

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		14-1305		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/25/2008 TIME 16:34

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: MEMORIAL HOSPITAL ASSOCIATION 14-1305 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	10,706	-410,319	0		0
3 SWING BED - SNF	0	16,290	0	0		0
9 RHC	0	0	-738	0		0
9 .01 RHC II	0	0	6,750	0		0
100 TOTAL	0	26,996	-404,307	0		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: SOUTH ADAMS STREET P. O. BOX: 160
 1.01 CITY: CARTHAGE STATE: IL ZIP CODE: 62321- COUNTY: HANCOCK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	MEMORIAL HOSPITAL ASSOCIATION	14-1305	2.01	8/ 8/2000	N	0	0
04.00 SWING BED - SNF	MEMORIAL HOSPITAL	14-Z305		8/ 8/2000	N	0	N
14.00 HOSPITAL-BASED RHC	BOWEN CLINIC	14-3456		2/ 5/1999	N	0	N
14.01 HOSPITAL-BASED RHC 2	ADAMS STREET CLINIC	14-3405		8/ 1/1995	N	0	N

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IIME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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)
 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. 0
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 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. Y 8/ 8/2000
 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
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----
 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 0.0000 0.0000
 0.00 0

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 0.00%
 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) Y
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) Y
 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). Y
 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)?
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N 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?

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 INPATIENTS OCCUPYING TITLE XVII 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 Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMD 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

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: 228,008
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. 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). 0
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?

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

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

MULTI CAMPUS

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

14-1305

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

WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	21	7,686	46,800.00			1,162	347
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						923	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	21	7,686	46,800.00			2,085	347
6 INTENSIVE CARE UNIT	4	1,464	48.00			1	
11 NURSERY							100
12 TOTAL	25	9,150	46,848.00			2,086	447
13 RPCH VISITS							
17 OTHER LONG TERM CARE	57	20,862					
24 RHC -BOWEN						521	
24 01 RHC-WOMEN & FAMILY CLINIC						265	
25 TOTAL	82						
26 OBSERVATION BED DAYS						258	
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,950				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			923				
4 ADULTS & PED-SB NF			112				
5 TOTAL ADULTS AND PEDS			2,985				
6 INTENSIVE CARE UNIT			2				
11 NURSERY			198				
12 TOTAL			3,185				
13 RPCH VISITS							
17 OTHER LONG TERM CARE			17,145				
24 RHC -BOWEN			3,470				
24 01 RHC-WOMEN & FAMILY CLINIC			5,050				
25 TOTAL			470	86	384		
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					298	119	586
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		145.60			298	119	586
13 RPCH VISITS							
17 OTHER LONG TERM CARE		38.06					
24 RHC -BOWEN		4.10					
24 01 RHC-WOMEN & FAMILY CLINIC		5.70					
25 TOTAL		193.46					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-1305

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

PREPARED 11/25/2008
WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		107,327	107,327	-2,197	105,130
3.01	0301	NEW CAP REL COSTS-NH BLDG		90,055	90,055	-27,590	62,465
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		309,122	309,122	44,925	354,047
4.01	0401	NEW CAP REL COSTS-NH ME				21,771	21,771
5	0500	EMPLOYEE BENEFITS	49,313	2,219,771	2,269,084		2,269,084
6	0600	ADMINISTRATIVE & GENERAL	1,047,320	1,493,315	2,540,635	122,596	2,663,231
8	0800	OPERATION OF PLANT	173,540	564,772	738,312		738,312
9	0900	LAUNDRY & LINEN SERVICE	16,954	73,787	90,741		90,741
10	1000	HOUSEKEEPING	141,996	46,514	188,510	9,743	198,253
11	1100	DIETARY	313,941	463,973	777,914	-133,364	644,550
12	1200	CAFETERIA				133,364	133,364
14	1400	NURSING ADMINISTRATION	98,399	13,924	112,323		112,323
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY					
17	1700	MEDICAL RECORDS & LIBRARY	160,868	34,914	195,782	29,871	225,653
18	1800	SOCIAL SERVICE	37,186	2,506	39,692		39,692
20	2000	NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	281,582	12,013	293,595		293,595
25	2500	ADULTS & PEDIATRICS	951,160	30,370	981,530	84,735	1,066,265
26	2600	INTENSIVE CARE UNIT	599	635	1,234		1,234
33	3300	NURSERY				102,545	102,545
36	3600	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS	877,454	32,087	909,541	-2,457	907,084
37	3700	OPERATING ROOM	267,207	70,248	337,455		337,455
39	3900	DELIVERY ROOM & LABOR ROOM	259,981	7,200	267,181	-186,269	80,912
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	360,369	397,535	757,904		757,904
43	4300	RADIOISOTOPE		72,724	72,724		72,724
44	4400	LABORATORY	394,870	579,003	973,873		973,873
44.02	4401	GEO PSYCH	65,383	226,538	291,921		291,921
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		64,314	64,314		64,314
49	4900	RESPIRATORY THERAPY	155,154	37,009	192,163	-47,311	144,852
50	5000	PHYSICAL THERAPY		65,608	65,608		65,608
53	5300	ELECTROCARDIOLOGY		7,295	7,295	47,311	54,606
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,571	341,315	354,886		354,886
56	5600	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	134,661	445,463	580,124		580,124
60	6000	CLINIC	1,407,672	364,858	1,772,530	-196,975	1,575,555
61	6100	EMERGENCY	468,248	542,103	1,010,351		1,010,351
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	OTHER OUTPATIENT SERVICE COST CENTER					
63.01	4951	DIABETIC EDUCATION	38,498	2,585	41,083		41,083
63.50	6310	RHC -BOWEN	161,331	70,770	232,101	-17,257	214,844
63.51	6311	RHC-WOMEN & FAMILY CLINIC OTHER REIMBURS COST CNTRS	499,219	277,725	776,944	72,946	849,890
65	6500	AMBULANCE SERVICES SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		67,479	67,479	-67,479	
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS NONREIMBURS COST CENTERS	8,376,476	9,134,857	17,511,333	-11,092	17,500,241
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES	53,207	43,134	96,341	5,273	101,614
100	7950	OUTREACH		16,262	16,262	5,819	22,081
100.01	7951	BEAUTY SHOP	5,115	4,220	9,335		9,335
101		TOTAL	8,434,798	9,198,473	17,633,271	-0-	17,633,271

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1305
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/25/2008
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		105,130
3.01	0301 NEW CAP REL COSTS-NH BLDG		62,465
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-45,085	308,962
4.01	0401 NEW CAP REL COSTS-NH ME		21,771
5	0500 EMPLOYEE BENEFITS	-275,429	1,993,655
6	0600 ADMINISTRATIVE & GENERAL	-421,642	2,241,589
8	0800 OPERATION OF PLANT	-56,500	681,812
9	0900 LAUNDRY & LINEN SERVICE	-10,925	79,816
10	1000 HOUSEKEEPING		198,253
11	1100 DIETARY	-258,354	386,196
12	1200 CAFETERIA	-72,057	61,307
14	1400 NURSING ADMINISTRATION		112,323
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-3,701	221,952
18	1800 SOCIAL SERVICE		39,692
20	2000 NONPHYSICIAN ANESTHETISTS		293,595
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,066,265
26	2600 INTENSIVE CARE UNIT		1,234
33	3300 NURSERY	-326	102,219
36	3600 OTHER LONG TERM CARE	-5,299	901,785
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,933	334,522
39	3900 DELIVERY ROOM & LABOR ROOM		80,912
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		757,904
43	4300 RADIOISOTOPE		72,724
44	4400 LABORATORY		973,873
44.02	4401 GEO PSYCH		291,921
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		64,314
49	4900 RESPIRATORY THERAPY		144,852
50	5000 PHYSICAL THERAPY		65,608
53	5300 ELECTROCARDIOLOGY		54,606
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-8,695	346,191
56	5600 DRUGS CHARGED TO PATIENTS		580,124
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-959,488	616,067
61	6100 EMERGENCY	-201,668	808,683
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.01	4951 DIABETIC EDUCATION		41,083
63.50	6310 RHC -BOWEN	-1,923	212,921
63.51	6311 RHC-WOMEN & FAMILY CLINIC	-75,455	774,435
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-2,399,480	15,100,761
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		101,614
100	7950 OUTREACH		22,081
100.01	7951 BEAUTY SHOP		9,335
101	TOTAL	-2,399,480	15,233,791

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NH BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-NH ME	0401	NEW CAP REL COSTS-MVBLE EQUIP
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	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.02	GEO PSYCH	4401	LABORATORY
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	DIABETIC EDUCATION	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RHC -BOWEN	6310	RURAL HEALTH CLINIC #####
63.51	RHC-WOMEN & FAMILY CLINIC	6311	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OUTREACH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	BEAUTY SHOP	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141305

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

PREPARED 11/25/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1) COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-NH ME	4.01		21,771
2		OUTREACH	100		5,819
3 TO RECLASS CAFETERIA	B	CAFETERIA	12	79,716	53,648
4 TO RECLASS RHC EXPENSE	C	RHC -BOWEN	63.50		2,197
5 TO RECLASS NURSING EXPENSE	D	ADMINISTRATIVE & GENERAL	6	1,446	
6 TO RECLASS INTEREST	E	NEW CAP REL COSTS-MVBLE EQUIP	4		44,925
7		ADMINISTRATIVE & GENERAL	6		22,554
8 TO RECLASS DELIVERY AND LABOR	F	ADULTS & PEDIATRICS	25	81,468	2,256
9		NURSERY	33	99,782	2,763
10 TO RECLASS A & G EXPENSES	G	MEDICAL RECORDS & LIBRARY	17	29,871	
11		ADMINISTRATIVE & GENERAL	6	79,142	
12		ADMINISTRATIVE & GENERAL	6	19,454	
13		HOUSEKEEPING	10	9,743	
14		PHYSICIANS' PRIVATE OFFICES	98	5,273	
15 TO RECLASS EKG TIME	H	ELECTROCARDIOLOGY	53	36,302	11,009
16 TO RECLASS DR LYNCH TIME	I	RHC-WOMEN & FAMILY CLINIC	63.51	71,154	1,792
17 RECLASS S WATSON TO SWING	J	ADULTS & PEDIATRICS	25	1,011	
36 TOTAL RECLASSIFICATIONS				514,362	168,734

(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:
141305

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

PREPARED 11/25/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10	
		LINE NO	SALARY	OTHER		
	1	6	7	8	9	
1 TO RECLASS DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-NH BLDG	3.01		21,771	9
2		NEW CAP REL COSTS-NH BLDG	3.01		5,819	9
3 TO RECLASS CAFETERIA	B	DIETARY	11	79,716	53,648	
4 TO RECLASS RHC EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		2,197	9
5 TO RECLASS NURSING EXPENSE	D	OTHER LONG TERM CARE	36	1,446		
6 TO RECLASS INTEREST	E	INTEREST EXPENSE	88		67,479	11
7						
8 TO RECLASS DELIVERY AND LABOR	F	DELIVERY ROOM & LABOR ROOM	39	81,468	2,256	
9		DELIVERY ROOM & LABOR ROOM	39	99,782	2,763	
10 TO RECLASS A & G EXPENSES	G	CLINIC	60	29,871		
11		CLINIC	60	79,142		
12		RHC -BOWEN	63.50	19,454		
13		CLINIC	60	9,743		
14		CLINIC	60	5,273		
15 TO RECLASS EKG TIME	H	RESPIRATORY THERAPY	49	36,302	11,009	
16 TO RECLASS DR LYNCH TIME	I	CLINIC	60	71,154	1,792	
17 RECLASS S WATSON TO SWING	J	OTHER LONG TERM CARE	36	1,011		
36 TOTAL RECLASSIFICATIONS				514,362	168,734	

(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:
141305

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

PREPARED 11/25/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-NH ME	4.01	21,771	NEW CAP REL COSTS-NH BLDG	3.01	21,771	
3.00	OUTREACH	100	5,819	NEW CAP REL COSTS-NH BLDG	3.01	5,819	
TOTAL RECLASSIFICATIONS FOR CODE A			27,590	TOTAL RECLASSIFICATIONS FOR CODE A			27,590

RECLASS CODE: B
EXPLANATION : TO RECLASS CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	133,364	DIETARY	11	133,364	
TOTAL RECLASSIFICATIONS FOR CODE B			133,364	TOTAL RECLASSIFICATIONS FOR CODE B			133,364

RECLASS CODE: C
EXPLANATION : TO RECLASS RHC EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RHC -BOWEN	63.50	2,197	NEW CAP REL COSTS-BLDG & FIXT	3	2,197	
TOTAL RECLASSIFICATIONS FOR CODE C			2,197	TOTAL RECLASSIFICATIONS FOR CODE C			2,197

RECLASS CODE: D
EXPLANATION : TO RECLASS NURSING EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,446	OTHER LONG TERM CARE	36	1,446	
TOTAL RECLASSIFICATIONS FOR CODE D			1,446	TOTAL RECLASSIFICATIONS FOR CODE D			1,446

RECLASS CODE: E
EXPLANATION : TO RECLASS INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	44,925	INTEREST EXPENSE	88	67,479	
2.00	ADMINISTRATIVE & GENERAL	6	22,554			0	
TOTAL RECLASSIFICATIONS FOR CODE E			67,479	TOTAL RECLASSIFICATIONS FOR CODE E			67,479

RECLASS CODE: F
EXPLANATION : TO RECLASS DELIVERY AND LABOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICALS	25	83,724	DELIVERY ROOM & LABOR ROOM	39	83,724	
2.00	NURSERY	33	102,545	DELIVERY ROOM & LABOR ROOM	39	102,545	
TOTAL RECLASSIFICATIONS FOR CODE F			186,269	TOTAL RECLASSIFICATIONS FOR CODE F			186,269

RECLASS CODE: G
EXPLANATION : TO RECLASS A & G EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL RECORDS & LIBRARY	17	29,871	CLINIC	60	29,871	
2.00	ADMINISTRATIVE & GENERAL	6	79,142	CLINIC	60	79,142	
3.00	ADMINISTRATIVE & GENERAL	6	19,454	RHC -BOWEN	63.50	19,454	
4.00	HOUSEKEEPING	10	9,743	CLINIC	60	9,743	
5.00	PHYSICIANS' PRIVATE OFFICES	98	5,273	CLINIC	60	5,273	
TOTAL RECLASSIFICATIONS FOR CODE G			143,483	TOTAL RECLASSIFICATIONS FOR CODE G			143,483

RECLASS CODE: H
EXPLANATION : TO RECLASS EKG TIME

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	47,311	RESPIRATORY THERAPY	49	47,311	
TOTAL RECLASSIFICATIONS FOR CODE H			47,311	TOTAL RECLASSIFICATIONS FOR CODE H			47,311

RECLASS CODE: I
EXPLANATION : TO RECLASS DR LYNCH TIME

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RHC-WOMEN & FAMILY CLINIC	63.51	72,946	CLINIC	60	72,946	
TOTAL RECLASSIFICATIONS FOR CODE I			72,946	TOTAL RECLASSIFICATIONS FOR CODE I			72,946

RECLASSIFICATIONS

PROVIDER NO:
141305

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

PREPARED 11/25/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : RECLASS S WATSON TO SWING

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	1,011	25	OTHER LONG TERM CARE	1,011
TOTAL RECLASSIFICATIONS FOR CODE J		1,011	36		1,011

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	42,865	490,610			490,610		533,475	
2	LAND IMPROVEMENTS	244,379	31,941			31,941		276,320	
3	BUILDINGS & FIXTURE	5,454,564	299,725			299,725	61,015	5,693,274	
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	5,576,946	1,176,427			1,176,427	46,508	6,706,865	
7	SUBTOTAL	11,318,754	1,998,703			1,998,703	107,523	13,209,934	
8	RECONCILING ITEMS								
9	TOTAL	11,318,754	1,998,703			1,998,703	107,523	13,209,934	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	4,349,599		4,349,599	.329267				
3 01	NEW CAP REL COSTS-NH	2,153,470		2,153,470	.163019				
4	NEW CAP REL COSTS-MV	5,577,201		5,577,201	.422198				
4 01	NEW CAP REL COSTS-NH	1,129,664		1,129,664	.085516				
5	TOTAL	13,209,934		13,209,934	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	105,130						105,130
3 01	NEW CAP REL COSTS-NH	62,465						62,465
4	NEW CAP REL COSTS-MV	308,962						308,962
4 01	NEW CAP REL COSTS-NH	21,771						21,771
5	TOTAL	498,328						498,328

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	107,327						107,327
3 01	NEW CAP REL COSTS-NH	90,055						90,055
4	NEW CAP REL COSTS-MV	309,122						309,122
4 01	NEW CAP REL COSTS-NH							
5	TOTAL	506,504						506,504

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	A	-44,925	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	A	-22,554	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-2,875	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-160	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,104,658			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-56,500			
15 LAUNDRY AND LINEN SERVICE	B	-10,925	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-72,057	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	-3,701	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-5,404	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**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	A		NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 RENT INCOME	A	-9,690	CLINIC	60	
38 DR PHILIP	A	-26,250	CLINIC	60	
39 IT MISC REVENUE	A	-561	ADMINISTRATIVE & GENERAL	6	
40 LOBBYING	A	-7,486	ADMINISTRATIVE & GENERAL	6	
41 CHILDBIRTH CLASSES	A	-30	ADMINISTRATIVE & GENERAL	6	
42 PHYS RECRUIE	A	-4,489	ADMINISTRATIVE & GENERAL	6	
43 ADVERTISING - HOSPITAL	A	-2,563	ADMINISTRATIVE & GENERAL	6	
44 ADVERTISING- BOWN	A	-1,923	RHC -BOWEN	63.50	
45 ADVERTISING - CLINIC	A	-12,568	CLINIC	60	
46 SUPPLIES SOLD	A	-8,695	MEDICAL SUPPLIES CHARGED	55	
47 PROFESSIONAL LIABILITY	A	-62,541	CLINIC	60	
48 EMPLOYEE BENEFITS	A	-275,429	EMPLOYEE BENEFITS	5	
49 NURSING HOME MEALS	A	-252,500	DIETARY	11	
49.01 BABY PICTURE REVENUE	B	-326	NURSERY	33	
49.02 RENTAL INCOME - MIDWEST	B	-3,801	CLINIC	60	
49.03 RENTAL INCOME MISC	B	-20,196	ADMINISTRATIVE & GENERAL	6	
49.04 MISC INCOME	B	-18,260	ADMINISTRATIVE & GENERAL	6	
49.05 ADVERTISING - WOMENS	A	-10,408	RHC-WOMEN & FAMILY CLINIC	63.51	
49.06 RENTAL INCOME WOMEN'S CLINIC	B	-6,695	RHC-WOMEN & FAMILY CLINIC	63.51	
49.07 DIETBETIC EDUCATION	A	-450	DIETARY	11	
49.08 PURCHASE DISCOUNTS	B	-21,119	ADMINISTRATIVE & GENERAL	6	
49.09 SURGEON INSUR	B	-2,933	OPERATING ROOM	37	
49.10 PROVIDER TAX	A	-156,198	ADMINISTRATIVE & GENERAL	6	
49.11 CAPITAL CAMPAIGN FUND RAISING	A	-115,641	ADMINISTRATIVE & GENERAL	6	
49.14 MISC INCOME	A	-5,299	OTHER LONG TERM CARE	36	
49.15 MARKETING SALARIES	B	-39,322	ADMINISTRATIVE & GENERAL	6	
49.16 MARKETING FRINGES	B	-10,348	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,399,480			

(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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	8	OPERATION OF PLANT	RENT	56,500	-56,500	
2						
3						
4						
5		TOTALS		56,500	-56,500	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	C	MEMORIAL HOSPITAL ASSOC.	0.00	HANCOCK COUNTY NURSING	100.00	SNF-NON-CERTIFIED
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-1305

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

PREPARED 11/25/2008
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 44	LABORATORY	14,400		14,400				
2 43	RADIOISOTOPE	3,600		3,600				
3 60	CLINIC	844,638	844,638					
4 61	ER	723,476	201,668	521,808				
5 63 51	WOMENS & CHILDRENS	291,760	58,352	233,408				
6								
7								
8								
9								
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24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,877,874	1,104,658	773,216				

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS) 52
 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 780
 3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
 4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
 5 NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
 6 NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)
 7 STANDARD TRAVEL EXPENSE RATE
 8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9 TOTAL HOURS WORKED		274.00		316.50	
10 AHSEA (SEE INSTRUCTIONS)	87.26	65.73	49.30	31.84	
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	32.87	32.87	24.65		
12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)
 15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10) 18,010
 16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)
 17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS) 18,010
 18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10) 10,077
 19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)
 20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS) 28,087

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

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS) 65.73
 22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS) 51,269
 23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 61,346

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

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

PHYSICAL THERAPY

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

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 61,346
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

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

PROVIDER NO:
14-1305

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

PREPARED 11/25/2008
WORKSHEET A-8-4
PARTS I - VII

PHYSICAL THERAPY

61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	61,346
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	36,588
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

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

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	36,588
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	36,588
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS) 52
 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 780
 3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
 4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
 5 NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
 6 NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)
 7 STANDARD TRAVEL EXPENSE RATE
 8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9 TOTAL HOURS WORKED		69.25		339.00	
10 AHSEA (SEE INSTRUCTIONS)	75.98	62.29	46.08	29.18	
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	31.15	31.15	23.04		
12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)
 15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10) 4,314
 16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)
 17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS) 4,314
 18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10) 9,892
 19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)
 20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS) 14,206

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

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS) 62.30
 22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS) 48,594
 23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 58,486

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

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

OCCUPATIONAL THERAPY

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

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 58,486
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

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

PROVIDER NO:
14-1305

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

PREPARED 11/25/2008
WORKSHEET A-8-4
PARTS I - VII

OCCUPATIONAL THERAPY

61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	58,486
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	23,515
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

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

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	23,515
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	23,515
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-NH BLDG	4	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR VALUE	ENTERED
4.01	NEW CAP REL COSTS-NH ME	6	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	12	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-8	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE FEET	ENTERED
11	DIETARY	13	MEALS SERVED	ENTERED
12	CAFETERIA	14	HOURS OF SERVICE	ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	NOT ENTERED
16	PHARMACY	18	COSTED REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	19	GROSS REVENUES	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	22	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NH BLDG	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-NH ME	EMPLOYEE BENE FITS	SUBTOTAL
	0	3	3.01	4	4.01	5	5a.00
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	105,130	105,130					
004 NEW CAP REL COSTS-NH BLDG	62,465		62,465				
004 01 NEW CAP REL COSTS-MVBLE E	308,962			308,962			
005 NEW CAP REL COSTS-NH ME	21,771				21,771		
006 EMPLOYEE BENEFITS	1,993,655			46		1,993,701	
008 ADMINISTRATIVE & GENERAL	2,241,589	18,409	15,710	131,977	1,611	312,444	2,721,740
009 OPERATION OF PLANT	681,812	8,790	6,582	2,876	16	47,041	747,117
010 LAUNDRY & LINEN SERVICE	79,816	3,525	585			4,596	88,522
011 HOUSEKEEPING	198,253	415	338			38,490	237,496
012 DIETARY	386,196	4,469	5,813	1,457		63,490	461,425
014 CAFETERIA	61,307	1,753				21,608	84,668
015 NURSING ADMINISTRATION	112,323	389	973	58		26,673	140,416
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	221,952	2,372	4,858	5,351		51,703	286,236
020 SOCIAL SERVICE	39,692	389				10,080	50,161
025 NONPHYSICIAN ANESTHETISTS	293,595			7,643		76,327	377,565
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	1,066,265	17,952		20,826		280,183	1,385,226
036 INTENSIVE CARE UNIT	1,234	666				162	2,062
037 NURSERY	102,219					27,047	129,266
039 OTHER LONG TERM CARE	901,785		22,475		20,042	237,181	1,181,483
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	334,522	8,306		60,131		72,430	475,389
044 DELIVERY ROOM & LABOR ROO	80,912	1,317		3,358		21,341	106,928
046 ANESTHESIOLOGY							
049 RADIOLOGY-DIAGNOSTIC	757,904	8,903		6,540		97,683	871,030
050 RADIOISOTOPE	72,724	635		1,511		74,870	
053 LABORATORY	973,873	4,302		11,433		107,035	1,096,643
056 GEO PSYCH	291,921	1,045		2,131		17,723	312,820
060 WHOLE BLOOD & PACKED RED	64,314					64,314	
061 RESPIRATORY THERAPY	144,852	1,198		2,433		32,217	180,700
062 PHYSICAL THERAPY	65,608		1,224	309		67,141	
063 ELECTROCARDIOLOGY	54,606	3,911		3,464		9,840	71,821
065 MEDICAL SUPPLIES CHARGED	346,191	4,728	418	3,927		3,679	358,943
066 DRUGS CHARGED TO PATIENTS	580,124	95	2,887	5,015		36,502	624,623
067 OUTPAT SERVICE COST CNTRS							
068 CLINIC	616,067	6,685		19,177		83,065	724,994
069 EMERGENCY	808,683	3,033		7,978		111,668	931,362
070 OBSERVATION BEDS (NON-DIS							
071 OTHER OUTPATIENT SERVICE							
072 01 DIABETIC EDUCATION	41,083					10,435	51,518
073 50 RHC -BOWEN	212,921			306		38,458	251,685
074 51 RHC-WOMEN & FAMILY CLINIC	774,435			9,041		138,791	922,267
075 OTHER REIMBURS COST CNTRS							
076 AMBULANCE SERVICES							
077 SPEC PURPOSE COST CENTERS							
078 095 SUBTOTALS	15,100,761	103,287	61,863	306,988	21,669	1,977,892	15,080,431
079 NONREIMBURS COST CENTERS							
080 GIFT, FLOWER, COFFEE SHOP		1,232				1,386	2,618
081 PHYSICIANS' PRIVATE OFFIC	101,614			1,974		14,423	118,011
082 OUTREACH	22,081	611				68	22,760
083 01 BEAUTY SHOP	9,335		602			34	9,971
084 CROSS FOOT ADJUSTMENT							
085 NEGATIVE COST CENTER							
086 TOTAL	15,233,791	105,130	62,465	308,962	21,771	1,993,701	15,233,791

COST ALLOCATION - GENERAL SERVICE COSTS

14-1305

FROM 7/1/2007

WORKSHEET B

TO 6/30/2008

PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-NH ME							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	2,721,740						
008 OPERATION OF PLANT	162,520	909,637					
009 LAUNDRY & LINEN SERVICE	19,256	31,428	139,206				
010 HOUSEKEEPING	51,662	5,873		295,031			
011 DIETARY	100,373	80,695	1,602	27,292	671,387		
012 CAFETERIA	18,418	13,289	604	4,494		121,473	
014 NURSING ADMINISTRATION	30,545	10,783		3,647		1,905	187,296
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	62,265	57,104		19,313		5,716	
018 SOCIAL SERVICE	10,911	2,946		996		953	2,808
020 NONPHYSICIAN ANESTHETISTS	82,131					953	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	301,333	136,076	24,770	46,022	107,772	21,819	64,309
026 INTENSIVE CARE UNIT	449	5,051		1,708			
033 NURSERY	28,119						
036 OTHER LONG TERM CARE	257,007	181,015	88,636	61,220	563,615	29,057	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	103,411	62,957	10,237	21,293		5,430	16,005
039 DELIVERY ROOM & LABOR ROO	23,260	9,982		3,376		5,335	15,724
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	189,474	67,487	5,242	22,825		7,622	22,463
043 RADIOISOTOPE	16,286	4,810		1,627			
044 LABORATORY	238,552	32,611	513	11,029		9,718	28,641
044 02 GEO PSYCH	68,047	7,917		2,678		2,001	5,897
046 WHOLE BLOOD & PACKED RED	13,990						
049 RESPIRATORY THERAPY	39,307	9,080	441	3,071		3,716	10,951
050 PHYSICAL THERAPY	14,605	9,861	14	3,335			
053 ELECTROCARDIOLOGY	15,623	29,644		10,026			
055 MEDICAL SUPPLIES CHARGED	78,081	39,205		13,260		572	1,685
056 DRUGS CHARGED TO PATIENTS	135,874	23,972		8,108		1,905	5,616
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	157,707	50,670	505	17,137		19,149	
061 EMERGENCY	202,598	22,990	6,181	7,775		4,478	13,197
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 DIABETIC EDUCATION	11,207					953	
063 50 RHC -BOWEN	54,749		104				
063 51 RHC-WOMEN & FAMILY CLINIC	200,620		357				
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,688,380	895,446	139,206	290,232	671,387	121,282	187,296
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	569	9,340		3,159			
098 PHYSICIANS' PRIVATE OFFIC	25,671						
100 OUTREACH	4,951						
100 01 BEAUTY SHOP	2,169	4,851		1,640		191	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,721,740	909,637	139,206	295,031	671,387	121,473	187,296

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	15	16	17	18	20	25	
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NH BLDG							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY			430,634				
018 SOCIAL SERVICE				68,775			
020 NONPHYSICIAN ANESTHETISTS					460,649		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			35,514	41,159		2,164,000	
026 INTENSIVE CARE UNIT			97			9,367	
033 NURSERY			1,015			158,400	
036 OTHER LONG TERM CARE			35,374	27,085		2,424,492	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			34,799			729,521	
039 DELIVERY ROOM & LABOR ROOM			1,105			165,710	
040 ANESTHESIOLOGY			16,729		460,649	477,378	
041 RADIOLOGY-DIAGNOSTIC			72,850			1,258,993	
043 RADIOISOTOPE			6,447			104,040	
044 LABORATORY			69,202			1,486,909	
044 02 GEO PSYCH			5,599			404,959	
046 WHOLE BLOOD & PACKED RED			1,251			79,555	
049 RESPIRATORY THERAPY			7,979			255,245	
050 PHYSICAL THERAPY			2,625			97,581	
053 ELECTROCARDIOLOGY			5,253			132,367	
055 MEDICAL SUPPLIES CHARGED			17,051			508,797	
056 DRUGS CHARGED TO PATIENTS			22,469			822,567	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			30,258			1,000,420	
061 EMERGENCY			45,942	531		1,235,054	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 DIABETIC EDUCATION			276			63,954	
063 50 RHC -BOWEN			4,445			310,983	
063 51 RHC-WOMEN & FAMILY CLINIC			13,747			1,136,991	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			430,027	68,775	460,649	15,027,283	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						15,686	
098 PHYSICIANS' PRIVATE OFFICE			607			144,289	
100 OUTREACH						27,711	
100 01 BEAUTY SHOP						18,822	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL			430,634	68,775	460,649	15,233,791	

COST ALLOCATION - GENERAL SERVICE COSTS

14-1305

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART I

TOTAL

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
003	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-NH BLDG	
004	01 NEW CAP REL COSTS-MVBLE E	
005	NEW CAP REL COSTS-NH ME	
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	
018	MEDICAL RECORDS & LIBRARY	
020	SOCIAL SERVICE	
025	NONPHYSICIAN ANESTHETISTS	
026	INPAT ROUTINE SRVC CNTRS	
026	ADULTS & PEDIATRICS	2,164,000
033	INTENSIVE CARE UNIT	9,367
036	NURSERY	158,400
037	OTHER LONG TERM CARE	2,424,492
039	ANCILLARY SRVC COST CNTRS	
040	OPERATING ROOM	729,521
041	DELIVERY ROOM & LABOR ROO	165,710
043	ANESTHESIOLOGY	477,378
044	RADIOLOGY-DIAGNOSTIC	1,258,993
044	RADIOISOTOPE	104,040
046	LABORATORY	1,486,909
049	02 GEO PSYCH	404,959
050	WHOLE BLOOD & PACKED RED	79,555
053	RESPIRATORY THERAPY	255,245
055	PHYSICAL THERAPY	97,581
056	ELECTROCARDIOLOGY	132,367
060	MEDICAL SUPPLIES CHARGED	508,797
061	DRUGS CHARGED TO PATIENTS	822,567
062	OUTPAT SERVICE COST CNTRS	
063	CLINIC	1,000,420
063	EMERGENCY	1,235,054
063	OBSERVATION BEDS (NON-DIS	
063	01 OTHER OUTPATIENT SERVICE	
063	DIABETIC EDUCATION	63,954
063	50 RHC -BOWEN	310,983
063	51 RHC-WOMEN & FAMILY CLINIC	1,136,991
065	OTHER REIMBURS COST CNTRS	
095	AMBULANCE SERVICES	
096	SPEC PURPOSE COST CENTERS	
098	SUBTOTALS	15,027,283
100	NONREIMBURS COST CENTERS	
100	01 GIFT, FLOWER, COFFEE SHOP	15,686
101	PHYSICIANS' PRIVATE OFFIC	144,289
102	OUTREACH	27,711
102	01 BEAUTY SHOP	18,822
103	CROSS FOOT ADJUSTMENT	
103	NEGATIVE COST CENTER	
103	TOTAL	15,233,791

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1305

FROM 7/ 1/2007

WORKSHEET B

1

TO 6/30/2008

PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NH BLDG	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-NH ME	SUBTOTAL	EMPLOYEE BENE FITS
	0	3	3.01	4	4.01	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NH BLDG							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				46		46	46
006 ADMIN STRATIVE & GENERAL		18,409	15,710	131,977	1,611	167,707	11
008 OPERATION OF PLANT		8,790	6,582	2,876	16	18,264	1
009 LAUNDRY & LINEN SERVICE		3,525	585			4,110	
010 HOUSEKEEPING		415	338			753	1
011 DIETARY		4,469	5,813	1,457		11,739	1
012 CAFETERIA		1,753				1,753	
014 NURSING ADMINISTRATION		389	973	58		1,420	1
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		2,372	4,858	5,351		12,581	1
018 SOCIAL SERVICE		389				389	
020 NONPHYSICIAN ANESTHETISTS				7,643		7,643	2
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		17,952		20,826		38,778	6
026 INTENSIVE CARE UNIT		666				666	
033 NURSERY							1
036 OTHER LONG TERM CARE			22,475		20,042	42,517	5
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		8,306		60,131		68,437	2
039 DELIVERY ROOM & LABOR ROO		1,317		3,358		4,675	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		8,903		6,540		15,443	2
043 RADIOISOTOPE		635		1,511		2,146	
044 LABORATORY		4,302		11,433		15,735	2
044 02 GEO PSYCH		1,045		2,131		3,176	
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY		1,198		2,433		3,631	1
050 PHYSICAL THERAPY			1,224	309		1,533	
053 ELECTROCARDIOLOGY		3,911		3,464		7,375	
055 MEDICAL SUPPLIES CHARGED		4,728	418	3,927		9,073	
056 DRUGS CHARGED TO PATIENTS		95	2,887	5,015		7,997	1
OUTPAT SERVICE COST CNTRS							
060 CLINIC		6,685		19,177		25,862	2
061 EMERGENCY		3,033		7,978		11,011	2
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 DIABETIC EDUCATION							
063 50 RHC -BOWEN				306		306	1
063 51 RHC-WOMEN & FAMILY CLINIC				9,041		9,041	3
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS		103,287	61,863	306,988	21,669	493,807	46
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,232				1,232	
098 PHYSICIANS' PRIVATE OFFIC				1,974		1,974	
100 OUTREACH		611			68	679	
100 01 BEAUTY SHOP			602		34	636	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		105,130	62,465	308,962	21,771	498,328	46

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1305

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-NH ME							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	167,718						
008	OPERATION OF PLANT	10,015	28,280					
009	LAUNDRY & LINEN SERVICE	1,187	977	6,274				
010	HOUSEKEEPING	3,184	183		4,121			
011	DIETARY	6,185	2,509	72	381	20,887		
012	CAFETERIA	1,135	413	27	63		3,391	
014	NURSING ADMINISTRATION	1,882	335		51		53	3,742
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	3,837	1,775		270		160	
018	SOCIAL SERVICE	672	92		14		27	56
020	NONPHYSICIAN ANESTHETISTS	5,061					27	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	18,562	4,231	1,116	643	3,353	609	1,284
026	INTENSIVE CARE UNIT	28	157		24			
033	NURSERY	1,733						
036	OTHER LONG TERM CARE	15,838	5,627	3,995	855	17,534	809	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	6,373	1,957	461	297		152	320
039	DELIVERY ROOM & LABOR ROO	1,433	310		47		149	314
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	11,676	2,098	236	319		213	449
043	RADIOISOTOPE	1,004	150		23			
044	LABORATORY	14,700	1,014	23	154		271	572
044	02 GEO PSYCH	4,193	246		37		56	118
046	WHOLE BLOOD & PACKED RED	862						
049	RESPIRATORY THERAPY	2,422	282	20	43		104	219
050	PHYSICAL THERAPY	900	307	1	47			
053	ELECTROCARDIOLOGY	963	922		140			
055	MEDICAL SUPPLIES CHARGED	4,812	1,219		185		16	34
056	DRUGS CHARGED TO PATIENTS	8,373	745		113		53	112
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	9,719	1,575	23	239		535	
061	EMERGENCY	12,485	715	279	109		125	264
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	01 DIABETIC EDUCATION	691					27	
063	50 RHC -BOWEN	3,374		5				
063	51 RHC-WOMEN & FAMILY CLINIC	12,363		16				
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	165,662	27,839	6,274	4,054	20,887	3,386	3,742
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	35	290		44			
098	PHYSICIANS' PRIVATE OFFIC	1,582						
100	OUTREACH	305						
100	01 BEAUTY SHOP	134	151		23		5	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	167,718	28,280	6,274	4,121	20,887	3,391	3,742

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1305

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NH BLDG							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY			18,624				
018 SOCIAL SERVICE				1,250			
020 NONPHYSICIAN ANESTHETISTS					12,733		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			1,537	748		70,867	
026 INTENSIVE CARE UNIT			4			879	
033 NURSERY			44			1,778	
036 OTHER LONG TERM CARE			1,531	492		89,203	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			1,506			79,505	
039 DELIVERY ROOM & LABOR ROO			48			6,976	
040 ANESTHESIOLOGY			724			724	
041 RADIOLOGY-DIAGNOSTIC			3,141			33,577	
043 RADIOISOTOPE			279			3,602	
044 LABORATORY			2,995			35,466	
044 02 GEO PSYCH			242			8,068	
046 WHOLE BLOOD & PACKED RED			54			916	
049 RESPIRATORY THERAPY			345			7,067	
050 PHYSICAL THERAPY			114			2,902	
053 ELECTROCARDIOLOGY			227			9,627	
055 MEDICAL SUPPLIES CHARGED			738			16,077	
056 DRUGS CHARGED TO PATIENTS			972			18,366	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			1,310			39,265	
061 EMERGENCY			1,988	10		26,988	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 DIABETIC EDUCATION			12			730	
063 50 RHC -BOWEN			192			3,878	
063 51 RHC-WOMEN & FAMILY CLINIC			595			22,018	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			18,598	1,250		478,479	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						1,601	
098 PHYSICIANS' PRIVATE OFFIC			26			3,582	
100 OUTREACH						984	
100 01 BEAUTY SHOP						949	
101 CROSS FOOT ADJUSTMENTS					12,733	12,733	
102 NEGATIVE COST CENTER							
103 TOTAL			18,624	1,250	12,733	498,328	

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1305

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
003	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-NH BLDG	
004	01 NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	70,867
026	INTENSIVE CARE UNIT	879
033	NURSERY	1,778
036	OTHER LONG TERM CARE	89,203
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	79,505
039	DELIVERY ROOM & LABOR ROO	6,976
040	ANESTHESIOLOGY	724
041	RADIOLOGY-DIAGNOSTIC	33,577
043	RADIOISOTOPE	3,602
044	LABORATORY	35,466
044	02 GEO PSYCH	8,068
046	WHOLE BLOOD & PACKED RED	916
049	RESPIRATORY THERAPY	7,067
050	PHYSICAL THERAPY	2,902
053	ELECTROCARDIOLOGY	9,627
055	MEDICAL SUPPLIES CHARGED	16,077
056	DRUGS CHARGED TO PATIENTS	18,366
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	39,265
061	EMERGENCY	26,988
062	OBSERVATION BEDS (NON-DIS	
063	OTHER OUTPATIENT SERVICE	
063	01 DIABETIC EDUCATION	730
063	50 RHC -BOWEN	3,878
063	51 RHC-WOMEN & FAMILY CLINIC	22,018
065	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
095	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	478,479
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	1,601
098	PHYSICIANS' PRIVATE OFFIC	3,582
100	OUTREACH	984
100	01 BEAUTY SHOP	949
101	CROSS FOOT ADJUSTMENTS	12,733
102	NEGATIVE COST CENTER	
103	TOTAL	498,328

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-NH BLDG (SQUARE)FEET	NEW CAP REL C OSTS-MVBLE E (DOLLAR)VALUE	NEW CAP REL C OSTS-NH ME (DOLLAR)VALUE	EMPLOYEE BENE FITS (SALARIES)	RECONCILI- IATION)
	3	3.01	4	4.01	5	6a.00
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	39,757					
004 NEW CAP REL COSTS-NH		25,101				
004 01 NEW CAP REL COSTS-MVB			309,122			
005 NEW CAP REL COSTS-NH				21,770		
005 EMPLOYEE BENEFITS			46		7,355,054	
006 ADMIN STRATIVE & GENE	6,962	6,313	132,045	1,611	1,152,635	-2,721,740
008 OPERATION OF PLANT	3,324	2,645	2,877	16	173,540	
009 LAUNDRY & LINEN SERVI	1,333	235			16,954	
010 HOUSEKEEPING	157	136			141,996	
011 DIETARY	1,690	2,336	1,458		234,225	
012 CAFETERIA	663				79,716	
014 NURSING ADMINISTRATION	147	391	58		98,399	
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB	897	1,952	5,354		190,739	
018 SOCIAL SERVICE	147				37,186	
020 NONPHYSICIAN ANESTHET			7,647		281,582	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	6,789		20,837		1,033,639	
033 INTENSIVE CARE UNIT	252				599	
036 NURSERY					99,782	
036 OTHER LONG TERM CARE		9,031		20,041	874,996	
037 ANCILLARY SRVC COST C						
039 OPERATING ROOM	3,141		60,162		267,207	
040 DELIVERY ROOM & LABOR	498		3,360		78,731	
041 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	3,367		6,543		360,369	
043 RADIOISOTOPE	240		1,512			
044 LABORATORY	1,627		11,439		394,870	
044 02 GEO PSYCH	395		2,132		65,383	
046 WHOLE BLOOD & PACKED						
049 RESPIRATORY THERAPY	453		2,434		118,852	
050 PHYSICAL THERAPY		492	309			
053 ELECTROCARDIOLOGY	1,479		3,466		36,302	
055 MEDICAL SUPPLIES CHAR	1,788	168	3,929		13,571	
056 DRUGS CHARGED TO PATI	36	1,160	5,018		134,661	
060 OUTPAT SERVICE COST C						
060 CLINIC	2,528		19,187		306,440	
061 EMERGENCY	1,147		7,982		411,962	
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 01 DIABETIC EDUCATION					38,498	
063 50 RHC -BOWEN			306		141,877	
063 51 RHC-WOMEN & FAMILY CL			9,046		512,021	
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	39,060	24,859	307,147	21,668	7,296,732	-2,721,740
096 NONREIMBURS COST CENT						
096 GI FT, FLOWER, COFFEE	466				5,115	
098 PHYSICIANS' PRIVATE O			1,975		53,207	
100 OUTREACH	231			68		
100 01 BEAUTY SHOP		242		34		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	105,130	62,465	308,962	21,771	1,993,701	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	2.644314		.999482		.271065	
(WRKSHT B, PT I)		2.488546		1.000046		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					46	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000006	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

14-1305

FROM 7/ 1/2007

WORKSHEET B-1

TO 6/30/2008

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS OF SERVICE)	(DIRECT NRSING HRS)
	6	8	9	10	11	12	14
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
004 01 NEW CAP REL COSTS-NH							
004 01 NEW CAP REL COSTS-MVB							
005 01 NEW CAP REL COSTS-NH							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	12,512,051						
008 OPERATION OF PLANT	747,117	45,383					
009 LAUNDRY & LINEN SERVI	88,522	1,568	214,668				
010 HOUSEKEEPING	237,496	293		43,522			
011 DIETARY	461,425	4,026	2,470	4,026	61,618		
012 CAFETERIA	84,668	663	932	663		265,205	
014 NURSING ADMINISTRATION	140,416	538		538		4,160	138,741
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	286,236	2,849		2,849		12,480	
018 SOCIAL SERVICE	50,161	147		147		2,080	2,080
020 NONPHYSICIAN ANESTHET	377,565					2,080	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,385,226	6,789	38,197	6,789	9,891	47,637	47,637
026 INTENSIVE CARE UNIT	2,062	252		252			
033 NURSERY	129,266						
036 OTHER LONG TERM CARE	1,181,483	9,031	136,684	9,031	51,727	63,440	
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	475,389	3,141	15,787	3,141		11,856	11,856
039 DELIVERY ROOM & LABOR	106,928	498		498		11,648	11,648
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	871,030	3,367	8,084	3,367		16,640	16,640
043 RADIOISOTOPE	74,870	240		240			
044 LABORATORY	1,096,643	1,627	791	1,627		21,216	21,216
044 02 GEO PSYCH	312,820	395		395		4,368	4,368
046 WHOLE BLOOD & PACKED	64,314						
049 RESPIRATORY THERAPY	180,700	453	680	453		8,112	8,112
050 PHYSICAL THERAPY	67,141	492	22	492			
053 ELECTROCARDIOLOGY	71,821	1,479		1,479			
055 MEDICAL SUPPLIES CHAR	358,943	1,956		1,956		1,248	1,248
056 DRUGS CHARGED TO PATI	624,623	1,196		1,196		4,160	4,160
060 OUTPAT SERVICE COST C							
060 CLINIC	724,994	2,528	778	2,528		41,808	
061 EMERGENCY	931,362	1,147	9,532	1,147		9,776	9,776
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 01 DIABETIC EDUCATION	51,518					2,080	
063 50 RHC -BOWEN	251,685		161				
063 51 RHC-WOMEN & FAMILY CL	922,267		550				
065 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	12,358,691	44,675	214,668	42,814	61,618	264,789	138,741
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	2,618	466		466			
098 PHYSICIANS' PRIVATE O	118,011						
100 OUTREACH	22,760						
100 01 BEAUTY SHOP	9,971	242		242		416	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,721,740	909,637	139,206	295,031	671,387	121,473	187,296
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.217529	20.043563	.648471	6.778893	10.895956	.458034	1.349969
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	167,718	28,280	6,274	4,121	20,887	3,391	3,742
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.013405	.623141	.029227	.094688	.338976	.012786	.026971
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

14-1305

FROM 7/ 1/2007

WORKSHEET B-1

TO 6/30/2008

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS REVENUES)	(TIME SPENT)	(ASSIGNED TIME)
	15	16	17	18	20
003 GENERAL SERVICE COST					
003 01 NEW CAP REL COSTS-BLD					
004 01 NEW CAP REL COSTS-NH					
004 01 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY			30,061,540		
018 SOCIAL SERVICE				259	
020 NONPHYSICIAN ANESTHETISTS					2,080
025 INPATIENT ROUTINE SERVICE					
026 ADULTS & PEDIATRICS			2,479,142	155	
033 INTENSIVE CARE UNIT			6,800		
036 NURSERY			70,842		
037 OTHER LONG TERM CARE			2,469,386	102	
039 ANCILLARY SERVICE COST CENTER					
040 OPERATING ROOM			2,429,232		
041 DELIVERY ROOM & LABOR			77,125		
043 ANESTHESIOLOGY			1,167,842		2,080
044 RADIOLOGY-DIAGNOSTIC			5,085,367		
044 02 RADIOISOTOPE			450,020		
046 LABORATORY			4,830,823		
049 GEO PSYCH			390,864		
050 WHOLE BLOOD & PACKED			87,341		
053 RESPIRATORY THERAPY			556,972		
055 PHYSICAL THERAPY			183,270		
056 ELECTROCARDIOLOGY			366,711		
060 MEDICAL SUPPLIES CHAR			1,190,299		
061 DRUGS CHARGED TO PATIENT			1,568,512		
062 OUTPATIENT SERVICE COST CENTER					
062 CLINIC			2,112,259		
063 EMERGENCY			3,207,143	2	
063 OBSERVATION BEDS (NON)					
063 OTHER OUTPATIENT SERVICE					
063 01 DIABETIC EDUCATION			19,291		
063 50 RHC -BOWEN			310,325		
063 51 RHC-WOMEN & FAMILY CL			959,628		
065 OTHER REIMBURSEMENT COST CENTER					
065 AMBULANCE SERVICES					
095 SPEC PURPOSE COST CENTER					
096 SUBTOTALS			30,019,194	259	2,080
098 NONREIMBURSEMENT COST CENTER					
100 GIFT, FLOWER, COFFEE					
100 PHYSICIANS' PRIVATE OUTREACH			42,346		
101 BEAUTY SHOP					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED			430,634	68,775	460,649
(PER WORKSHEET B, PART I)					
104 UNIT COST MULTIPLIER				265.540541	
(WORKSHEET B, PART I)			.014325		221.465865
105 COST TO BE ALLOCATED					
(PER WORKSHEET B, PART I)					
106 UNIT COST MULTIPLIER					
(WORKSHEET B, PART I)					
107 COST TO BE ALLOCATED			18,624	1,250	12,733
(PER WORKSHEET B, PART I)					
108 UNIT COST MULTIPLIER				4.826255	
(WORKSHEET B, PART I)			.000620		6.121635

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1305

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

WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,164,000		2,164,000		
26	INTENSIVE CARE UNIT	9,367		9,367		
33	NURSERY	158,400		158,400		
36	OTHER LONG TERM CARE	2,424,492		2,424,492		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	729,521		729,521		
39	DELIVERY ROOM & LABOR ROO	165,710		165,710		
40	ANESTHESIOLOGY	477,378		477,378		
41	RADIOLOGY-DIAGNOSTIC	1,258,993		1,258,993		
43	RADIOISOTOPE	104,040		104,040		
44	LABORATORY	1,486,909		1,486,909		
44	02 GEO PSYCH	404,959		404,959		
46	WHOLE BLOOD & PACKED RED	79,555		79,555		
49	RESPIRATORY THERAPY	255,245		255,245		
50	PHYSICAL THERAPY	97,581		97,581		
53	ELECTROCARDIOLOGY	132,367		132,367		
55	MEDICAL SUPPLIES CHARGED	508,797		508,797		
56	DRUGS CHARGED TO PATIENTS	822,567		822,567		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,000,420		1,000,420		
61	EMERGENCY	1,235,054		1,235,054		
62	OBSERVATION BEDS (NON-DIS	302,981		302,981		
63	OTHER OUTPATIENT SERVICE					
63	01 DIABETIC EDUCATION	63,954		63,954		
63	50 RHC -BOWEN	310,983		310,983		
63	51 RHC-WOMEN & FAMILY CLINIC	1,136,991		1,136,991		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	15,330,264		15,330,264		
102	LESS OBSERVATION BEDS	302,981		302,981		
103	TOTAL	15,027,283		15,027,283		

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1305

FROM 7/ 1/2007

WORKSHEET C

TO 6/30/2008

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,746,525		1,746,525			
26	INTENSIVE CARE UNIT	6,800		6,800			
33	NURSERY	70,842		70,842			
36	OTHER LONG TERM CARE	2,469,386		2,469,386			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	499,053	1,202,365	1,701,418	.428772	.428772	
39	DELIVERY ROOM & LABOR ROO	77,125		77,125	2.148590	2.148590	
40	ANESTHESIOLOGY	258,279	909,563	1,167,842	.408769	.408769	
41	RADIOLOGY-DIAGNOSTIC	500,180	4,585,187	5,085,367	.247572	.247572	
43	RADIOISOTOPE	18,734	431,286	450,020	.231190	.231190	
44	LABORATORY	774,972	4,055,851	4,830,823	.307796	.307796	
44	02 GEO PSYCH		390,864	390,864	1.036061	1.036061	
46	WHOLE BLOOD & PACKED RED	46,256	41,085	87,341	.910855	.910855	
49	RESPIRATORY THERAPY	297,505	259,467	556,972	.458273	.458273	
50	PHYSICAL THERAPY	165,218	18,052	183,270	.532444	.532444	
53	ELECTROCARDIOLOGY	47,455	319,256	366,711	.360957	.360957	
55	MEDICAL SUPPLIES CHARGED	669,649	520,650	1,190,299	.427453	.427453	
56	DRUGS CHARGED TO PATIENTS	795,043	1,179,259	1,974,302	.416637	.416637	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		384,392	384,392	2.602604	2.602604	
61	EMERGENCY	57,279	1,692,097	1,749,376	.705997	.705997	
62	OBSERVATION BEDS (NON-DIS	43,313	283,514	326,827	.927038	.927038	
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION		19,291	19,291	3.315225	3.315225	
63	50 RHC -BOWEN		310,325	310,325	1.002120	1.002120	
63	51 RHC-WOMEN & FAMILY CLINIC		959,628	959,628	1.184825	1.184825	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	8,543,614	17,562,132	26,105,746			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,543,614	17,562,132	26,105,746			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-1305

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

PREPARED 11/25/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,164,000		2,164,000		
26	INTENSIVE CARE UNIT	9,367		9,367		
33	NURSERY	158,400		158,400		
36	OTHER LONG TERM CARE	2,424,492		2,424,492		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	729,521		729,521		
39	DELIVERY ROOM & LABOR ROO	165,710		165,710		
40	ANESTHESIOLOGY	477,378		477,378		
41	RADIOLOGY-DIAGNOSTIC	1,258,993		1,258,993		
43	RADIOISOTOPE	104,040		104,040		
44	LABORATORY	1,486,909		1,486,909		
44	02 GEO PSYCH	404,959		404,959		
46	WHOLE BLOOD & PACKED RED	79,555		79,555		
49	RESPIRATORY THERAPY	255,245		255,245		
50	PHYSICAL THERAPY	97,581		97,581		
53	ELECTROCARDIOLOGY	132,367		132,367		
55	MEDICAL SUPPLIES CHARGED	508,797		508,797		
56	DRUGS CHARGED TO PATIENTS	822,567		822,567		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,000,420		1,000,420		
61	EMERGENCY	1,235,054		1,235,054		
62	OBSERVATION BEDS (NON-DIS	302,981		302,981		
63	OTHER OUTPATIENT SERVICE					
63	01 DIABETIC EDUCATION	63,954		63,954		
63	50 RHC -BOWEN	310,983		310,983		
63	51 RHC-WOMEN & FAMILY CLINIC	1,136,991		1,136,991		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	15,330,264		15,330,264		
102	LESS OBSERVATION BEDS	302,981		302,981		
103	TOTAL	15,027,283		15,027,283		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,746,525		1,746,525			
26	INTENSIVE CARE UNIT	6,800		6,800			
33	NURSERY	70,842		70,842			
36	OTHER LONG TERM CARE	2,469,386		2,469,386			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	499,053	1,202,365	1,701,418	.428772	.428772	
39	DELIVERY ROOM & LABOR ROO	77,125		77,125	2.148590	2.148590	
40	ANESTHESIOLOGY	258,279	909,563	1,167,842	.408769	.408769	
41	RADIOLOGY-DIAGNOSTIC	500,180	4,585,187	5,085,367	.247572	.247572	
43	RADIOISOTOPE	18,734	431,286	450,020	.231190	.231190	
44	LABORATORY	774,972	4,055,851	4,830,823	.307796	.307796	
44	02 GEO PSYCH		390,864	390,864	1.036061	1.036061	
46	WHOLE BLOOD & PACKED RED	46,256	41,085	87,341	.910855	.910855	
49	RESPIRATORY THERAPY	297,505	259,467	556,972	.458273	.458273	
50	PHYSICAL THERAPY	165,218	18,052	183,270	.532444	.532444	
53	ELECTROCARDIOLOGY	47,455	319,256	366,711	.360957	.360957	
55	MEDICAL SUPPLIES CHARGED	669,649	520,650	1,190,299	.427453	.427453	
56	DRUGS CHARGED TO PATIENTS	795,043	1,179,259	1,974,302	.416637	.416637	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		384,392	384,392	2.602604	2.602604	
61	EMERGENCY	57,279	1,692,097	1,749,376	.705997	.705997	
62	OBSERVATION BEDS (NON-DIS	43,313	283,514	326,827	.927038	.927038	
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION		19,291	19,291	3.315225	3.315225	
63	50 RHC -BOWEN		310,325	310,325	1.002120	1.002120	
63	51 RHC-WOMEN & FAMILY CLINIC		959,628	959,628	1.184825	1.184825	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	8,543,614	17,562,132	26,105,746			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,543,614	17,562,132	26,105,746			

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	729,521	79,505	650,016			729,521
39	DELIVERY ROOM & LABOR ROO	165,710	6,976	158,734			165,710
40	ANESTHESIOLOGY	477,378	724	476,654			477,378
41	RADIOLOGY-DIAGNOSTIC	1,258,993	33,577	1,225,416			1,258,993
43	RADIOISOTOPE	104,040	3,602	100,438			104,040
44	LABORATORY	1,486,909	35,466	1,451,443			1,486,909
44	02 GEO PSYCH	404,959	8,068	396,891			404,959
46	WHOLE BLOOD & PACKED RED	79,555	916	78,639			79,555
49	RESPIRATORY THERAPY	255,245	7,067	248,178			255,245
50	PHYSICAL THERAPY	97,581	2,902	94,679			97,581
53	ELECTROCARDIOLOGY	132,367	9,627	122,740			132,367
55	MEDICAL SUPPLIES CHARGED	508,797	16,077	492,720			508,797
56	DRUGS CHARGED TO PATIENTS	822,567	18,366	804,201			822,567
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,000,420	39,265	961,155			1,000,420
61	EMERGENCY	1,235,054	26,988	1,208,066			1,235,054
62	OBSERVATION BEDS (NON-DIS	302,981		302,981			302,981
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION	63,954	730	63,224			63,954
63	50 RHC -BOWEN	310,983	3,878	307,105			310,983
63	51 RHC-WOMEN & FAMILY CLINIC	1,136,991	22,018	1,114,973			1,136,991
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	10,574,005	315,752	10,258,253			10,574,005
102	LESS OBSERVATION BEDS	302,981		302,981			302,981
103	TOTAL	10,271,024	315,752	9,955,272			10,271,024

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,701,418	.428772	.428772
39	DELIVERY ROOM & LABOR ROO	77,125	2.148590	2.148590
40	ANESTHESIOLOGY	1,167,842	.408769	.408769
41	RADIOLOGY-DIAGNOSTIC	5,085,367	.247572	.247572
43	RADIOISOTOPE	450,020	.231190	.231190
44	LABORATORY	4,830,823	.307796	.307796
44	02 GEO PSYCH	390,864	1.036061	1.036061
46	WHOLE BLOOD & PACKED RED	87,341	.910855	.910855
49	RESPIRATORY THERAPY	556,972	.458273	.458273
50	PHYSICAL THERAPY	183,270	.532444	.532444
53	ELECTROCARDIOLOGY	366,711	.360957	.360957
55	MEDICAL SUPPLIES CHARGED	1,190,299	.427453	.427453
56	DRUGS CHARGED TO PATIENTS	1,974,302	.416637	.416637
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	384,392	2.602604	2.602604
61	EMERGENCY	1,749,376	.705997	.705997
62	OBSERVATION BEDS (NON-DIS	326,827	.927038	.927038
63	OTHER OUTPATIENT SERVICE			
63	01 DIABETIC EDUCATION	19,291	3.315225	3.315225
63	50 RHC -BOWEN	310,325	1.002120	1.002120
63	51 RHC-WOMEN & FAMILY CLINIC	959,628	1.184825	1.184825
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	21,812,193		
102	LESS OBSERVATION BEDS	326,827		
103	TOTAL	21,485,366		

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	729,521	79,505	650,016			729,521
39	DELIVERY ROOM & LABOR ROO	165,710	6,976	158,734			165,710
40	ANESTHESIOLOGY	477,378	724	476,654			477,378
41	RADIOLOGY-DIAGNOSTIC	1,258,993	33,577	1,225,416			1,258,993
43	RADIOISOTOPE	104,040	3,602	100,438			104,040
44	LABORATORY	1,486,909	35,466	1,451,443			1,486,909
44	02 GEO PSYCH	404,959	8,068	396,891			404,959
46	WHOLE BLOOD & PACKED RED	79,555	916	78,639			79,555
49	RESPIRATORY THERAPY	255,245	7,067	248,178			255,245
50	PHYSICAL THERAPY	97,581	2,902	94,679			97,581
53	ELECTROCARDIOLOGY	132,367	9,627	122,740			132,367
55	MEDICAL SUPPLIES CHARGED	508,797	16,077	492,720			508,797
56	DRUGS CHARGED TO PATIENTS	822,567	18,366	804,201			822,567
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,000,420	39,265	961,155			1,000,420
61	EMERGENCY	1,235,054	26,988	1,208,066			1,235,054
62	OBSERVATION BEDS (NON-DIS	302,981		302,981			302,981
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION	63,954	730	63,224			63,954
63	50 RHC -BOWEN	310,983	3,878	307,105			310,983
63	51 RHC-WOMEN & FAMILY CLINIC	1,136,991	22,018	1,114,973			1,136,991
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	10,574,005	315,752	10,258,253			10,574,005
102	LESS OBSERVATION BEDS	302,981		302,981			302,981
103	TOTAL	10,271,024	315,752	9,955,272			10,271,024

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,701,418	.428772	.428772
39	DELIVERY ROOM & LABOR ROO	77,125	2.148590	2.148590
40	ANESTHESIOLOGY	1,167,842	.408769	.408769
41	RADIOLOGY-DIAGNOSTIC	5,085,367	.247572	.247572
43	RADIOISOTOPE	450,020	.231190	.231190
44	LABORATORY	4,830,823	.307796	.307796
44	02 GEO PSYCH	390,864	1.036061	1.036061
46	WHOLE BLOOD & PACKED RED	87,341	.910855	.910855
49	RESPIRATORY THERAPY	556,972	.458273	.458273
50	PHYSICAL THERAPY	183,270	.532444	.532444
53	ELECTROCARDIOLOGY	366,711	.360957	.360957
55	MEDICAL SUPPLIES CHARGED	1,190,299	.427453	.427453
56	DRUGS CHARGED TO PATIENTS	1,974,302	.416637	.416637
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	384,392	2.602604	2.602604
61	EMERGENCY	1,749,376	.705997	.705997
62	OBSERVATION BEDS (NON-DIS	326,827	.927038	.927038
63	OTHER OUTPATIENT SERVICE			
63	01 DIABETIC EDUCATION	19,291	3.315225	3.315225
63	50 RHC -BOWEN	310,325	1.002120	1.002120
63	51 RHC-WOMEN & FAMILY CLINIC	959,628	1.184825	1.184825
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	21,812,193		
102	LESS OBSERVATION BEDS	326,827		
103	TOTAL	21,485,366		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	729,521	1,701,418			
39	DELIVERY ROOM & LABOR ROO	165,710	77,125			
40	ANESTHESIOLOGY	477,378	1,167,842			
41	RADIOLOGY-DIAGNOSTIC	1,258,993	5,085,367			
43	RADIOISOTOPE	104,040	450,020			
44	LABORATORY	1,486,909	4,830,823			
44	02 GEO PSYCH	404,959	390,864			
46	WHOLE BLOOD & PACKED RED	79,555	87,341			
49	RESPIRATORY THERAPY	255,245	556,972			
50	PHYSICAL THERAPY	97,581	183,270			
53	ELECTROCARDIOLOGY	132,367	366,711			
55	MEDICAL SUPPLIES CHARGED	508,797	1,190,299			
56	DRUGS CHARGED TO PATIENTS	822,567	1,974,302			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,000,420	384,392			
61	EMERGENCY	1,235,054	1,749,376			
62	OBSERVATION BEDS (NON-DIS	302,981	326,827			
63	OTHER OUTPATIENT SERVICE					
63	01 DIABETIC EDUCATION	63,954	19,291			
63	50 RHC -BOWEN	310,983	310,325			
63	51 RHC-WOMEN & FAMILY CLINIC	1,136,991	959,628			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL	10,574,005	21,812,193			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	729,521		729,521		1,701,418		
39	DELIVERY ROOM & LABOR ROO	165,710		165,710		77,125		
40	ANESTHESIOLOGY	477,378		477,378		1,167,842		
41	RADIOLOGY-DIAGNOSTIC	1,258,993		1,258,993		5,085,367		
43	RADIOISOTOPE	104,040		104,040		450,020		
44	LABORATORY	1,486,909		1,486,909		4,830,823		
44	02 GEO PSYCH	404,959		404,959		390,864		
46	WHOLE BLOOD & PACKED RED	79,555		79,555		87,341		
49	RESPIRATORY THERAPY	255,245		255,245		556,972		
50	PHYSICAL THERAPY	97,581		97,581		183,270		
53	ELECTROCARDIOLOGY	132,367		132,367		366,711		
55	MEDICAL SUPPLIES CHARGED	508,797		508,797		1,190,299		
56	DRUGS CHARGED TO PATIENTS	822,567		822,567		1,974,302		
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	1,000,420	844,638	1,845,058		384,392		
61	EMERGENCY	1,235,054	201,668	1,436,722		1,749,376		
62	OBSERVATION BEDS (NON-DIS	302,981		302,981		326,827		
63	OTHER OUTPATIENT SERVICE							
63	01 DIABETIC EDUCATION	63,954		63,954		19,291		
63	50 RHC -BOWEN							
63	51 RHC-WOMEN & FAMILY CLINIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	9,126,031	1,046,306	10,172,337		20,542,240		
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.416637
2	PROGRAM VACCINE CHARGES		3,050
3	PROGRAM COSTS		1,271

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		806,510	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		6,200	
37	OPERATING ROOM	.428772	140,213	60,119
39	DELIVERY ROOM & LABOR ROOM	2.148590		
40	ANESTHESIOLOGY	.408769	70,950	29,002
41	RADIOLOGY-DIAGNOSTIC	.247572	274,088	67,857
43	RADIOISOTOPE	.231190	14,074	3,254
44	LABORATORY	.307796	410,351	126,304
44	02 GEO PSYCH	1.036061		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.910855	35,444	32,284
49	RESPIRATORY THERAPY	.458273	145,721	66,780
50	PHYSICAL THERAPY	.532444	23,943	12,748
53	ELECTROCARDIOLOGY	.360957	19,156	6,914
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.427453	316,903	135,461
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.416637	397,052	165,427
60	CLINIC	2.602604		
61	EMERGENCY	.705997	114	80
62	OBSERVATION BEDS (NON-DISTINCT PART)	.927038		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	01 DIABETIC EDUCATION	3.315225		
63	50 RHC -BOWEN			
63	51 RHC-WOMEN & FAMILY CLINIC OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,848,009	706,230
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,848,009	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.428772		
39	DELIVERY ROOM & LABOR ROOM	2.148590		
40	ANESTHESIOLOGY	.408769		
41	RADIOLOGY-DIAGNOSTIC	.247572	24,320	6,021
43	RADIOISOTOPE	.231190		
44	LABORATORY	.307796	62,928	19,369
44	02 GEO PSYCH	1.036061		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.910855	3,978	3,623
49	RESPIRATORY THERAPY	.458273	52,947	24,264
50	PHYSICAL THERAPY	.532444	125,701	66,929
53	ELECTROCARDIOLOGY	.360957	1,230	444
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.427453	73,029	31,216
56	DRUGS CHARGED TO PATIENTS	.416637	125,842	52,430
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.602604		
61	EMERGENCY	.705997		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.927038		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	01 DIABETIC EDUCATION	3.315225		
63	50 RHC -BOWEN			
63	51 RHC-WOMEN & FAMILY CLINIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		469,975	204,296
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		469,975	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		1,459,997
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		1,459,997
5	PRIMARY PAYER PAYMENTS		
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)		1,474,597

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
7	ROUTINE SERVICE CHARGES		
8	ANCILLARY SERVICE CHARGES		
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
10	TEACHING PHYSICIANS		
11	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)		
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		1,474,597
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		216,980
21	EXCESS REASONABLE COST		
22	SUBTOTAL		1,257,617
23	COINSURANCE		512
24	SUBTOTAL		1,257,105
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		21,260
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		21,260
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		19,276
26	SUBTOTAL		1,278,365
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		1,278,365
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		1,267,659
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		10,706
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		15,561

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	956,361			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,147,538			
5	OTHER RECEIVABLES	81,080			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,676,849			
7	INVENTORY				
8	PREPAID EXPENSES	334,635			
9	OTHER CURRENT ASSETS	469,110			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	5,311,875			
FIXED ASSETS					
12	LAND	533,475			
12.01					
13	LAND IMPROVEMENTS	276,320			
13.01	LESS ACCUMULATED DEPRECIATION	-245,643			
14	BUILDINGS	5,693,274			
14.01	LESS ACCUMULATED DEPRECIATION	-4,578,210			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	6,706,865			
18.01	LESS ACCUMULATED DEPRECIATION	-4,361,931			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	1,903,098			
21	TOTAL FIXED ASSETS	5,927,248			
OTHER ASSETS					
22	INVESTMENTS	19,002,263			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	746,321			
26	TOTAL OTHER ASSETS	19,748,584			
27	TOTAL ASSETS	30,987,707			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,203,137			
29 SALARIES, WAGES & FEES PAYABLE	873,316			
30 PAYROLL TAXES PAYABLE	23,588			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,012,497			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	924,051			
36 TOTAL CURRENT LIABILITIES	4,036,589			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	10,911,818			
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 TOTAL LONG-TERM LIABILITIES	10,911,818			
43 TOTAL LIABILITIES	14,948,407			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	16,039,300			
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	16,039,300			
52 TOTAL LIABILITIES AND FUND BALANCES	30,987,707			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		15,626,536		
2 OF PERIOD				
3 NET INCOME (LOSS)		412,764		
4 TOTAL		16,039,300		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 RESTRICTED CONTRIBUTIONS				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		16,039,300		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 UNREALIZED LOSS				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		16,039,300		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,817,367		1,817,367
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
8 00 OTHER LONG TERM CARE	2,469,386		2,469,386
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,286,753		4,286,753
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,800		6,800
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,800		6,800
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,293,553		4,293,553
17 00 ANCILLARY SERVICES	4,372,942		4,372,942
18 00 OUTPATIENT SERVICES		20,083,137	20,083,137
18 50 RHC -BOWEN		310,325	310,325
18 51 RHC-WOMEN & FAMILY CLINIC		959,237	959,237
20 00 AMBULANCE SERVICES			
24 00 PHYSICIAN OFFICE		42,346	42,346
25 00 TOTAL PATIENT REVENUES	8,666,495	21,395,045	30,061,540

PART II -OPERATING EXPENSES

26 00 OPERATING EXPENSES		17,633,271	
ADD (SPECIFY)			
27 00 BAD DEBTS	826,670		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		826,670	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		18,459,941	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:
14-1305PERIOD:
FROM 7/ 1/2007
TO 6/30/2008PREPARED 11/25/2008
WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	30,061,540
2	LESS: ALLOWANCES AND DISCOUNTS ON	12,484,764
3	NET PATIENT REVENUES	17,576,776
4	LESS: TOTAL OPERATING EXPENSES	18,459,941
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	-883,165
6	CONTRIBUTIONS, DONATIONS, BEQUES	636,753
7	INCOME FROM INVESTMENTS	578,230
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	72,057
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	49,510
23	GOVERNMENTAL APPROPRIATIONS	108,275
24	OTHER INCOME	512,203
25	TOTAL OTHER INCOME	1,957,028
26	TOTAL	1,073,863
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	661,099
29		
30	TOTAL OTHER EXPENSES	661,099
31	NET INCOME (OR LOSS) FOR THE PERIO	412,764

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

PROVIDER NO:	PERIOD:	PREPARED
14-1305	FROM 7/ 1/2007	11/25/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET M-1
14-3456		

RHC 1

RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
5	6	7

1	FACILITY HEALTH CARE STAFF COSTS		
2	PHYSICIAN		
3	PHYSICIAN ASSISTANT	87,100	87,100
4	NURSE PRACTITIONER		
5	VISITING NURSE		
6	OTHER NURSE		
7	CLINICAL PSYCHOLOGIST		
8	CLINICAL SOCIAL WORKER		
9	LABORATORY TECHNICIAN		
10	OTHER FACILITY HEALTH CARE STAFF COSTS	55,700	55,700
	SUBTOTAL (SUM OF LINES 1-9)	142,800	142,800
	COSTS UNDER AGREEMENT		
11	PHYSICIAN SERVICES UNDER AGREEMENT		
12	PHYSICIAN SUPERVISION UNDER AGREEMENT	30,000	30,000
13	OTHER COSTS UNDER AGREEMENT		
14	SUBTOTAL (SUM OF LINES 11-13)	30,000	30,000
	OTHER HEALTH CARE COSTS		
15	MEDICAL SUPPLIES	5,065	5,065
16	TRANSPORTATION (HEALTH CARE STAFF)		
17	DEPRECIATION-MEDICAL EQUIPMENT	2,197	2,197
18	PROFESSIONAL LIABILITY INSURANCE		
19	OTHER HEALTH CARE COSTS	34,146	34,146
20	ALLOWABLE GME COSTS		
21	SUBTOTAL (SUM OF LINES 15-20)	41,408	41,408
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	214,208	214,208
	COSTS OTHER THAN RHC/FQHC SERVICES		
23	PHARMACY		
24	DENTAL		
25	OPTOMETRY		
26	ALL OTHER NONREIMBURSABLE COSTS		
27	NONALLOWABLE GME COSTS		
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		
	FACILITY OVERHEAD		
29	FACILITY COSTS		
30	ADMINISTRATIVE COSTS	636	-1,287
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	636	-1,287
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	214,844	-1,923
			212,921

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

PROVIDER NO:	PERIOD:	PREPARED 11/25/2008
14-1305	FROM 7/ 1/2007	WORKSHEET M-1
COMPONENT NO:	TO 6/30/2008	
14-3405		

RHC 2

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN	158,887	-58,352	100,535
3 PHYSICIAN ASSISTANT	324,775		324,775
4 NURSE PRACTITIONER			
5 VISITING NURSE			
6 OTHER NURSE			
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS	94,608		94,608
11 SUBTOTAL (SUM OF LINES 1-9)	578,270	-58,352	519,918
12 COSTS UNDER AGREEMENT			
13 PHYSICIAN SERVICES UNDER AGREEMENT			
14 PHYSICIAN SUPERVISION UNDER AGREEMENT	69,436		69,436
15 OTHER COSTS UNDER AGREEMENT			
16 SUBTOTAL (SUM OF LINES 11-13)	69,436		69,436
17 OTHER HEALTH CARE COSTS			
18 MEDICAL SUPPLIES	34,802		34,802
19 TRANSPORTATION (HEALTH CARE STAFF)			
20 DEPRECIATION-MEDICAL EQUIPMENT			
21 PROFESSIONAL LIABILITY INSURANCE			
22 OTHER HEALTH CARE COSTS	7,142		7,142
23 ALLOWABLE GME COSTS			
24 SUBTOTAL (SUM OF LINES 15-20)	41,944		41,944
25 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	689,650	-58,352	631,298
26 COSTS OTHER THAN RHC/FQHC SERVICES			
27 PHARMACY	28,968		28,968
28 DENTAL			
29 OPTOMETRY			
30 ALL OTHER NONREIMBURSABLE COSTS			
31 NONALLOWABLE GME COSTS			
32 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	28,968		28,968
33 FACILITY OVERHEAD			
34 FACILITY COSTS			
35 ADMINISTRATIVE COSTS	131,272	-17,103	114,169
36 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	131,272	-17,103	114,169
37 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	849,890	-75,455	774,435

ALLOCATION OF OVERHEAD
TO RHC/FOHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1305	FROM 7/ 1/2007	11/25/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET M-2
14-3456		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1			4,200	
2			2,100	1,869
3	.89	3,470	2,100	
4				1,869
5				
6				
7				
8	.89	3,470		
9				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FOHC SERVICES				
10		214,208		
11				
12		214,208		
13	1.000000			
14		-1,287		
15		98,062		
16		96,775		
17				
18		96,775		
19		96,775		
20		310,983		

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 11/25/2008
14-1305	FROM 7/ 1/2007	WORKSHEET M-2
COMPONENT NO:	TO 6/30/2008	
14-3456		

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	3,470
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3,470
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/FOHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1305	FROM 7/ 1/2007	11/25/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET M-2
14-3405		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	1.05	2,219	4,200	4,410
2	PHYSICIAN ASSISTANTS	.26	730	2,100	546
3	NURSE PRACTITIONERS	.88	2,101	2,100	1,848
4	SUBTOTAL (SUM OF LINES 1-3)	2.19	5,050		6,804
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.19	5,050		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FOHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	631,298			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	28,968			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	660,266			
13	RATIO OF RHC/FOHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.956127			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	114,169			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	362,556			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	476,725			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	476,725			
19	OVERHEAD APPLICABLE TO RHC/FOHC SERVICES (LINE 13 X LINE 18)	455,810			
20	TOTAL ALLOWABLE COST OF RHC/FOHC SERVICES (SUM OF LINES 10 AND 19)	1,087,108			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 11/25/2008
14-1305	FROM 7/ 1/2007	WORKSHEET M-2
COMPONENT NO:	TO 6/30/2008	
14-3405		

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)	6,804
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	6,804
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.

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1305	FROM 7/ 1/2007	11/25/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET M-4
14-3456		

TITLE XVIII

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	142,800	142,800
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000146	.000291
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	21	42
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	257	184
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	278	226
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	214,208	214,208
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	96,775	96,775
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001298	.001055
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	126	102
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	404	328
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	12	24
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	33.67	13.67
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	9	24
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	303	328
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)		732
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)		631

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2 33,605
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER	.01	
ADJUSTMENTS TO PROVIDER	.02	
ADJUSTMENTS TO PROVIDER	.03	
ADJUSTMENTS TO PROVIDER	.04	
ADJUSTMENTS TO PROVIDER	.05	
ADJUSTMENTS TO PROGRAM	.50	
ADJUSTMENTS TO PROGRAM	.51	
ADJUSTMENTS TO PROGRAM	.52	
ADJUSTMENTS TO PROGRAM	.53	
ADJUSTMENTS TO PROGRAM	.54	
ADJUSTMENTS TO PROGRAM	.99	
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		33,605
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER	.01	
TENTATIVE TO PROVIDER	.02	
TENTATIVE TO PROVIDER	.03	
TENTATIVE TO PROGRAM	.50	
TENTATIVE TO PROGRAM	.51	
TENTATIVE TO PROGRAM	.52	
TENTATIVE TO PROGRAM	.99	
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	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.

RHC 2

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	24,920
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER	.01	
ADJUSTMENTS TO PROVIDER	.02	
ADJUSTMENTS TO PROVIDER	.03	
ADJUSTMENTS TO PROVIDER	.04	
ADJUSTMENTS TO PROVIDER	.05	
ADJUSTMENTS TO PROGRAM	.50	
ADJUSTMENTS TO PROGRAM	.51	
ADJUSTMENTS TO PROGRAM	.52	
ADJUSTMENTS TO PROGRAM	.53	
ADJUSTMENTS TO PROGRAM	.54	
ADJUSTMENTS TO PROGRAM	.99	
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		24,920
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER	.01	
TENTATIVE TO PROVIDER	.02	
TENTATIVE TO PROVIDER	.03	
TENTATIVE TO PROGRAM	.50	
TENTATIVE TO PROGRAM	.51	
TENTATIVE TO PROGRAM	.52	
TENTATIVE TO PROGRAM	.99	
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		
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.