773,286		1,479,034	826,649	1,834,543	1,039,047	1,682,130

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	2,103,611			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	122,689	12,794,860		12,794,860
027 CORONARY CARE UNIT	17,714	1,893,407		1,893,407
031 SUBPROVIDER	19,360	2,221,011		2,221,011
033 NURSERY	8,924	559,820		559,820
034 SKILLED NURSING FACILITY	7,476	1,282,593		1,282,593
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	109,802	5,738,648		5,738,648
038 RECOVERY ROOM	20,852	1,067,584		1,067,584
039 DELIVERY ROOM & LABOR ROO	27,547	954,927		954,927
040 ANESTHESIOLOGY	38,395	1,429,932		1,429,932
041 RADIOLOGY-DIAGNOSTIC	110,609	3,903,987		3,903,987
042 RADIOLOGY-THERAPEUTIC	40,919	1,873,084		1,873,084
042 01 CAT SCAN	182,519	1,959,083		1,959,083
043 RADIOISOTOPE	154,933	3,363,657		3,363,657
044 LABORATORY	298,308	9,901,903		9,901,903
049 RESPIRATORY THERAPY	42,414	1,331,561		1,331,561
050 PHYSICAL THERAPY	37,472	2,135,744		2,135,744
051 OCCUPATIONAL THERAPY	6,714	417,684		417,684
052 SPEECH PATHOLOGY	9,572	357,982		357,982
053 ELECTROCARDIOLOGY	31,717	1,230,519		1,230,519
054 ELECTROENCEPHALOGRAPHY	22,831	700,254		700,254
055 MEDICAL SUPPLIES CHARGED	107,423	5,103,249		5,103,249
056 DRUGS CHARGED TO PATIENTS	260,855	9,411,458		9,411,458
058 ASC (NON-DISTINCT PART)	125,751	3,727,447		3,727,447
058 01 CARDIAC CATHETERIZATION L	7,231	827,675		827,675
059 PSYCHIATRIC/PSYCHOLOGICAL	1,765	439,504		439,504
061 OUTPAT SERVICE COST CNTRS				
061 EMERGENCY	289,819	6,571,771		6,571,771
062 OBSERVATION BEDS (NON-DIS				
063 OTHER OUTPATIENT SERVICE				
063 50 RURAL HEALTH CLINIC - CAS		1,194,311		1,194,311
063 51 RURAL HEALTH CLINIC - SUL		810,325		810,325
063 52 RURAL HEALTH CLINIC - NEO		853,247		853,247
063 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		3,882,015		3,882,015
093 SPEC PURPOSE COST CENTERS				
093 HOSPICE		2,589,725		2,589,725
095 SUBTOTALS	2,103,611	90,528,967		90,528,967
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		34,157		34,157
098 PHYSICIANS' PRIVATE OFFIC		32,627,102		32,627,102
100 OTHER NONREIMBURSABLE				
100 01 WELLNESS		425,744		425,744
100 02 LIFELINE		206,199		206,199
100 03 OCCUPATIONAL HEALTH		821,204		821,204
100 04 EAP		149,323		149,323
100 05 MI SC. NONREIMBURSABLE		3,107,330		3,107,330
100 06 RETAIL PHARMACY		26,886		26,886
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	2,103,611	127,926,912		127,926,912

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		14,020	1,478	15,498	15,498		
006 ADMINSTRATIVE & GENERAL		186,027	2,282,547	2,468,574	1,919	2,470,493	
008 OPERATION OF PLANT		131,742	208,995	340,737	186	86,006	426,929
009 LAUNDRY & LINEN SERVICE		4,783	114	4,897	3	8,143	1,507
010 HOUSEKEEPING		27,640	14,908	42,548	188	32,491	8,706
011 DIETARY		29,563	46,712	76,275	110	24,949	9,312
012 CAFETERIA		17,894	14,778	32,672	132	14,828	5,636
014 NURSING ADMINISTRATION		522	6,282	6,804	241	34,984	165
015 CENTRAL SERVICES & SUPPLY		28,730	153,546	182,276	60	18,033	9,049
016 PHARMACY		11,868	138,261	150,129	193	31,731	3,738
017 MEDICAL RECORDS & LIBRARY		15,547	59,953	75,500	254	38,777	4,897
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		149,172	267,009	416,181	1,273	193,999	46,985
027 CORONARY CARE UNIT		19,961	53,623	73,584	195	29,842	6,287
031 SUBPROVIDER		39,260	14,612	53,872	352	32,167	12,366
033 NURSERY		2,779	10,499	13,278	68	9,502	875
034 SKILLED NURSING FACILITY		24,253	8,952	33,205	121	17,860	7,639
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		108,808	449,876	558,684	487	90,852	34,272
038 RECOVERY ROOM		7,085	63,968	71,053	103	17,446	2,231
039 DELIVERY ROOM & LABOR ROO		6,337	42,627	48,964	103	16,011	1,996
040 ANESTHESIOLOGY		2,909	56,650	59,559	782	26,340	916
041 RADIOLOGY-DIAGNOSTIC		60,964	836,328	897,292	254	67,304	19,202
042 RADIOLOGY-THERAPEUTIC		30,815	410,989	441,804	211	32,409	9,706
042 01 CAT SCAN		6,873	367,113	373,986	87	33,472	2,165
043 RADIOISOTOPE		17,975	545,611	563,586	215	60,033	5,662
044 LABORATORY		35,594	273,836	309,430	698	180,875	11,211
049 RESPIRATORY THERAPY		6,958	32,457	39,415	143	23,851	2,192
050 PHYSICAL THERAPY		34,801	37,793	72,594	241	37,243	10,961
051 OCCUPATIONAL THERAPY			4,286	4,286	56	7,829	
052 SPEECH PATHOLOGY		11,359	20,283	31,642	105	5,614	3,578
053 ELECTROCARDIOLOGY		25,821	106,961	132,782	119	20,171	8,133
054 ELECTROENCEPHALOGRAPHY		5,594	40,747	46,341	75	12,312	1,762
055 MEDICAL SUPPLIES CHARGED						75,636	
056 DRUGS CHARGED TO PATIENTS						143,580	
058 ASC (NON-DISTINCT PART)		48,745	277,424	326,169	243	60,340	15,353
058 01 CARDIAC CATHETERIZATION L		12,800	272,940	285,740	36	14,703	4,032
059 PSYCHIATRIC/PSYCHOLOGICAL			337	337	59	8,295	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		35,301	78,222	113,523	1,148	104,085	11,119
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - CAS		64,153	12,122	76,275	107	18,993	20,206
063 51 RURAL HEALTH CLINIC - SUL		31,261	2,885	34,146	71	13,665	9,846
063 52 RURAL HEALTH CLINIC - NEO		12,750	1,820	14,570	96	15,668	4,016
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY			1,652	1,652	461	74,636	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			541	541	233	49,929	
095 SUBTOTALS		1,270,664	7,219,737	8,490,401	11,428	1,784,604	295,721
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		7,616		7,616		176	2,399
098 PHYSICIANS' PRIVATE OFFIC		374,398	183,916	558,314	3,687	597,821	117,925
100 OTHER NONREIMBURSABLE							
100 01 WELLNESS			748	748	17	8,184	
100 02 LIFELINE		554	9,570	10,124	6	3,883	174
100 03 OCCUPATIONAL HEALTH		11,052	7,135	18,187	88	14,910	3,481
100 04 EAP		4,261	238	4,499	18	2,518	1,342
100 05 MI SC. NONREIMBURSABLE		12,696	48,757	61,453	254	58,258	3,999
100 06 RETAIL PHARMACY		5,995		5,995		139	1,888
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,687,236	7,470,101	9,157,337	15,498	2,470,493	426,929

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	14,550						
011 HOUSEKEEPING		83,933					
012 DIETARY	95	4,122	114,863				
014 CAFETERIA				53,268			
015 NURSING ADMINISTRATION		78		1,264	43,536		
016 CENTRAL SERVICES & SUPPLY	362					209,780	
017 PHARMACY							185,791
025 MEDICAL RECORDS & LIBRARY		390		2,338			
027 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	5,066	937	85,091	9,477	17,121		
033 CORONARY CARE UNIT	495	3,888	4,422	1,074	2,235		
034 SUBPROVIDER	261	4,013	15,244	1,264	2,335		
037 NURSERY	191			442	881		
038 SKILLED NURSING FACILITY	295	4,763	6,907	695	1,456		
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	1,765	8,651	2,065	2,970	6,129		
041 RECOVERY ROOM	278	2,639		569	1,118		
042 DELIVERY ROOM & LABOR ROO	462			632	1,276		
043 ANESTHESIOLOGY		109		1,011			
044 RADIOLOGY-DIAGNOSTIC	1,359	1,733		1,959			
049 RADIOLOGY-THERAPEUTIC	176	1,780		632			
050 CAT SCAN		703		379			
051 RADIOISOTOPE	18	1,265		885			
052 LABORATORY	2	2,217		4,739			
053 RESPIRATORY THERAPY		828		885			
054 PHYSICAL THERAPY	190	1,749		821			
055 OCCUPATIONAL THERAPY		31		316			
056 SPEECH PATHOLOGY		547		569			
057 ELECTROCARDIOLOGY	196	2,452		758			
058 ELECTROENCEPHALOGRAPHY	25	609		506			
059 MEDICAL SUPPLIES CHARGED		1,437		632		209,780	
061 DRUGS CHARGED TO PATIENTS		890		948			185,791
062 ASC (NON-DISTINCT PART)	868	6,355		1,517	3,158		
063 01 CARDIAC CATHETERIZATION L	51	593		190			
063 01 PSYCHIATRIC/PSYCHOLOGICAL		62		442			
063 01 OUTPAT SERVICE COST CNTRS							
063 01 EMERGENCY	2,343	13,851	1,134	4,423	7,827		
063 01 OBSERVATION BEDS (NON-DIS							
063 01 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - CAS							
063 51 RURAL HEALTH CLINIC - SUL							
063 52 RURAL HEALTH CLINIC - NEO							
071 OTHER REIMBURS COST CNTRS		812					
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS		203					
096 HOSPICE		203					
098 SUBTOTALS	14,498	67,707	114,863	42,337	43,536	209,780	185,791
100 NONREIMBURS COST CENTERS							
100 01 GIFT, FLOWER, COFFEE SHOP							
100 02 PHYSICIANS' PRIVATE OFFIC		14,290		9,036			
100 03 OTHER NONREIMBURSABLE							
100 01 WELLNESS				126			
100 02 LIFELINE		156					
100 03 OCCUPATIONAL HEALTH	34	187		506			
100 04 EAP		141		126			
100 05 MI SC. NONREIMBURSABLE	18	1,452		1,137			
100 06 RETAIL PHARMACY							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	14,550	83,933	114,863	53,268	43,536	209,780	185,791

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	122,156			
025 INPAT ROUTINE SRVC CNTRS				
027 ADULTS & PEDIATRICS	7,123	783,253		783,253
031 CORONARY CARE UNIT	1,029	123,051		123,051
033 SUBPROVIDER	1,124	122,998		122,998
034 NURSERY	518	25,755		25,755
034 SKILLED NURSING FACILITY	434	73,375		73,375
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	6,375	712,250		712,250
038 RECOVERY ROOM	1,211	96,648		96,648
039 DELIVERY ROOM & LABOR ROO	1,599	71,043		71,043
040 ANESTHESIOLOGY	2,229	90,946		90,946
041 RADIOLOGY-DIAGNOSTIC	6,422	995,525		995,525
042 RADIOLOGY-THERAPEUTIC	2,376	489,094		489,094
042 01 CAT SCAN	10,597	421,389		421,389
043 RADIOISOTOPE	8,996	640,660		640,660
044 LABORATORY	17,337	526,509		526,509
049 RESPIRATORY THERAPY	2,463	69,777		69,777
050 PHYSICAL THERAPY	2,176	125,975		125,975
051 OCCUPATIONAL THERAPY	390	12,908		12,908
052 SPEECH PATHOLOGY	556	42,611		42,611
053 ELECTROCARDIOLOGY	1,842	166,453		166,453
054 ELECTROENCEPHALOGRAPHY	1,326	62,956		62,956
055 MEDICAL SUPPLIES CHARGED	6,237	293,722		293,722
056 DRUGS CHARGED TO PATIENTS	15,146	346,355		346,355
058 ASC (NON-DISTINCT PART)	7,301	421,304		421,304
058 01 CARDIAC CATHETERIZATION L	420	305,765		305,765
059 PSYCHIATRIC/PSYCHOLOGICAL	102	9,297		9,297
061 OUTPAT SERVICE COST CNTRS				
061 EMERGENCY	16,827	276,280		276,280
062 OBSERVATION BEDS (NON-DIS				
063 OTHER OUTPATIENT SERVICE				
063 50 RURAL HEALTH CLINIC - CAS		115,581		115,581
063 51 RURAL HEALTH CLINIC - SUL		57,728		57,728
063 52 RURAL HEALTH CLINIC - NEO		34,350		34,350
071 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		77,561		77,561
093 SPEC PURPOSE COST CENTERS				
093 HOSPICE		50,906		50,906
095 SUBTOTALS	122,156	7,642,025		7,642,025
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		10,191		10,191
098 PHYSICIANS' PRIVATE OFFIC		1,301,073		1,301,073
100 OTHER NONREIMBURSABLE				
100 01 WELLNESS		9,075		9,075
100 02 LIFELINE		14,343		14,343
100 03 OCCUPATIONAL HEALTH		37,393		37,393
100 04 EAP		8,644		8,644
100 05 MISC. NONREIMBURSABLE		126,571		126,571
100 06 RETAIL PHARMACY		8,022		8,022
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	122,156	9,157,337		9,157,337

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6	8
GENERAL SERVICE COST				6a.00	
003 NEW CAP REL COSTS-BLD	374,621				
004 NEW CAP REL COSTS-MVB		6,310,972			
005 EMPLOYEE BENEFITS	3,113	1,249	73,725,076		
006 ADMINISTRATIVE & GENE	41,304	1,928,367	9,136,630	-21,253,035	106,673,877
008 OPERATION OF PLANT	29,251	176,565	885,746		3,713,723
009 LAUNDRY & LINEN SERVI	1,062	96	16,438		351,616
010 HOUSEKEEPING	6,137	12,595	893,220		1,402,952
011 DIETARY	6,564	39,464	523,792		1,077,311
012 CAFETERIA	3,973	12,485	629,680		640,288
014 NURSING ADMINISTRATIO	116	5,307	1,146,645		1,510,601
015 CENTRAL SERVICES & SU	6,379	129,720	285,061		778,640
016 PHARMACY	2,635	116,807	920,845		1,370,155
017 MEDICAL RECORDS & LIB	3,452	50,650	1,209,157		1,674,400
025 ADULTS & PEDIATRICS	33,121	225,577	6,063,698		8,376,817
027 CORONARY CARE UNIT	4,432	45,302	929,369		1,288,574
031 SUBPROVIDER	8,717	12,345	1,678,405		1,388,969
033 NURSERY	617	8,870	324,516		410,276
034 SKILLED NURSING FACIL	5,385	7,563	578,299		771,208
037 ANCILLARY SRVC COST C					
038 OPERATING ROOM	24,159	380,069	2,318,815		3,922,976
039 RECOVERY ROOM	1,573	54,042	489,620		753,313
040 DELIVERY ROOM & LABOR	1,407	36,013	492,732		691,351
041 ANESTHESIOLOGY	646	47,860	3,726,171		1,137,374
042 RADIOLOGY-DIAGNOSTIC	13,536	706,556	1,211,550		2,906,182
042 RADIOLOGY-THERAPEUTIC	6,842	347,216	1,006,658		1,399,398
042 CAT SCAN	1,526	310,148	412,414		1,445,299
043 RADIOISOTOPE	3,991	460,949	1,023,993		2,592,220
044 LABORATORY	7,903	231,345	3,321,763		7,810,148
049 RESPIRATORY THERAPY	1,545	27,421	681,794		1,029,882
050 PHYSICAL THERAPY	7,727	31,929	1,145,651		1,608,124
051 OCCUPATIONAL THERAPY		3,621	264,921		338,055
052 SPEECH PATHOLOGY	2,522	17,136	501,874		242,418
053 ELECTROCARDIOLOGY	5,733	90,364	568,179		870,975
054 ELECTROENCEPHALOGRAPH	1,242	34,424	358,440		531,645
055 MEDICAL SUPPLIES CHAR					3,265,936
056 DRUGS CHARGED TO PATI					6,199,757
058 ASC (NON-DISTINCT PAR	10,823	234,376	1,156,764		2,605,463
058 CARDIAC CATHETERIZATI	2,842	230,588	169,931		634,889
059 PSYCHIATRIC/PSYCHOLOG		285	282,203		358,191
061 OUTPAT SERVICE COST C					
062 EMERGENCY	7,838	66,084	5,468,220		4,494,375
063 OBSERVATION BEDS (NON					
063 OTHER OUTPATIENT SERV					
063 50 RURAL HEALTH CLINIC -	14,244	10,241	511,001		820,126
063 51 RURAL HEALTH CLINIC -	6,941	2,437	339,905		590,051
063 52 RURAL HEALTH CLINIC -	2,831	1,538	455,824		676,559
071 OTHER REIMBURS COST C					
071 HOME HEALTH AGENCY		1,396	2,193,406		3,222,773
093 SPEC PURPOSE COST CEN					
093 HOSPICE		457	1,111,247		2,155,906
095 SUBTOTALS	282,129	6,099,457	54,434,577	-21,253,035	77,058,916
096 NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE	1,691				7,616
098 PHYSICIANS' PRIVATE O	83,128	155,378	17,465,979		25,812,206
100 OTHER NONREIMBURSABLE					
100 01 WELLNESS		632	81,713		353,378
100 02 LIFELINE	123	8,085	29,563		167,674
100 03 OCCUPATIONAL HEALTH	2,454	6,028	418,525		643,800
100 04 EAP	946	201	84,939		108,731
100 05 MI SC. NONREIMBURSABLE	2,819	41,191	1,209,780		2,515,561
100 06 RETAIL PHARMACY	1,331				5,995
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	1,687,236	7,470,101	12,076,798	21,253,035	4,453,623
(WRKSHT B, PART I)					
104 UNIT COST MULTIPLIER	4.503848		.163809	.199234	
(WRKSHT B, PT I)		1.183669			14.798400
105 COST TO BE ALLOCATED					
(WRKSHT B, PART II)					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)			15,498	2,470,493	426,929
107 COST TO BE ALLOCATED					
(WRKSHT B, PART III)					
108 UNIT COST MULTIPLIER			.000210	.023159	
(WRKSHT B, PT III)					1.418590

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	R
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(NUMBER HOUSES)	(DIRECT SING HRS)	NR(COSTED) EQUI S.	R(COSTED) EQUI S.	
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	592,310							
010 HOUSEKEEPING		5,375						
011 DIETARY	3,862	264	111,182					
012 CAFETERIA				843				
014 NURSING ADMINISTRATION		5		20	700,348			
015 CENTRAL SERVICES & SUPPLY	14,728					100		
016 PHARMACY								100
017 MEDICAL RECORDS & LIBRARY		25		37				
025 INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	206,198	60	82,364	150	275,415			
027 CORONARY CARE UNIT	20,149	249	4,280	17	35,950			
031 SUBPROVIDER	10,640	257	14,755	20	37,570			
033 NURSERY	7,795			7	14,174			
034 SKILLED NURSING FACILITY	12,026	305	6,686	11	23,415			
037 ANCILLARY SRVC COST CENTER								
037 OPERATING ROOM	71,831	554	1,999	47	98,596			
038 RECOVERY ROOM	11,329	169		9	17,984			
039 DELIVERY ROOM & LABOR	18,811			10	20,527			
040 ANESTHESIOLOGY		7		16				
041 RADIOLOGY-DIAGNOSTIC	55,328	111		31				
042 RADIOLOGY-THERAPEUTIC	7,167	114		10				
042 01 CAT SCAN		45		6				
043 RADIOISOTOPE	725	81		14				
044 LABORATORY	74	142		75				
049 RESPIRATORY THERAPY		53		14				
050 PHYSICAL THERAPY	7,732	112		13				
051 OCCUPATIONAL THERAPY		2		5				
052 SPEECH PATHOLOGY		35		9				
053 ELECTROCARDIOLOGY	7,986	157		12				
054 ELECTROENCEPHALOGRAPH	1,034	39		8				
055 MEDICAL SUPPLIES CHARACTERIZED AS DRUGS CHARGED TO PATIENTS		92		10		100		
056 ASC (NON-DIAGNOSTIC PAR)	35,338	407		24	50,800			100
058 01 CARDIAC CATHETERIZATION	2,069	38		3				
059 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CENTER		4		7				
061 EMERGENCY	95,387	887	1,098	70	125,917			
062 OBSERVATION BEDS (NON)								
063 OTHER OUTPATIENT SERVICE								
063 50 RURAL HEALTH CLINIC -								
063 51 RURAL HEALTH CLINIC -								
063 52 RURAL HEALTH CLINIC -								
071 OTHER REIMBURSABLE COST CENTER								
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER		52						
093 HOSPICE		13						
095 SUBTOTALS	590,209	4,336	111,182	670	700,348	100	100	
096 NONREIMBURSABLE COST CENTER								
096 GIFT, FLOWER, COFFEE								
098 PHYSICIANS' PRIVATE OFFICE		915		143				
100 OTHER NONREIMBURSABLE								
100 01 WELLNESS				2				
100 02 LIFELINE		10						
100 03 OCCUPATIONAL HEALTH	1,378	12		8				
100 04 EAP		9		2				
100 05 MI SC. NONREIMBURSABLE	723	93		18				
100 06 RETAIL PHARMACY								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	437,386	1,773,286	1,479,034	826,649	1,834,543	1,039,047	1,682,130	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.738441	329.913674	13.302819	980.603796	2.619473	10,390.470000	16,821.300000	
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)	14,550	83,933	114,863	53,268	43,536	209,780	185,791	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.024565	15.615442	1.033108	63.188612	.062163	2,097.800000	1,857.910000	

COST CENTER MEDICAL RECOR
 DESCRIPTION DS & LIBRARY
 (GROSS CHARGES)

17

	GENERAL SERVICE COST	
003	NEW CAP REL COSTS-BLD	
004	NEW CAP REL COSTS-MVB	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENE	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVI	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SU	
016	PHARMACY	
017	MEDICAL RECORDS & LIB	252,366,945
	INPAT ROUTINE SRVC CN	
025	ADULTS & PEDIATRICS	14,717,915
027	CORONARY CARE UNIT	2,125,015
031	SUBPROVIDER	2,322,420
033	NURSERY	1,070,548
034	SKILLED NURSING FACIL	896,821
	ANCILLARY SRVC COST C	
037	OPERATING ROOM	13,172,014
038	RECOVERY ROOM	2,501,395
039	DELIVERY ROOM & LABOR	3,304,593
040	ANESTHESIOLOGY	4,605,962
041	RADIOLOGY-DIAGNOSTIC	13,268,778
042	RADIOLOGY-THERAPEUTIC	4,908,744
042	01 CAT SCAN	21,895,318
043	RADIOISOTOPE	18,586,037
044	LABORATORY	35,799,862
049	RESPIRATORY THERAPY	5,088,066
050	PHYSICAL THERAPY	4,495,245
051	OCCUPATIONAL THERAPY	805,464
052	SPEECH PATHOLOGY	1,148,264
053	ELECTROCARDIOLOGY	3,804,844
054	ELECTROENCEPHALOGRAPH	2,738,828
055	MEDICAL SUPPLIES CHAR	12,886,618
056	DRUGS CHARGED TO PATI	31,292,580
058	ASC (NON-DISTINCT PAR	15,085,293
058	01 CARDIAC CATHETERIZATI	867,459
059	PSYCHIATRIC/PSYCHOLOG	211,689
	OUTPAT SERVICE COST C	
061	EMERGENCY	34,767,173
062	OBSERVATION BEDS (NON	
063	OTHER OUTPATIENT SERV	
063	50 RURAL HEALTH CLINIC -	
063	51 RURAL HEALTH CLINIC -	
063	52 RURAL HEALTH CLINIC -	
	OTHER REIMBURS COST C	
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CEN	
093	HOSPICE	
095	SUBTOTALS	252,366,945
	NONREIMBURS COST CENT	
096	GIFT, FLOWER, COFFEE	
098	PHYSICIANS' PRIVATE O	
100	OTHER NONREIMBURSABLE	
100	01 WELLNESS	
100	02 LIFELINE	
100	03 OCCUPATIONAL HEALTH	
100	04 EAP	
100	05 MIS. NONREIMBURSABLE	
100	06 RETAIL PHARMACY	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	COST TO BE ALLOCATED	2,103,611
	(PER WRKSHT B, PART	
104	UNIT COST MULTIPLIER	
	(WRKSHT B, PT I)	.008336
105	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART	
106	UNIT COST MULTIPLIER	
	(WRKSHT B, PT II)	
107	COST TO BE ALLOCATED	122,156
	(PER WRKSHT B, PART	
108	UNIT COST MULTIPLIER	
	(WRKSHT B, PT III)	.000484

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,794,860		12,794,860		12,794,860
27	CORONARY CARE UNIT	1,893,407		1,893,407		1,893,407
31	SUBPROVIDER	2,221,011		2,221,011		2,221,011
33	NURSERY	559,820		559,820		559,820
34	SKILLED NURSING FACILITY	1,282,593		1,282,593		1,282,593
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,738,648		5,738,648		5,738,648
38	RECOVERY ROOM	1,067,584		1,067,584		1,067,584
39	DELIVERY ROOM & LABOR ROO	954,927		954,927		954,927
40	ANESTHESIOLOGY	1,429,932		1,429,932	80,592	1,510,524
41	RADIOLOGY-DIAGNOSTIC	3,903,987		3,903,987		3,903,987
42	RADIOLOGY-THERAPEUTIC	1,873,084		1,873,084	36,248	1,909,332
42	01 CAT SCAN	1,959,083		1,959,083		1,959,083
43	RADIOISOTOPE	3,363,657		3,363,657		3,363,657
44	LABORATORY	9,901,903		9,901,903	19,266	9,921,169
49	RESPIRATORY THERAPY	1,331,561		1,331,561		1,331,561
50	PHYSICAL THERAPY	2,135,744		2,135,744		2,135,744
51	OCCUPATIONAL THERAPY	417,684		417,684		417,684
52	SPEECH PATHOLOGY	357,982		357,982		357,982
53	ELECTROCARDIOLOGY	1,230,519		1,230,519		1,230,519
54	ELECTROENCEPHALOGRAPHY	700,254		700,254		700,254
55	MEDICAL SUPPLIES CHARGED	5,103,249		5,103,249		5,103,249
56	DRUGS CHARGED TO PATIENTS	9,411,458		9,411,458		9,411,458
58	ASC (NON-DISTINCT PART)	3,727,447		3,727,447		3,727,447
58	01 CARDIAC CATHETERIZATION L	827,675		827,675		827,675
59	PSYCHIATRIC/PSYCHOLOGICAL	439,504		439,504		439,504
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,571,771		6,571,771	74,356	6,646,127
62	OBSERVATION BEDS (NON-DIS	1,142,066		1,142,066		1,142,066
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC - CAS	1,194,311		1,194,311		1,194,311
63	51 RURAL HEALTH CLINIC - SUL	810,325		810,325		810,325
63	52 RURAL HEALTH CLINIC - NEO	853,247		853,247		853,247
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	85,199,293		85,199,293	210,462	85,409,755
102	LESS OBSERVATION BEDS	1,142,066		1,142,066		1,142,066
103	TOTAL	84,057,227		84,057,227	210,462	84,267,689

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,738,648	712,250	5,026,398			5,738,648
38	RECOVERY ROOM	1,067,584	96,648	970,936			1,067,584
39	DELIVERY ROOM & LABOR ROO	954,927	71,043	883,884			954,927
40	ANESTHESIOLOGY	1,429,932	90,946	1,338,986			1,429,932
41	RADIOLOGY-DIAGNOSTIC	3,903,987	995,525	2,908,462			3,903,987
42	RADIOLOGY-THERAPEUTIC	1,873,084	489,094	1,383,990			1,873,084
42	01 CAT SCAN	1,959,083	421,389	1,537,694			1,959,083
43	RADIOISOTOPE	3,363,657	640,660	2,722,997			3,363,657
44	LABORATORY	9,901,903	526,509	9,375,394			9,901,903
49	RESPIRATORY THERAPY	1,331,561	69,777	1,261,784			1,331,561
50	PHYSICAL THERAPY	2,135,744	125,975	2,009,769			2,135,744
51	OCCUPATIONAL THERAPY	417,684	12,908	404,776			417,684
52	SPEECH PATHOLOGY	357,982	42,611	315,371			357,982
53	ELECTROCARDIOLOGY	1,230,519	166,453	1,064,066			1,230,519
54	ELECTROENCEPHALOGRAPHY	700,254	62,956	637,298			700,254
55	MEDICAL SUPPLIES CHARGED	5,103,249	293,722	4,809,527			5,103,249
56	DRUGS CHARGED TO PATIENTS	9,411,458	346,355	9,065,103			9,411,458
58	ASC (NON-DISTINCT PART)	3,727,447	421,304	3,306,143			3,727,447
58	01 CARDIAC CATHETERIZATION L	827,675	305,765	521,910			827,675
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	439,504	9,297	430,207			439,504
61	EMERGENCY	6,571,771	276,280	6,295,491			6,571,771
62	OBSERVATION BEDS (NON-DIS	1,142,066	69,913	1,072,153			1,142,066
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS	1,194,311	115,581	1,078,730			1,194,311
63	51 RURAL HEALTH CLINIC - SUL	810,325	57,728	752,597			810,325
63	52 RURAL HEALTH CLINIC - NEO	853,247	34,350	818,897			853,247
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	66,447,602	6,455,039	59,992,563			66,447,602
102	LESS OBSERVATION BEDS	1,142,066	69,913	1,072,153			1,142,066
103	TOTAL	65,305,536	6,385,126	58,920,410			65,305,536

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	13,172,014	.435670	.435670
38	OPERATING ROOM	2,501,395	.426795	.426795
39	RECOVERY ROOM	3,304,593	.288970	.288970
40	DELIVERY ROOM & LABOR ROO	4,605,962	.310452	.310452
41	ANESTHESIOLOGY	13,268,778	.294224	.294224
42	RADIOLOGY-DIAGNOSTIC	4,908,744	.381581	.381581
42	RADIOLOGY-THERAPEUTIC	21,895,318	.089475	.089475
01	CAT SCAN	18,586,037	.180978	.180978
43	RADIOISOTOPE	35,799,862	.276591	.276591
44	LABORATORY	5,088,066	.261703	.261703
49	RESPIRATORY THERAPY	4,495,245	.475112	.475112
50	PHYSICAL THERAPY	805,464	.518563	.518563
51	OCCUPATIONAL THERAPY	1,148,264	.311759	.311759
52	SPEECH PATHOLOGY	3,804,844	.323409	.323409
53	ELECTROCARDIOLOGY	2,738,828	.255677	.255677
54	ELECTROENCEPHALOGRAPHY	12,886,618	.396012	.396012
55	MEDICAL SUPPLIES CHARGED	31,292,580	.300757	.300757
56	DRUGS CHARGED TO PATIENTS	15,085,293	.247091	.247091
58	ASC (NON-DISTINCT PART)	867,459	.954137	.954137
58	01 CARDIAC CATHETERIZATION L	211,689	2.076178	2.076178
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	24,767,173	.265342	.265342
62	OBSERVATION BEDS (NON-DIS	1,864,139	.612651	.612651
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC - CAS	888,427	1.344298	1.344298
63	51 RURAL HEALTH CLINIC - SUL	707,797	1.144855	1.144855
63	52 RURAL HEALTH CLINIC - NEO	854,316	.998749	.998749
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	225,548,905		
102	LESS OBSERVATION BEDS	1,864,139		
103	TOTAL	223,684,766		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,738,648	712,250	5,026,398	192	804	5,737,652
38	RECOVERY ROOM	1,067,584	96,648	970,936	26	155	1,067,403
39	DELIVERY ROOM & LABOR ROO	954,927	71,043	883,884	19	141	954,767
40	ANESTHESIOLOGY	1,429,932	90,946	1,338,986	25	214	1,429,693
41	RADIOLOGY-DIAGNOSTIC	3,903,987	995,525	2,908,462	269	465	3,903,253
42	RADIOLOGY-THERAPEUTIC	1,873,084	489,094	1,383,990	132	221	1,872,731
42	01 CAT SCAN	1,959,083	421,389	1,537,694	114	246	1,958,723
43	RADIOISOTOPE	3,363,657	640,660	2,722,997	173	436	3,363,048
44	LABORATORY	9,901,903	526,509	9,375,394	142	1,500	9,900,261
49	RESPIRATORY THERAPY	1,331,561	69,777	1,261,784	19	202	1,331,340
50	PHYSICAL THERAPY	2,135,744	125,975	2,009,769	34	322	2,135,388
51	OCCUPATIONAL THERAPY	417,684	12,908	404,776	3	65	417,616
52	SPEECH PATHOLOGY	357,982	42,611	315,371	12	50	357,920
53	ELECTROCARDIOLOGY	1,230,519	166,453	1,064,066	45	170	1,230,304
54	ELECTROENCEPHALOGRAPHY	700,254	62,956	637,298	17	102	700,135
55	MEDICAL SUPPLIES CHARGED	5,103,249	293,722	4,809,527	79	770	5,102,400
56	DRUGS CHARGED TO PATIENTS	9,411,458	346,355	9,065,103	94	1,450	9,409,914
58	ASC (NON-DISTINCT PART)	3,727,447	421,304	3,306,143	114	529	3,726,804
58	01 CARDIAC CATHETERIZATION L	827,675	305,765	521,910	83	84	827,508
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	439,504	9,297	430,207	3	69	439,432
61	EMERGENCY	6,571,771	276,280	6,295,491	75	1,007	6,570,689
62	OBSERVATION BEDS (NON-DIS	1,142,066	69,913	1,072,153	19	172	1,141,875
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS	1,194,311	115,581	1,078,730	31	173	1,194,107
63	51 RURAL HEALTH CLINIC - SUL	810,325	57,728	752,597	16	120	810,189
63	52 RURAL HEALTH CLINIC - NEO	853,247	34,350	818,897	9	131	853,107
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	66,447,602	6,455,039	59,992,563	1,745	9,598	66,436,259
102	LESS OBSERVATION BEDS	1,142,066	69,913	1,072,153	19	172	1,141,875
103	TOTAL	65,305,536	6,385,126	58,920,410	1,726	9,426	65,294,384

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	13,172,014	.435594	.435655
38	OPERATING ROOM	2,501,395	.426723	.426785
39	RECOVERY ROOM	3,304,593	.288921	.288964
40	DELIVERY ROOM & LABOR ROO	4,605,962	.310401	.310447
41	ANESTHESIOLOGY	13,268,778	.294168	.294203
42	RADIOLOGY-DIAGNOSTIC	4,908,744	.381509	.381554
42	RADIOLOGY-THERAPEUTIC	21,895,318	.089459	.089470
43	01 CAT SCAN	18,586,037	.180945	.180968
44	RADIOISOTOPE	35,799,862	.276545	.276587
49	LABORATORY	5,088,066	.261659	.261699
50	RESPIRATORY THERAPY	4,495,245	.475033	.475104
51	PHYSICAL THERAPY	805,464	.518479	.518559
52	OCCUPATIONAL THERAPY	1,148,264	.311705	.311749
53	SPEECH PATHOLOGY	3,804,844	.323352	.323397
54	ELECTROCARDIOLOGY	2,738,828	.255633	.255670
55	ELECTROENCEPHALOGRAPHY	12,886,618	.395946	.396005
56	MEDICAL SUPPLIES CHARGED	31,292,580	.300708	.300754
58	DRUGS CHARGED TO PATIENTS	15,085,293	.247049	.247084
58	ASC (NON-DISTINCT PART)	867,459	.953945	.954042
59	01 CARDIAC CATHETERIZATION L	211,689	2.075838	2.076164
	PSYCHIATRIC/PSYCHOLOGICAL			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	24,767,173	.265298	.265339
62	OBSERVATION BEDS (NON-DIS	1,864,139	.612548	.612640
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC - CAS	888,427	1.344069	1.344264
63	51 RURAL HEALTH CLINIC - SUL	707,797	1.144663	1.144832
63	52 RURAL HEALTH CLINIC - NEO	854,316	.998585	.998738
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	225,548,905		
102	LESS OBSERVATION BEDS	1,864,139		
103	TOTAL	223,684,766		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				783,253		783,253
27	CORONARY CARE UNIT				123,051		123,051
31	SUBPROVIDER				122,998		122,998
33	NURSERY				25,755		25,755
101	TOTAL				1,055,057		1,055,057

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,502	11,508			38.20	439,606
27	CORONARY CARE UNIT	1,684	1,114			73.07	81,400
31	SUBPROVIDER	2,924	818			42.06	34,405
33	NURSERY	1,255				20.52	
101	TOTAL	26,365	13,440				555,411

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

PROVIDER NO: 14-0189
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/21/2008
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					20,502	
27	CORONARY CARE UNIT					1,684	
31	SUBPROVIDER					2,924	
33	NURSERY					1,255	
34	SKILLED NURSING FACILITY					1,997	
101	TOTAL					28,362	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	11,508	
27	CORONARY CARE UNIT	1,114	
31	SUBPROVIDER	818	
33	NURSERY		
34	SKILLED NURSING FACILITY	1,756	
101	TOTAL	15,196	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			13,172,014			2,577,223	
38	RECOVERY ROOM			2,501,395			247,963	
39	DELIVERY ROOM & LABOR ROO			3,304,593			9,078	
40	ANESTHESIOLOGY			4,605,962			512,113	
41	RADIOLOGY-DIAGNOSTIC			13,268,778			1,269,289	
42	RADIOLOGY-THERAPEUTIC			4,908,744			26,119	
01	CAT SCAN			21,895,318			3,148,875	
43	RADIOISOTOPE			18,586,037			2,082,502	
44	LABORATORY			35,799,862			4,780,599	
49	RESPIRATORY THERAPY			5,088,066			2,450,269	
50	PHYSICAL THERAPY			4,495,245			325,329	
51	OCCUPATIONAL THERAPY			805,464			134,770	
52	SPEECH PATHOLOGY			1,148,264			38,752	
53	ELECTROCARDIOLOGY			3,804,844			563,981	
54	ELECTROENCEPHALOGRAPHY			2,738,828			15,477	
55	MEDICAL SUPPLIES CHARGED			12,886,618			2,749,317	
56	DRUGS CHARGED TO PATIENTS			31,292,580			8,630,460	
58	ASC (NON-DISTINCT PART)			15,085,293				
01	CARDIAC CATHETERIZATION L			867,459			19,916	
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			211,689				
61	EMERGENCY			24,767,173			1,984,706	
62	OBSERVATION BEDS (NON-DIS			1,864,139				
63	OTHER OUTPATIENT SERVICE							
50	RURAL HEALTH CLINIC - CAS							
51	RURAL HEALTH CLINIC - SUL							
52	RURAL HEALTH CLINIC - NEO							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			223,098,365			31,566,738	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,350,542					
38	RECOVERY ROOM	643,397					
39	DELIVERY ROOM & LABOR ROO	1,160					
40	ANESTHESIOLOGY	1,023,161					
41	RADIOLOGY-DIAGNOSTIC	2,441,518					
42	RADIOLOGY-THERAPEUTIC	1,671,931					
42	01 CAT SCAN	5,093,314					
43	RADIOISOTOPE	4,783,997					
44	LABORATORY	876,115					
49	RESPIRATORY THERAPY	290,921					
50	PHYSICAL THERAPY	77,085					
51	OCCUPATIONAL THERAPY	50					
52	SPEECH PATHOLOGY	137,510					
53	ELECTROCARDIOLOGY	773,837					
54	ELECTROENCEPHALOGRAPHY	614,065					
55	MEDICAL SUPPLIES CHARGED	2,723,265					
56	DRUGS CHARGED TO PATIENTS	7,710,628					
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L	380,224					
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,069,636					
62	OBSERVATION BEDS (NON-DIS	650,274					
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	39,312,630					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.435670	.435670			
38 RECOVERY ROOM	.426795	.426795			
39 DELIVERY ROOM & LABOR ROOM	.288970	.288970			
40 ANESTHESIOLOGY	.310452	.310452			
41 RADIOLOGY-DIAGNOSTIC	.294224	.294224			
42 RADIOLOGY-THERAPEUTIC	.381581	.381581			
01 42 CAT SCAN	.089475	.089475			
43 RADIOISOTOPE	.180978	.180978			
44 LABORATORY	.276591	.276591			
49 RESPIRATORY THERAPY	.261703	.261703			
50 PHYSICAL THERAPY	.475112	.475112			
51 OCCUPATIONAL THERAPY	.518563	.518563			
52 SPEECH PATHOLOGY	.311759	.311759			
53 ELECTROCARDIOLOGY	.323409	.323409			
54 ELECTROENCEPHALOGRAPHY	.255677	.255677			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.396012	.396012			
56 DRUGS CHARGED TO PATIENTS	.300757	.300757			
58 ASC (NON-DISTINCT PART)	.247091	.247091			
58 01 CARDIAC CATHETERIZATION LABORATORY	.954137	.954137			
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.076178	2.076178			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.265342	.265342			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.612651	.612651			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC - CASEY					
63 51 RURAL HEALTH CLINIC - SULLIVAN					
63 52 RURAL HEALTH CLINIC - NEOGA					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

Cost Center	Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				2,766,741	
38	RECOVERY ROOM				274,599	
39	DELIVERY ROOM & LABOR ROOM				335	
40	ANESTHESIOLOGY				317,642	
41	RADIOLOGY-DIAGNOSTIC				718,353	
42	RADIOLOGY-THERAPEUTIC				637,977	
01	CAT SCAN				455,724	
43	RADIOISOTOPE				865,798	
44	LABORATORY				242,326	
49	RESPIRATORY THERAPY				76,135	
50	PHYSICAL THERAPY				36,624	
51	OCCUPATIONAL THERAPY				26	
52	SPEECH PATHOLOGY				42,870	
53	ELECTROCARDIOLOGY				250,266	
54	ELECTROENCEPHALOGRAPHY				157,002	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,078,446	
56	DRUGS CHARGED TO PATIENTS				2,319,025	
58	ASC (NON-DISTINCT PART)					
58	01 CARDIAC CATHETERIZATION LABORATORY				362,786	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				814,503	
62	OBSERVATION BEDS (NON-DISTINCT PART)				398,391	
63	OTHER OUTPATIENT SERVICE COST CENTER					
63	50 RURAL HEALTH CLINIC - CASEY					
63	51 RURAL HEALTH CLINIC - SULLIVAN					
63	52 RURAL HEALTH CLINIC - NEOGA					
101	SUBTOTAL				11,815,569	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				11,815,569	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			13,172,014				
38	RECOVERY ROOM			2,501,395				
39	DELIVERY ROOM & LABOR ROO			3,304,593				
40	ANESTHESIOLOGY			4,605,962				
41	RADIOLOGY-DIAGNOSTIC			13,268,778			4,179	
42	RADIOLOGY-THERAPEUTIC			4,908,744				
01	CAT SCAN			21,895,318			12,881	
43	RADIOISOTOPE			18,586,037			25,693	
44	LABORATORY			35,799,862			173,105	
49	RESPIRATORY THERAPY			5,088,066			20,984	
50	PHYSICAL THERAPY			4,495,245			2,880	
51	OCCUPATIONAL THERAPY			805,464			1,249	
52	SPEECH PATHOLOGY			1,148,264				
53	ELECTROCARDIOLOGY			3,804,844			8,586	
54	ELECTROENCEPHALOGRAPHY			2,738,828			710	
55	MEDICAL SUPPLIES CHARGED			12,886,618			93	
56	DRUGS CHARGED TO PATIENTS			31,292,580			233,267	
58	ASC (NON-DISTINCT PART)			15,085,293				
01	CARDIAC CATHETERIZATION L			867,459				
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			211,689				
61	EMERGENCY			24,767,173			96,073	
62	OBSERVATION BEDS (NON-DIS			1,864,139				
63	OTHER OUTPATIENT SERVICE							
50	RURAL HEALTH CLINIC - CAS							
51	RURAL HEALTH CLINIC - SUL							
52	RURAL HEALTH CLINIC - NEO							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			223,098,365			579,700	

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	01 CAT SCAN						
44	RADIOISOTOPE						
49	LABORATORY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
58	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	01 CARDIAC CATHETERIZATION L						
59	PSYCHIATRIC/PSYCHOLOGICAL						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
101	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			13,172,014			16,610	
38	RECOVERY ROOM			2,501,395				
39	DELIVERY ROOM & LABOR ROO			3,304,593				
40	ANESTHESIOLOGY			4,605,962				
41	RADIOLOGY-DIAGNOSTIC			13,268,778			28,992	
42	RADIOLOGY-THERAPEUTIC			4,908,744			2,268	
01 42	CAT SCAN			21,895,318			24,222	
43	RADIOISOTOPE			18,586,037			18,610	
44	LABORATORY			35,799,862			139,980	
49	RESPIRATORY THERAPY			5,088,066			149,464	
50	PHYSICAL THERAPY			4,495,245			270,743	
51	OCCUPATIONAL THERAPY			805,464			186,836	
52	SPEECH PATHOLOGY			1,148,264			6,138	
53	ELECTROCARDIOLOGY			3,804,844			4,012	
54	ELECTROENCEPHALOGRAPHY			2,738,828			325	
55	MEDICAL SUPPLIES CHARGED			12,886,618			128,635	
56	DRUGS CHARGED TO PATIENTS			31,292,580			469,004	
58	ASC (NON-DISTINCT PART)			15,085,293				
01 58	CARDIAC CATHETERIZATION L			867,459				
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			211,689				
61	EMERGENCY			24,767,173				
62	OBSERVATION BEDS (NON-DIS			1,864,139				
63	OTHER OUTPATIENT SERVICE							
63 50	RURAL HEALTH CLINIC - CAS							
63 51	RURAL HEALTH CLINIC - SUL							
63 52	RURAL HEALTH CLINIC - NEO							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			223,098,365			1,445,839	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A SUBPROVIDER I TEFRA

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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	759.58
85	OBSERVATION BED COST	

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	2,221,011			
87	NEW CAPITAL-RELATED COST	122,998	.055379		
88	NON PHYSICIAN ANESTHETIST	2,221,011			
89	MEDICAL EDUCATION	2,221,011			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,282,593
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	642.26
68	PROGRAM ROUTINE SERVICE COST	1,127,809
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,127,809
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	73,375
72	PER DIEM CAPITAL-RELATED COSTS	36.74
73	PROGRAM CAPITAL-RELATED COSTS	64,515
74	INPATIENT ROUTINE SERVICE COST	1,063,294
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,063,294
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,127,809
80	PROGRAM INPATIENT ANCILLARY SERVICES	520,809
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	1,648,618

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,920,850	
27	CORONARY CARE UNIT		228,999	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.435670	555,790	242,141
38	RECOVERY ROOM	.426795	115,226	49,178
39	DELIVERY ROOM & LABOR ROOM	.288970	1,599,305	462,151
40	ANESTHESIOLOGY	.310452	196,768	61,087
41	RADIOLOGY-DIAGNOSTIC	.294224	214,172	63,015
42	RADIOLOGY-THERAPEUTIC	.381581	8,368	3,193
42	01 CAT SCAN	.089475	510,757	45,700
43	RADIOISOTOPE	.180978	248,263	44,930
44	LABORATORY	.276591	1,207,316	333,933
49	RESPIRATORY THERAPY	.261703	539,535	141,198
50	PHYSICAL THERAPY	.475112	19,390	9,212
51	OCCUPATIONAL THERAPY	.518563	6,894	3,575
52	SPEECH PATHOLOGY	.311759	28,872	9,001
53	ELECTROCARDIOLOGY	.323409	83,008	26,846
54	ELECTROENCEPHALOGRAPHY	.255677	2,869	734
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.396012	485,975	192,452
56	DRUGS CHARGED TO PATIENTS	.300757	1,822,990	548,277
58	ASC (NON-DISTINCT PART)	.247091	29,180	7,210
58	01 CARDIAC CATHETERIZATION LABORATORY	.954137		
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	2.076178		
61	EMERGENCY	.265342	760,605	201,820
62	OBSERVATION BEDS (NON-DISTINCT PART)	.612651		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC - CASEY	1.344298		
63	51 RURAL HEALTH CLINIC - SULLIVAN	1.144855		
63	52 RURAL HEALTH CLINIC - NEOGA	.998749		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		8,435,283	2,445,653
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,435,283	

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		14,548,713		8,051,182
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		672,583		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		672,583		NONE
4 TOTAL INTERIM PAYMENTS		15,221,296		8,051,182
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	603,629
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	508,353
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	95,276
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----
50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
53 ENTER THE TIME VALUE OF MONEY.

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
				639,590
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
				639,590
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
				639,590
33	XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
				639,590
36	COINSURANCE			
				4,504
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
				635,086
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
				635,086
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
				635,086
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
				635,086
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,168,634			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,928,195			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	18,763,707			
36 TOTAL CURRENT LIABILITIES	23,860,536			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	42,894,510			
42 TOTAL LONG-TERM LIABILITIES	42,894,510			
43 TOTAL LIABILITIES	66,755,046			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	157,171,599			
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	157,171,599			
52 TOTAL LIABILITIES AND FUND BALANCES	223,926,645			

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						
	638,052	161,581	278,740	22,505	205,589	1,306,467
HHA REIMBURSABLE SERVICES						
6	1,051,839					1,051,839
7	280,392					280,392
8	77,441					77,441
9	21,090					21,090
10	37,019					37,019
11	86,665					86,665
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17	908					908
18						
19						
20						
21						
22						
23						
23.50						
24	2,193,406	161,581	278,740	22,505	205,589	2,861,821

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		1,306,467		1,306,467
HHA REIMBURSABLE SERVICES				
6		1,051,839		1,051,839
7		280,392		280,392
8		77,441		77,441
9		21,090		21,090
10		37,019		37,019
11		86,665		86,665
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17		908		908
18				
19				
20				
21				
22				
23				
23.50				
24		2,861,821		2,861,821

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		1,306,467				1,306,467	1,306,467
HHA REIMBURSABLE SERVICES							
6		1,051,839				1,051,839	883,524
7		280,392				280,392	235,524
8		77,441				77,441	65,049
9		21,090				21,090	17,715
10		37,019				37,019	31,095
11		86,665				86,665	72,797
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17		908				908	763
18							
19							
20							
21							
22							
23							
23.50							
24		2,861,821				2,861,821	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		1,935,363					
7		515,916					
8		142,490					
9		38,805					
10		68,114					
11		159,462					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17		1,671					
18							
19							
20							
21							
22							
23							
23.50							
24		2,861,821					

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-1,306,467	1,555,354
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					1,051,839
7	PHYSICAL THERAPY					280,392
8	OCCUPATIONAL THERAPY					77,441
9	SPEECH PATHOLOGY					21,090
10	MEDICAL SOCIAL SERVICES					37,019
11	HOME HEALTH AIDE					86,665
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					908
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)				-1,306,467	1,555,354
25	COST TO BE ALLOCATED					1,306,467
26	UNIT COST MULTIPLIER					.839980

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL			1,652	359,300	360,952	71,914
2 SKILLED NURSING CARE	1,935,363				1,935,363	385,590
3 PHYSICAL THERAPY	515,916				515,916	102,788
4 OCCUPATIONAL THERAPY	142,490				142,490	28,389
5 SPEECH PATHOLOGY	38,805				38,805	7,731
6 MEDICAL SOCIAL SERVICES	68,114				68,114	13,571
7 HOME HEALTH AIDE	159,462				159,462	31,770
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	1,671				1,671	333
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,861,821		1,652	359,300	3,222,773	642,086
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL			17,156			
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)			17,156			
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				450,022		450,022
2 SKILLED NURSING CARE				2,320,953		2,320,953
3 PHYSICAL THERAPY				618,704		618,704
4 OCCUPATIONAL THERAPY				170,879		170,879
5 SPEECH PATHOLOGY				46,536		46,536
6 MEDICAL SOCIAL SERVICES				81,685		81,685
7 HOME HEALTH AIDE				191,232		191,232
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING				2,004		2,004
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)				3,882,015		3,882,015
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	304,336	2,625,289
3 PHYSICAL THERAPY	81,128	699,832
4 OCCUPATIONAL THERAPY	22,407	193,286
5 SPEECH PATHOLOGY	6,102	52,638
6 MEDICAL SOCIAL SERVICES	10,711	92,396
7 HOME HEALTH AIDE	25,075	216,307
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING	263	2,267
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)	450,022	3,882,015
21 UNIT COST MULTIPLIER	0.131126	

(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)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL		1,396	2,193,406		360,952	
2 SKILLED NURSING CARE					1,935,363	
3 PHYSICAL THERAPY					515,916	
4 OCCUPATIONAL THERAPY					142,490	
5 SPEECH PATHOLOGY					38,805	
6 MEDICAL SOCIAL SERVICES					68,114	
7 HOME HEALTH AIDE					159,462	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING					1,671	
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		1,396	2,193,406		3,222,773	
21 COST TO BE ALLOCATED		1,652	359,300		642,086	
22 UNIT COST MULTIPLIER		1.183381	0.163809		0.199234	

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		52				
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)		52				
21 COST TO BE ALLOCATED		17,156				
22 UNIT COST MULTIPLIER		329.923077				

HHA 1

PHARMACY	MEDICAL RECO
	RDS & LIBRAR
(COSTED	R (GROSS CHARGES
EQUI S.)
16	17

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	2,625,289	2	2,625,289	18,166	144.52	6,968
2 PHYSICAL THERAPY	3	699,832		699,832	4,920	142.24	2,650
3 OCCUPATIONAL THERAPY	4	193,286		193,286	1,102	175.40	648
4 SPEECH PATHOLOGY	5	52,638		52,638	338	155.73	225
5 MEDICAL SOCIAL SERVICES	6	92,396		92,396	247	374.07	134
6 HOME HEALTH AIDE SERVICE	7	216,307		216,307	3,662	59.07	1,051
7 TOTAL		3,879,748		3,879,748	28,435		11,676

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	5,197	9	1,007,015	1,758,085
2 PHYSICAL THERAPY		1,268		376,936	557,296
3 OCCUPATIONAL THERAPY		269		113,659	160,842
4 SPEECH PATHOLOGY		74		35,039	46,563
5 MEDICAL SOCIAL SERVICES		78		50,125	79,302
6 HOME HEALTH AIDE SERVICES		1,607		62,083	157,008
7 TOTAL		8,493		1,644,857	2,759,096

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

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
8 SKILLED NURSING	7	8	9	10	11	12
8.01 SKILLED NURSING						
8.02 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
9.02 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
11.02 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
13.02 HOME HEALTH AIDE SERVICE						

PROVIDER NO:	PERIOD:	PREPARED 11/21/2008
14-0189	FROM 7/ 1/2007	WORKSHEET H-6
HHA NO:	TO 6/30/2008	PARTS I II & III
14-7594		HHA 1

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

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

14 TOTAL

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

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

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

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

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
17.01 PER BENE COST LIMITATION (FRM F1)		
17.02 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.475112			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.518563			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.311759			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.396012			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.300757			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	
1 PHYSICAL THERAPY		142.24	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY		175.40					
3 SPEECH PATHOLOGY		155.73					
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,565,055		1,111,021
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.59			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,565,055		1,111,021
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	SETTLEMENT TO PROVIDER	.01		
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/21/2008
14-0189	FROM 7/1/2007	WORKSHEET K
HOSPICE NO:	TO 6/30/2008	
14-1599		

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	255,488			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	852,893			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	2,342			
12 OCCUPATIONAL THERAPY	425			
13 SPEECH/LANGUAGE PATHOLOGY	99			
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)	1,111,247			

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2007	11/21/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K
14-1599		

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	862,086	1,117,574		1,117,574
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		852,893		852,893
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		2,342		2,342
12 OCCUPATIONAL THERAPY		425		425
13 SPEECH/LANGUAGE PATHOLOGY		99		99
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)	862,086	1,973,333		1,973,333

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/21/2008
14-0189	FROM 7/ 1/2007	WORKSHEET K
HOSPICE NO:	TO 6/30/2008	
14-1599		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		1,117,574
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		852,893
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		2,342
12 OCCUPATIONAL THERAPY		425
13 SPEECH/LANGUAGE PATHOLOGY		99
14 MEDICAL SOCIAL SERVICES		
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		1,973,333

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2007	11/21/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-1
14-1599		

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	124,567	
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		190,663
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)	124,567	190,663

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				130,921
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	557,559		104,671	
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		2,342		
12 OCCUPATIONAL THERAPY		425		
13 SPEECH/LANGUAGE PATHOLOGY		99		
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)	557,559	2,866	104,671	130,921

HOSPICE 1

TOTAL (1)
9

	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	255,488
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	852,893
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	2,342
12	OCCUPATIONAL THERAPY	425
13	SPEECH/LANGUAGE PATHOLOGY	99
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,111,247

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

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED 11/21/2008
HOSPICE GENERAL SERVICE COST	14-0189	FROM 7/ 1/2007	WORKSHEET K-4
	HOSPICE NO:	TO 6/30/2008	PART I
	14-1599		

HOSPICE 1

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

GENERAL SERVICE COST CENTERS			
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL	1,117,574		
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE	852,893		
8 INPATIENT - RESPIRE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE			
10.20 NURSING CARE-CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY	2,342		
12 OCCUPATIONAL THERAPY	425		
13 SPEECH/LANGUAGE PATHOLOGY	99		
14 MEDICAL SOCIAL SERVICES			
15 SPIRITUAL COUNSELING			
16 DIETARY COUNSELING			
17 COUNSELING - OTHER			
18 HOME HEALTH AIDE AND HOMEMAKER			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
OTHER HOSPICE SERVICE COSTS			
19 OTHER			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30 ANALGESICS			
20.31 SEDATIVES / HYPNOTICS			
20.32 OTHER - SPECIFY			
21 DURABLE MEDICAL EQUIPMENT/OXYGEN			
22 PATIENT TRANSPORTATION			
23 IMAGING SERVICES			
24 LABS AND DIAGNOSTICS			
25 MEDICAL SUPPLIES			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27 RADIATION THERAPY			
28 CHEMOTHERAPY			
29 OTHER			
30 BEREAVEMENT PROGRAM COSTS			
31 VOLUNTEER PROGRAM COSTS			
32 FUNDRAISING			
33 OTHER PROGRAM COSTS			
34 TOTAL (SUM OF LINES 1 THRU 33)	1,973,333		

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	1,966,724
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	5,401
16	OCCUPATIONAL THERAPY	980
17	SPEECH/LANGUAGE PATHOLOGY	228
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)	1,973,333

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2007	11/21/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-4
14-1599		PART 11

HOSPICE 1

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

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6			541	
2.00 INPATIENT - GENERAL CARE	7	1,966,724			182,032
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10				
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	5,401			
7.00 OCCUPATIONAL THERAPY	12	980			
8.00 SPEECH/LANGUAGE PATHOLOGY	13	228			
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,973,333		541	182,032
30.00 UNIT COST MULTIPLIER					

SUBTOTAL ADMINISTRATIVE & GENERAL OPERATION OF PLANT LAUNDRY & LINEN SERVICE

HOSPICE COST CENTER	5A	6	8	9
1.00 ADMINISTRATIVE AND GENERAL		541		108
2.00 INPATIENT - GENERAL CARE	2,148,756			428,106
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	5,401	1,076		
7.00 OCCUPATIONAL THERAPY	980	195		
8.00 SPEECH/LANGUAGE PATHOLOGY	228	45		
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)	2,155,906	429,530		
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION 6A
	3	4	5	
1.00 ADMINISTRATIVE AND GENERAL		457		
2.00 INPATIENT - GENERAL CARE			1,111,247	
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)		457	1,111,247	
30.00 TOTAL COST TO BE ALLOCATED		541	182,032	
31.00 UNIT COST MULTIPLIER	.000000	1.183807	.163809	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)
	6	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	541			13
2.00 INPATIENT - GENERAL CARE	2,148,756			
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	5,401			
7.00 OCCUPATIONAL THERAPY	980			
8.00 SPEECH/LANGUAGE PATHOLOGY	228			
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

HOSPICE 1

PHARMACY MEDICAL RECORDS
& LIBRARY

HOSPICE COST CENTER

(COSTED REQUIS.)	(GROSS CHARGES)
16	17

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

PART I - FULLY PROSPECTIVE METHOD	
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS
	CAPITAL FEDERAL AMOUNT
2	CAPITAL DRG OTHER THAN OUTLIER
	1,236,940
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997
	8,648
	INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS
	55.62
	IN THE COST REPORTING PERIOD
4 .01	NUMBER OF INTERNS AND RESIDENTS
	.00
	(SEE INSTRUCTIONS)
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE
	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT
	(SEE INSTRUCTIONS)
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO
	MEDI CARE PART A PATIENT DAYS
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL
	.00
	DAYS REPORTED ON S-3, PART I
5 .02	SUM OF 5 AND 5.01
	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS
	1,245,588
PART II - HOLD HARMLESS METHOD	
1	NEW CAPITAL
2	OLD CAPITAL
3	TOTAL CAPITAL
4	RATIO OF NEW CAPITAL TO OLD CAPITAL
	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7	REDUCED OLD CAPITAL AMOUNT
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9	SUBTOTAL
10	PAYMENT UNDER HOLD HARMLESS
PART III - PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST
3	TOTAL INPATIENT PROGRAM CAPITAL COST
4	CAPITAL COST PAYMENT FACTOR
5	TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY
	CIRCUMSTANCES
3	NET PROGRAM INPATIENT CAPITAL COSTS
4	APPLICABLE EXCEPTION PERCENTAGE
	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY
	.00
	CIRCUMSTANCES
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL
	FOR EXTRAORDINARY CIRCUMSTANCES
8	CAPITAL MINIMUM PAYMENT LEVEL
9	CURRENT YEAR CAPITAL PAYMENTS
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT
	LEVEL TO CAPITAL PAYMENTS
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT
	LEVEL OVER CAPITAL PAYMENT
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL
	TO CAPITAL PAYMENTS
13	CURRENT YEAR EXCEPTION PAYMENT
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT
16	CURRENT YEAR OPERATING AND CAPITAL COSTS
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT
	(SEE INSTRUCTIONS)

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2007	11/21/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET M-2
14-3978		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	1.09	2,636	4,200
2	PHYSICIAN ASSISTANTS	.79	3,264	2,100
3	NURSE PRACTITIONERS			2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.88	5,900	6,237
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.88	5,900	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	512,577		
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)	512,577		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	147,567		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	534,167		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	681,734		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	681,734		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	681,734		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,194,311		

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2007	11/21/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET M-2
14-3998		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.98	2,534	4,200	4,116
2	PHYSICIAN ASSISTANTS	1.04	2,408	2,100	2,184
3	NURSE PRACTITIONERS			2,100	
4	SUBTOTAL (SUM OF LINES 1-3)	2.02	4,942		6,300
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.02	4,942		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	392,279			
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)	392,279			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	107,947			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	310,099			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	418,046			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	418,046			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	418,046			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	810,325			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 11/21/2008
14-0189	FROM 7/ 1/2007	WORKSHEET M-2
COMPONENT NO:	TO 6/30/2008	
14-3998		

RHC 2

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)	6,300
5	VISITING NURSE	
6	CLINICAL PSYCHOLOGIST	
7	CLINICAL SOCIAL WORKER	
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	6,300
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.

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2007	11/21/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET M-2
14-3435		

RHC 3

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	1.01	2,101	4,200
2	PHYSICIAN ASSISTANTS	1.09	3,842	2,100
3	NURSE PRACTITIONERS			2,100
4	SUBTOTAL (SUM OF LINES 1-3)	2.10	5,943	6,531
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.10	5,943	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	484,532		
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)	484,532		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	102,789		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	265,926		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	368,715		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	368,715		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	368,715		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	853,247		

TITLE XVII I RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	466,889	466,889
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	969	2,255
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	969	2,255
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	512,577	512,577
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	681,734	681,734
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001890	.004399
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	1,288	2,999
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	2,257	5,254
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	27	143
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	83.59	36.74
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	4	30
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	334	1,102
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		7,511
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		1,436

