

McGladrey & Pullen

Certified Public Accountants

INDEPENDENT ACCOUNTANT'S REPORT

To the Board of Directors
Pinckneyville Community Hospital
Pinckneyville, Illinois

We have compiled the Hospital Health Care Complex Cost Report, Form CMS-2552-96 of Pinckneyville Community Hospital for the period ending April 30, 2008, included in the accompanying prescribed form in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form prescribed by Centers for Medicare and Medicaid Services information that is the representation of management. We have not audited or reviewed the cost report referred to above and, accordingly do not express an opinion or any other form of assurance on it.

The Hospital Health Care Complex Cost Report, Form CMS-2552-96 is presented in accordance with the requirements of Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, the cost report is not designed for those who are not informed about such differences.

McGladrey & Pullen, LLP

Davenport, Iowa
July 30, 2008

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY I PROVIDER NO: 14-1307 I PERIOD FROM 5/1/2007 TO 4/30/2008 I INTERMEDIARY USE ONLY I --AUDITED --DESK REVIEW I --INITIAL --REOPENED I --FINAL 1-MCR CODE I 00 - # OF REOPENINGS I DATE RECEIVED: / / I INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 8/22/2008 TIME 11:50

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: PINCKNEYVILLE COMMUNITY HOSPITAL 14-1307 FOR THE COST REPORTING PERIOD BEGINNING 5/1/2007 AND ENDING 4/30/2008 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.

ECR ENCRYPTION INFORMATION DATE: 8/22/2008 TIME 11:50

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PI ENCRYPTION INFORMATION DATE: 8/22/2008 TIME 11:50

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, B, XVIII, XIX, and numerical values for HOSPITAL, SWING BED - SNF, HOSPITAL-BASED SNF, HOSPITAL-BASED NF, HOSPITAL-BASED HHA, RHC, and TOTAL.

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: 101 N. WALNUT ST. P.O. BOX:
 CITY: PINCKNEYVILLE STATE: IL ZIP CODE: 62274-1034 COUNTY: PERRY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	PINCKNEYVILLE COMMUNITY HOSPITAL	14-1307	11/30/2000	N	O	O
04.00	SWING BED - SNF	PINCKNEYVILLE CRITICAL ACC SWING BED	14-2307	2/ 6/2001	N	O	N
06.00	HOSPITAL-BASED SNF	PINCKNEYVILLE HOSPITAL SNF	14-5345	1/ 1/1977	N	P	N
07.00	HOSPITAL-BASED NF	PINCKNEYVILLE HOSPITAL NF	14-5345	1/ 1/1977	N		O
09.00	HOSPITAL-BASED HHA	PINCKNEYVILLE HOSPITAL HHA	14-7488	2/28/1990	N	P	N
12.00	HOSP-BASED HOSPICE	HOSPICE OF PERRY COUNTY	14-1565	5/ 1/1999			
14.00	HOSPITAL-BASED RHC	PINCKNEYVILLE HOSPITAL RHC	14-3412	3/27/1995	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 5/ 1/2007 TO: 4/30/2008

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? N
- 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. 2 Y
- 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 2
- 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 2
- 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. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION 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? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
- 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-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME 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)

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 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 NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 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 NHCQM 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
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52 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: 40,606
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEES
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					

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

MULTICAMPUS

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-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
I 14-1307 I FROM 5/ 1/2007 I WORKSHEET S-4
I HHA NO: I TO 4/30/2008 I
I 14-7488 I
COUNTY: PERRY

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,421	25	0
2 UNDUPLICATED CENSUS COUNT		144.00	17.00	43.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	1,446			
2 UNDUPLICATED CENSUS COUNT	204.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	3.57		3.57
6 DIRECTING NURSING SERVICE	4.10		4.10
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	1.28		1.28
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.53		.53
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.12		.12
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.70		.70
17 HOME HEALTH AIDE SUPERVISOR			
18 HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		99914	

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

	FULL EPISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	2,205	58	25	101
22 SKILLED NURSING VISIT CHARGES	255,032	6,728	2,900	11,688
23 PHYSICAL THERAPY VISITS	1,257	59	0	97
24 PHYSICAL THERAPY VISIT CHARGES	145,372	6,844	0	11,224
25 OCCUPATIONAL THERAPY VISITS	638	58	2	74
26 OCCUPATIONAL THERAPY VISIT CHARGES	73,708	6,728	232	8,556
27 SPEECH PATHOLOGY VISITS	139	1	0	7
28 SPEECH PATHOLOGY VISIT CHARGES	16,012	116	0	812
29 MEDICAL SOCIAL SERVICE VISITS	115	10	1	9
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	20,142	1,760	176	1,570
31 HOME HEALTH AIDE VISITS	475	25	1	21
32 HOME HEALTH AIDE VISIT CHARGES	28,901	1,525	61	1,281
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	4,829	211	29	309
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	539,167	23,701	3,369	35,131
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	257	0	9	21
37 TOTAL NUMBER OF OUTLIER EPISODES	0	4	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	6,727	0	116	24

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET S-4
 I HHA NO: I TO 4/30/2008 I
 I 14-7488 I
 COUNTY: PERRY

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,389
22 SKILLED NURSING VISIT CHARGES	0	0	276,348
23 PHYSICAL THERAPY VISITS	0	0	1,413
24 PHYSICAL THERAPY VISIT CHARGES	0	0	163,440
25 OCCUPATIONAL THERAPY VISITS	0	0	772
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	89,224
27 SPEECH PATHOLOGY VISITS	0	0	147
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	16,940
29 MEDICAL SOCIAL SERVICE VISITS	0	0	135
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	23,648
31 HOME HEALTH AIDE VISITS	0	0	522
32 HOME HEALTH AIDE VISIT CHARGES	0	0	31,768
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	5,378
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	601,368
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	287
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	4
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	6,867

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	10/1 DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	9/30/01 DAYS 4.03
2	RUC						
3	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC		18				
5	RVB		72				
6	RVA						
6	.01 RVX		76				
6	.02 RVL		51				
7	RHC		46				
8	RHB		86				
9	RHA		11				
9	.01 RHX						
9	.02 RHL						
10	RMC		5				
11	RMB		18				
12	RMA		14				
12	.01 RMX		71				
12	.02 RML		124				
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3		100				
16	SE2		53				
17	SE1						
18	SSC		17				
19	SSB						
20	SSA		5				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
46	TOTAL		767				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
I 14-1307 I FROM 5/1/2007 I WORKSHEET S-7
I I TO 4/30/2008 I

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

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

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

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

RHC 1

ADDRESS AND IDENTIFICATION
 STREET: 101 NORTH WALNUT STREET
 1.01 CITY: PINCKNEYVILLE STATE: IL ZIP CODE: 62274 COUNTY: PERRY
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

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

PHYSICIAN INFORMATION:	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	J. GREGG FOZARD, M.D.	C37083
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	CHRISTOPHER REYES, M.D.	H01276
9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	NISHATH GHANI, M.D.	K41104
9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ANGIE EUBANKS, PAC	R78303
9.04 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	STEPHEN PRIEBE, PAC	P12446

	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	J. GREGG FOZARD, M.D.	2,210.00
11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)		N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			830	1700	830	1700	830	1700	830	1700	830	1700	900	1200

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

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

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

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

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

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

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET S-9
 I HOSPICE NO: I TO 4/30/2008 I
 I 14-1565 I I

HOSPICE IDENTIFICATION DATA

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	1,702	17		
3 INPATIENT RESPITE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	1,702	17		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	91	1,810
3 INPATIENT RESPITE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	91	1,810

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	40	3		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	42.55	5.67		
9 UNDUPLICATED CENSUS COUNT	40	3		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	3	46
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	30.33	39.35
9 UNDUPLICATED CENSUS COUNT	3	46

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 14-1307
I

I PERIOD:
I FROM 5/ 1/2007
I TO 4/30/2008 I

I PREPARED 8/22/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
0300	GENERAL SERVICE COST CNTR					
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT		156,010	156,010	-146,775	9,235
3.02 0302	NEW CAP REL COSTS-NEW BLDG				130,183	130,183
3.03 0303	NEW CAP REL COSTS-PT BLDG				8,702	8,702
4 0400	NEW CAP REL COSTS-RHC BLDG				54,788	54,788
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		702,317	702,317	46,223	748,540
5 0500	EMPLOYEE BENEFITS	35,910	2,610,036	2,645,946	-32,173	2,613,773
6.06 0611	NONPATIENT TELEPHONES		93,949	93,949	513	94,462
6.08 0630	PURCHASING, RECEIVING AND STORES	32,787	3,920	36,707		36,707
6.09 0640	ADMITTING	84,706	7,826	92,532		92,532
6.10 0650	CASHIERING/ACCOUNTS RECEIVABLE	319,419	88,616	408,035	84,245	492,280
6.11 0660	OTHER ADMINISTRATIVE AND GENERAL	474,364	1,125,759	1,600,123	16,933	1,617,056
7 0700	MAINTENANCE & REPAIRS	172,935	379,350	552,285		552,285
8 0800	OPERATION OF PLANT					
9 0900	LAUNDRY & LINEN SERVICE	89,647	18,175	107,822		107,822
10 1000	HOUSEKEEPING	254,877	64,419	319,296	-69,458	249,838
11 1100	DIETARY	381,842	224,728	606,570	-226,516	380,054
12 1200	CAFETERIA				226,516	226,516
14 1400	NURSING ADMINISTRATION	280,521	19,717	300,238		300,238
15 1500	CENTRAL SERVICES & SUPPLY	18,799	2,904	21,703		21,703
16 1600	PHARMACY	289,835	2,165,904	2,455,739		2,455,739
17 1700	MEDICAL RECORDS & LIBRARY	273,159	50,636	323,795		323,795
18 1800	SOCIAL SERVICE	66,479	1,690	68,169		68,169
20 2000	NONPHYSICIAN ANESTHETISTS		259,000	259,000		259,000
25 2500	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	1,053,955	127,645	1,181,600	196,974	1,378,574
34 3400	SKILLED NURSING FACILITY				71,275	71,275
35 3500	NURSING FACILITY	1,120,283	254,745	1,375,028	-390	1,374,638
37 3700	ANCILLARY SRVC COST CNTRS					
40 4000	OPERATING ROOM	172,686	72,167	244,853		244,853
40 4000	ANESTHESIOLOGY		4,668	4,668		4,668
41 4100	RADIOLOGY-DIAGNOSTIC	451,224	393,024	844,248		844,248
41.01 4101	ONCOLOGY	198,693	284,004	482,697		482,697
43 4300	RADIOISOTOPE	16,511	129,201	145,712		145,712
44 4400	LABORATORY	394,659	506,808	901,467	6,535	908,002
49 4900	RESPIRATORY THERAPY	246,596	93,221	339,817		339,817
49.01 4901	CARDIAC REHAB					
50 5000	PHYSICAL THERAPY	551,895	31,319	583,214		583,214
53 5300	ELECTROCARDIOLOGY	6,099	1,393	7,492		7,492
5400	ELECTROENCEPHALOGRAPHY	298	2,170	2,468		2,468
5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 5600	DRUGS CHARGED TO PATIENTS					
61 6100	OUTPAT SERVICE COST CNTRS					
61 6100	EMERGENCY	315,958	800,569	1,116,527	109	1,116,636
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50 6310	RURAL HEALTH CLINIC	1,235,401	67,081	1,302,482	-176,357	1,126,125
67 6700	OTHER REIMBURS COST CNTRS					
67 6700	DURABLE MEDICAL EQUIP-SOLD	142,304	97,016	239,320		239,320
71 7100	HOME HEALTH AGENCY	481,717	91,568	573,285	-157,962	415,323
88 8800	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		75,250	75,250	-36,850	38,400
90 9000	OTHER CAPITAL RELATED COSTS					
93 9300	HOSPICE	98,812	39,148	137,960	3,485	141,445
95	SUBTOTALS	9,262,371	11,045,953	20,308,324	-0-	20,308,324
96 9600	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98 9800	PHYSICIANS' PRIVATE OFFICES					
98.01 9801	FITNESS CENTER	45,797	6,490	52,287		52,287
98.02 9802	RETAIL PHARMACY	2,674	6,010	8,684		8,684
98.03 9803	LEASED SPACE					
101	TOTAL	9,310,842	11,058,453	20,369,295	-0-	20,369,295

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 14-1307 I
I I

I PERIOD: I
I FROM 5/ 1/2007 I
I TO 4/30/2008 I

I PREPARED 8/22/2008
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
0300	NEW CAP REL COSTS-BLDG & FIXT	-2,684	6,551
3.01 0301	NEW CAP REL COSTS-NEW BLDG	-34,166	96,017
3.02 0302	NEW CAP REL COSTS-PT BLDG		8,702
3.03 0303	NEW CAP REL COSTS-RHC BLDG		54,788
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		748,540
5 0500	EMPLOYEE BENEFITS	-547,968	2,065,805
6.06 0611	NONPATIENT TELEPHONES		94,462
6.08 0630	PURCHASING, RECEIVING AND STORES		36,707
6.09 0640	ADMITTING	-3,427	89,105
6.10 0650	CASHIERING/ACCOUNTS RECEIVABLE	-10,843	481,437
6.11 0660	OTHER ADMINISTRATIVE AND GENERAL	-128,328	1,488,728
7 0700	MAINTENANCE & REPAIRS		552,285
8 0800	OPERATION OF PLANT		
9 0900	LAUNDRY & LINEN SERVICE		107,822
10 1000	HOUSEKEEPING	-96	249,742
11 1100	DIETARY	-49,360	330,694
12 1200	CAFETERIA		226,516
14 1400	NURSING ADMINISTRATION		300,238
15 1500	CENTRAL SERVICES & SUPPLY		21,703
16 1600	PHARMACY	-46,653	2,409,086
17 1700	MEDICAL RECORDS & LIBRARY	-1,039	322,756
18 1800	SOCIAL SERVICE	-5,905	62,264
20 2000	NONPHYSICIAN ANESTHETISTS		259,000
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-193,308	1,185,266
34 3400	SKILLED NURSING FACILITY		71,275
35 3500	NURSING FACILITY	-8,806	1,365,832
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-19	244,834
40 4000	ANESTHESIOLOGY		4,668
41 4100	RADIOLOGY-DIAGNOSTIC	-10,047	834,201
41.01 4101	ONCOLOGY	-259,500	223,197
43 4300	RADIOISOTOPE		145,712
44 4400	LABORATORY	-1,942	906,060
49 4900	RESPIRATORY THERAPY	-150	339,667
49.01 4901	CARDIAC REHAB		
50 5000	PHYSICAL THERAPY	-36,889	546,325
53 5300	ELECTROCARDIOLOGY		7,492
5400	ELECTROENCEPHALOGRAPHY		2,468
5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		
56 5600	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-382,586	734,050
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RURAL HEALTH CLINIC	-2,370	1,123,755
	OTHER REIMBURS COST CNTRS		
67 6700	DURABLE MEDICAL EQUIP-SOLD		239,320
71 7100	HOME HEALTH AGENCY	-498	414,825
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-38,400	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
93 9300	HOSPICE		141,445
95	SUBTOTALS	-1,764,984	18,543,340
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		
98.01 9801	FITNESS CENTER		52,287
98.02 9802	RETAIL PHARMACY		8,684
98.03 9803	LEASED SPACE		
101	TOTAL	-1,764,984	18,604,311

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 4/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3.01	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.02	NEW CAP REL COSTS-NEW BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-PT BLDG	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-RHC BLDG	0303	NEW CAP REL COSTS-BLDG & FIXT
5	NEW CAP REL COSTS-MVBLE EQUIP	0400	
6.06	EMPLOYEE BENEFITS	0500	
6.08	NONPATIENT TELEPHONES	0611	NONPATIENT TELEPHONES
6.09	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.10	ADMITTING	0640	ADMITTING
6.11	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
7	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	MAINTENANCE & REPAIRS	0700	
9	OPERATION OF PLANT	0800	
10	LAUNDRY & LINEN SERVICE	0900	
11	HOUSEKEEPING	1000	
12	DIETARY	1100	
14	CAFETERIA	1200	
15	NURSING ADMINISTRATION	1400	
16	CENTRAL SERVICES & SUPPLY	1500	
17	PHARMACY	1600	
18	MEDICAL RECORDS & LIBRARY	1700	
20	SOCIAL SERVICE	1800	
25	NONPHYSICIAN ANESTHETISTS	2000	
34	INPAT ROUTINE SRVC C		
35	ADULTS & PEDIATRICS	2500	
	SKILLED NURSING FACILITY	3400	
	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
41.01	OPERATING ROOM	3700	
43	ANESTHESIOLOGY	4000	
44	RADIOLOGY-DIAGNOSTIC	4100	
49.01	ONCOLOGY	4101	RADIOLOGY-DIAGNOSTIC
50	RADIOISOTOPE	4300	
53	LABORATORY	4400	
54	RESPIRATORY THERAPY	4900	
55	CARDIAC REHAB	4901	RESPIRATORY THERAPY
56	PHYSICAL THERAPY	5000	
57	ELECTROCARDIOLOGY	5300	
58	ELECTROENCEPHALOGRAPHY	5400	
59	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
60	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
67	DURABLE MEDICAL EQUIP-SOLD	6700	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FITNESS CENTER	9801	PHYSICIANS' PRIVATE OFFICES
98.02	RETAIL PHARMACY	9802	PHYSICIANS' PRIVATE OFFICES
98.03	LEASED SPACE	9803	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141307

PERIOD:
FROM 5/1/2007
TO 4/30/2008

PREPARED 8/22/2008
WORKSHEET A-6

PLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 TO RECLASS INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		2,684
2		NEW CAP REL COSTS-NEW BLDG	3.01		34,166
3 TO RECLASS CAFETERIA	B	CAFETERIA	12	142,594	83,922
4 TO RECLASS SNF & ICF FROM HSKPG	D	SKILLED NURSING FACILITY	34	2,761	667
5		NURSING FACILITY	35	53,188	12,842
6 TO RECLASS HOSPICE DIRECTORS SALARY	G	HOSPICE	93	3,485	
7 TO RECLASS DR. SALARY FOR HOSP VISIT	H	ADULTS & PEDIATRICS	25	166,246	
8		EMERGENCY	61	91	
9 TO RECLASS PHYSICIAN BENEFITS	I	EMERGENCY	61		18
10		ADULTS & PEDIATRICS	25		30,728
11		NURSING FACILITY	35		1,427
12 TO RECLASS SNF AND ICF EXPENSES	K	SKILLED NURSING FACILITY	34	55,277	12,570
13 TO RECLASS A&G COSTS	L	CASHIERING/ACCOUNTS RECEIVABLE	6.10	84,245	
14		OTHER ADMINISTRATIVE AND GENERAL	6.11	66,421	6,783
15		NONPATIENT TELEPHONES	6.06		513
16 TO RECLASS DEP RE EXP	M	NEW CAP REL COSTS-NEW BLDG	3.01		90,207
17		NEW CAP REL COSTS-PT BLDG	3.02		8,175
18		NEW CAP REL COSTS-RHC BLDG	3.03		51,473
19 TO RECLASS RHC LAB EXP	N	LABORATORY	44	1,222	5,313
20 TO RECLASS PROP INS	O	NEW CAP REL COSTS-BLDG & FIXT	3		396
21		NEW CAP REL COSTS-NEW BLDG	3.01		5,810
22		NEW CAP REL COSTS-PT BLDG	3.02		527
23		NEW CAP REL COSTS-RHC BLDG	3.03		3,315
24		NEW CAP REL COSTS-MVBLE EQUIP	4		46,223
36 TOTAL RECLASSIFICATIONS				575,530	397,759

(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: 141307	PERIOD: FROM 5/1/2007 TO 4/30/2008	PREPARED 8/22/2008 WORKSHEET A-6
------------------------	--	-------------------------------------

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		A-7 REF 10	
			LINE NO			
	1	6	7	8	9	
1 TO RECLASS INTEREST EXPENSE	A	INTEREST EXPENSE	88		36,850	11
2						11
3 TO RECLASS CAFETERIA	B	DIETARY	11	142,594	83,922	
4 TO RECLASS SNF & ICF FROM HSKPG	D	HOUSEKEEPING	10	55,949	13,509	
5						
6 TO RECLASS HOSPICE DIRECTORS SALARY	G	RURAL HEALTH CLINIC	63.50	3,485		
7 TO RECLASS DR. SALARY FOR HOSP VISIT	H	RURAL HEALTH CLINIC	63.50	166,337		
8						
9 TO RECLASS PHYSICIAN BENEFITS	I	EMPLOYEE BENEFITS	5		32,173	
10						
11						
12 TO RECLASS SNF AND ICF EXPENSES	K	NURSING FACILITY	35	55,277	12,570	
13 TO RECLASS A&G COSTS	L	HOME HEALTH AGENCY	71	150,666	7,296	
14						
15						
16 TO RECLASS DEPRE EXP	M	NEW CAP REL COSTS-BLDG & FIXT	3		149,855	9
17						9
18						9
19 TO RECLASS RHC LAB EXP	N	RURAL HEALTH CLINIC	63.50	1,222	5,313	12
20 TO RECLASS PROP INS	O	OTHER ADMINISTRATIVE AND GENERAL	6.11		56,271	12
21						12
22						12
23						12
24						12
36 TOTAL RECLASSIFICATIONS				575,530	397,759	

(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:
141307

PERIOD:
FROM 5/ 1/2007
TO 4/30/2008

PREPARED 8/22/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS INTEREST EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,684
2.00	NEW CAP REL COSTS-NEW BLDG	3.01	34,166
TOTAL RECLASSIFICATIONS FOR CODE A			36,850

DECREASE		
COST CENTER	LINE	AMOUNT
INTEREST EXPENSE	88	36,850
		0
		36,850

RECLASS CODE: B
EXPLANATION : TO RECLASS CAFETERIA

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	226,516
TOTAL RECLASSIFICATIONS FOR CODE B			226,516

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	226,516
		226,516

RECLASS CODE: D
EXPLANATION : TO RECLASS SNF & ICF FROM HSKPG

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	SKILLED NURSING FACILITY	34	3,428
2.00	NURSING FACILITY	35	66,030
TOTAL RECLASSIFICATIONS FOR CODE D			69,458

DECREASE		
COST CENTER	LINE	AMOUNT
HOUSEKEEPING	10	69,458
		0
		69,458

RECLASS CODE: G
EXPLANATION : TO RECLASS HOSPICE DIRECTORS SALARY

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	3,485
TOTAL RECLASSIFICATIONS FOR CODE G			3,485

DECREASE		
COST CENTER	LINE	AMOUNT
RURAL HEALTH CLINIC	63.50	3,485
		3,485

RECLASS CODE: H
EXPLANATION : TO RECLASS DR. SALARY FOR HOSP VISIT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	166,246
2.00	EMERGENCY	61	91
TOTAL RECLASSIFICATIONS FOR CODE H			166,337

DECREASE		
COST CENTER	LINE	AMOUNT
RURAL HEALTH CLINIC	63.50	166,337
		0
		166,337

RECLASS CODE: I
EXPLANATION : TO RECLASS PHYSICIAN BENEFITS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	18
2.00	ADULTS & PEDIATRICS	25	30,728
3.00	NURSING FACILITY	35	1,427
TOTAL RECLASSIFICATIONS FOR CODE I			32,173

DECREASE		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	32,173
		0
		0
		32,173

RECLASS CODE: K
EXPLANATION : TO RECLASS SNF AND ICF EXPENSES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	SKILLED NURSING FACILITY	34	67,847
TOTAL RECLASSIFICATIONS FOR CODE K			67,847

DECREASE		
COST CENTER	LINE	AMOUNT
NURSING FACILITY	35	67,847
		67,847

RECLASS CODE: L
EXPLANATION : TO RECLASS A&G COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CASHIERING/ACCOUNTS RECEIVABLE	6.10	84,245
2.00	OTHER ADMINISTRATIVE AND GENER	6.11	73,204
3.00	NONPATIENT TELEPHONES	6.06	513
TOTAL RECLASSIFICATIONS FOR CODE L			157,962

DECREASE		
COST CENTER	LINE	AMOUNT
HOME HEALTH AGENCY	71	157,962
		0
		0
		157,962

RECLASS CODE: M
EXPLANATION : TO RECLASS DEPREE EXP

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-NEW BLDG	3.01	90,207

DECREASE		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	149,855

RECLASSIFICATIONS

PROVIDER NO: 141307

PERIOD: FROM 5/1/2007 TO 4/30/2008

PREPARED 8/22/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: M
EXPLANATION : TO RECLASS DEP RE EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00	NEW CAP REL COSTS-PT BLDG	3.02	8,175
3.00	NEW CAP REL COSTS-RHC BLDG	3.03	51,473
TOTAL RECLASSIFICATIONS FOR CODE M			149,855

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
			0
			149,855

RECLASS CODE: N
EXPLANATION : TO RECLASS RHC LAB EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LABORATORY	44	6,535
TOTAL RECLASSIFICATIONS FOR CODE N			6,535

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RURAL HEALTH CLINIC	63.50	6,535	
			6,535

RECLASS CODE: O
EXPLANATION : TO RECLASS PROP INS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	396
2.00	NEW CAP REL COSTS-NEW BLDG	3.01	5,810
3.00	NEW CAP REL COSTS-PT BLDG	3.02	527
4.00	NEW CAP REL COSTS-RHC BLDG	3.03	3,315
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	46,223
TOTAL RECLASSIFICATIONS FOR CODE O			56,271

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.11	56,271	
			0
			0
			0
			0
			56,271

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND	236,114	324,800	20,471	345,271		581,385	
2	LAND IMPROVEMENTS	246,028					246,028	
3	BUILDINGS & FIXTURE	5,459,107	11,456	170,164	181,620		5,640,727	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	5,560,445	327,120		327,120	36,018	5,851,547	
7	SUBTOTAL	11,501,694	663,376	190,635	854,011	36,018	12,319,687	
8	RECONCILING ITEMS							
9	TOTAL	11,501,694	663,376	190,635	854,011	36,018	12,319,687	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	GROSS ASSETS	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
* 1	1	2	3	4	5	6	7	8
3 NEW CAP REL COSTS-BL	6,468,140		6,468,140	.525025				
3 01 NEW CAP REL COSTS-NE								
3 02 NEW CAP REL COSTS-PT								
3 03 NEW CAP REL COSTS-RH								
4 NEW CAP REL COSTS-MV	5,851,547		5,851,547	.474975				
5 TOTAL	12,319,687		12,319,687	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
* 3 NEW CAP REL COSTS-BL	3,471		2,684	396			6,551
3 01 NEW CAP REL COSTS-NE	56,041		34,166	5,810			96,017
3 02 NEW CAP REL COSTS-PT	8,175			527			8,702
3 03 NEW CAP REL COSTS-RH	51,473			3,315			54,788
4 NEW CAP REL COSTS-MV	702,317			46,223			748,540
5 TOTAL	821,477		36,850	56,271			914,598

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)
* 3 NEW CAP REL COSTS-BL	156,010						156,010
3 01 NEW CAP REL COSTS-NE							
3 02 NEW CAP REL COSTS-PT							
3 03 NEW CAP REL COSTS-RH							
4 NEW CAP REL COSTS-MV	702,317						702,317
5 TOTAL	858,327						858,327

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-1307
I

I PERIOD:
I FROM 5/ 1/2007 I PREPARED 8/22/2008
I TO 4/30/2008 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1			**COST CENTER DELETED**	1	
2			**COST CENTER DELETED**	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5					
6					
7					
8					
9					
10					
11					
12	A-8-2	-848,687			
13					
14	A-8-1				
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			**COST CENTER DELETED**	1	
30			**COST CENTER DELETED**	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			NONPHYSICIAN ANESTHETISTS	20	
34					
35	A-8-4		**COST CENTER DELETED**	51	
36	A-8-4		**COST CENTER DELETED**	52	
37	B	-2,684	NEW CAP REL COSTS-BLDG &	3	9
37.03	B	-34,166	NEW CAP REL COSTS-NEW BLD	3.01	9
37.04	A	-38,400	INTEREST EXPENSE	88	
37.05	B	-46,940	DIETARY	11	
37.06	B	-1,036	MEDICAL RECORDS & LIBRARY	17	
37.07	B	-866	OTHER ADMINISTRATIVE AND	6.11	
37.08	B	-3,715	ADULTS & PEDIATRICS	25	
37.09	B	-10,843	CASHIERING/ACCOUNTS RECEI	6.10	
37.10	B	-5,481	SOCIAL SERVICE	18	
37.11	B	-2,253	OTHER ADMINISTRATIVE AND	6.11	
37.12	B	-2,085	RURAL HEALTH CLINIC	63.50	
37.13	B	-4,400	OTHER ADMINISTRATIVE AND	6.11	
37.14	B	-150	RESPIRATORY THERAPY	49	
37.15	B	-750	OTHER ADMINISTRATIVE AND	6.11	
37.16	B	-1,830	RADIOLOGY-DIAGNOSTIC	41	
37.17	B	-46,653	PHARMACY	16	
37.18	B	-2,416	DIETARY	11	
37.19	B	-96	HOUSEKEEPING	10	
37.20	A	-3,427	ADMITTING	6.09	
38	A	-974	EMPLOYEE BENEFITS	5	
39	A	-108	OTHER ADMINISTRATIVE AND	6.11	
40	A	-7,281	OTHER ADMINISTRATIVE AND	6.11	
41	A	-498	HOME HEALTH AGENCY	71	
42	A	-285	RURAL HEALTH CLINIC	63.50	
42.01	A	-15	EMERGENCY	61	
42.02	A	-19	OPERATING ROOM	37	
43	A	-4	DIETARY	11	
44	A	-3	MEDICAL RECORDS & LIBRARY	17	
45	A	-2,304	OTHER ADMINISTRATIVE AND	6.11	
46	A	-1,766	OTHER ADMINISTRATIVE AND	6.11	
47	A	-8,422	OTHER ADMINISTRATIVE AND	6.11	
48	A	-101,016	OTHER ADMINISTRATIVE AND	6.11	
49	A	-1,064	PHYSICAL THERAPY	50	
49.01	A	-1,770	OTHER ADMINISTRATIVE AND	6.11	
49.02	A	-3,503	OTHER ADMINISTRATIVE AND	6.11	
49.03	A	-28,116	PHYSICAL THERAPY	50	
49.04	A	-7,709	PHYSICAL THERAPY	50	
49.05	A	-21	SOCIAL SERVICE	18	
49.06	A	-403	SOCIAL SERVICE	18	
49.07	A	-14,514	OTHER ADMINISTRATIVE AND	6.11	
49.08	A	20,625	OTHER ADMINISTRATIVE AND	6.11	
49.09	A	-546,994	EMPLOYEE BENEFITS	5	
49.10	A	-1,942	LABORATORY	44	
50		-1,764,984			

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-1307
I

I PERIOD: I PREPARED 8/22/2008
I FROM 5/ 1/2007 I WORKSHEET A-8
I TO 4/30/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)	1	-1,764,984				

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 - (2) Basis for adjustment (see instructions).
 - A. Costs - if cost, including applicable overhead, can be determined.
 - B. Amount Received - if cost cannot be determined.
 - (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-1307
I

I PERIOD:
I FROM 5/ 1/2007 I PREPARED 8/22/2008
I TO 4/30/2008 I WORKSHEET A-8-2
I GROUP 1

KSHT 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	PROFESSIONAL FEES LAB	15,178		15,178				
2 41 1	PROFESSIONAL FEES ONCOLOG	259,500	259,500					
3 41	PROFESSIONAL FEES XRAY	8,217	8,217					
4 61	FOZARD - ER SALARIES	109	109					
5 25	FOZARD - A&P SALARIES	66,347	66,347					
6 25	REYES - A&P SALARIES	89,425	89,425					
7 25	PINEDA - A&P SALARIES	16,944	16,944					
8 25	GHANI - A&P SALARIES	16,877	16,877					
9 61	PROFESSIONAL FEES ER	745,104	382,462	362,642				
10 35	FOZARD - SCU SALARIES	5,438	5,438					
11 35	REYES - SCU SALARIES	2,092	2,092					
12 35	GHANI - SCU SALARIES	1,276	1,276					
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,226,507	848,687	377,820				

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 4/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
	NEW CAP REL COSTS-NEW BLDG	4	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-PT BLDG	5	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-RHC BLDG	6	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	7	DEPRECIATI ION VALUE	ENTERED
5	EMPLOYEE BENEFITS	8	GROSS SALARIES	ENTERED
6.06	NONPATIENT TELEPHONES	10	# OF PHONES	ENTERED
6.08	PURCHASING, RECEIVING AND STORES	11	COST OF SUPPLIES	ENTERED
6.09	ADMITTING	12	GROSS I/P CHARGES	ENTERED
6.10	CASHIERING/ACCOUNTS RECEIVABLE	13	GROSS CHARGES	ENTERED
6.11	OTHER ADMINISTRATIVE AND GENERAL	-14	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	15	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	16	SQUARE FEET	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	17	HOURS OF SERVICE	ENTERED
10	HOUSEKEEPING	18	HOURS OF SERVICE	ENTERED
11	DIETARY	19	MEALS SERVED	ENTERED
12	CAFETERIA	20	FTE'S	ENTERED
14	NURSING ADMINISTRATION	22	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	23	COSTED REQUIS.	ENTERED
16	PHARMACY	24	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	25	TIME SPENT	ENTERED
18	SOCIAL SERVICE	26	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	28	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET B
 I I TO 4/30/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NEW BLD	NEW CAP REL C OSTS-PT BLDG	NEW CAP REL C OSTS-RHC BLD	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
	0	3	3.01	3.02	3.03	4	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	6,551	6,551					
003 02 NEW CAP REL COSTS-NEW BLD	96,017		96,017				
003 03 NEW CAP REL COSTS-PT BLDG	8,702			8,702			
004 03 NEW CAP REL COSTS-RHC BLD	54,788				54,788		
004 NEW CAP REL COSTS-MVBLE E	748,540					748,540	
005 EMPLOYEE BENEFITS	2,065,805						2,065,805
006 06 NONPATIENT TELEPHONES	94,462						
006 08 PURCHASING, RECEIVING AND	36,707	123					7,336
006 09 ADMITTING	89,105	80				2,380	18,185
006 10 CASHIERING/ACCOUNTS RECEI	481,437	317					90,315
006 11 OTHER ADMINISTRATIVE AND	1,488,728	2,027	30,697		21,999	245,142	120,598
007 MAINTENANCE & REPAIRS	552,285	701	8,658			749	38,692
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	107,822		1,967			2,147	20,057
010 HOUSEKEEPING	249,742	74	445			289	44,508
011 DIETARY	330,694	116	9,086			2,145	53,529
012 CAFETERIA	226,516		7,439			1,278	31,904
014 NURSING ADMINISTRATION	300,238	315	8,651				62,763
015 CENTRAL SERVICES & SUPPLY	21,703	42					4,206
016 PHARMACY	2,409,086		2,377			49,508	64,847
017 MEDICAL RECORDS & LIBRARY	322,756	150				16,485	61,116
018 SOCIAL SERVICE	62,264	28					14,869
020 NONPHYSICIAN ANESTHETISTS	259,000						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,185,266	415	20,738			84,613	271,352
034 SKILLED NURSING FACILITY	71,275	201				1,419	12,985
035 NURSING FACILITY	1,365,832	476				27,326	250,182
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	244,834	299				76,254	38,636
040 ANESTHESIOLOGY	4,668					7,418	
041 RADIOLOGY-DIAGNOSTIC	834,201	457	631			122,112	100,956
041 01 ONCOLOGY	223,197					763	44,455
043 RADIOISOTOPE	145,712	77				26,166	3,694
044 LABORATORY	906,060	271				38,698	88,574
049 RESPIRATORY THERAPY	339,667	216	2,033			5,268	55,173
049 01 CARDIAC REHAB							
050 PHYSICAL THERAPY	546,325			8,702		11,784	116,951
050 ELECTROCARDIOLOGY	7,492						1,365
050 ELECTROENCEPHALOGRAPHY	2,468						67
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	734,050	124				2,320	70,712
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	1,123,755				23,815	16,264	238,137
067 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-SOL	239,320				3,579	2,579	31,839
071 HOME HEALTH AGENCY	414,825		3,295		5,395	3,892	74,069
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	141,445						22,888
095 SUBTOTALS	18,543,340	6,509	96,017	8,702	54,788	746,999	2,054,960
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		31					
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FITNESS CENTER	52,287					1,541	10,247
098 02 RETAIL PHARMACY	8,684						598
098 03 LEASED SPACE		11					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	18,604,311	6,551	96,017	8,702	54,788	748,540	2,065,805

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET B
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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.06	6.08	6.09	6.10	6a.10	6.11	7
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-PT BLDG							
003 03 NEW CAP REL COSTS-RHC BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 06 NONPATIENT TELEPHONES	94,462						
006 08 PURCHASING, RECEIVING AND	1,312	45,478					
006 09 ADMITTING	656	335	110,741				
006 10 CASHIERING/ACCOUNTS RECEI	7,216	369		579,654			
006 11 OTHER ADMINISTRATIVE AND	11,806	1,846			1,922,843	1,922,843	
007 MAINTENANCE & REPAIRS	1,312	554			602,951	69,501	672,452
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		392			132,385	15,260	7,012
010 HOUSEKEEPING	1,312	2,783			299,153	34,483	7,450
011 DIETARY	1,968	1,422			398,960	45,987	41,649
012 CAFETERIA	656				267,793	30,868	26,524
014 NURSING ADMINISTRATION	2,624	738			375,329	43,263	55,923
015 CENTRAL SERVICES & SUPPLY		120			26,071	3,005	3,350
016 PHARMACY	1,312	932			2,528,062	291,407	8,475
017 MEDICAL RECORDS & LIBRARY	4,592	352			405,451	46,736	11,925
018 SOCIAL SERVICE	1,312	17			78,490	9,047	2,237
020 NONPHYSICIAN ANESTHETISTS					259,000	29,854	
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	3,936	3,638	24,691	34,415	1,629,064	187,779	107,009
034 SKILLED NURSING FACILITY		170	2,771	3,562	92,383	10,649	16,012
035 NURSING FACILITY	6,560	3,280	26,611	34,195	1,714,462	197,623	
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	1,968	2,058	1,982	19,165	385,196	44,401	23,837
040 ANESTHESIOLOGY		181	1,931	8,143	22,341	2,575	
041 RADIOLOGY-DIAGNOSTIC	5,904	2,276	5,651	87,663	1,159,851	133,694	38,674
041 01 ONCOLOGY	1,968	1,064	3	5,281	276,731	31,898	
043 RADIOISOTOPE	2,624	4,221	223	14,550	197,267	22,739	6,125
044 LABORATORY		11,354	8,561	81,807	1,135,325	130,867	21,574
049 RESPIRATORY THERAPY	5,248	860	3,866	16,844	429,175	49,470	24,437
049 01 CARDIAC REHAB							
PHYSICAL THERAPY	5,248	299	8,286	34,964	732,559	84,441	97,847
07 ELECTROCARDIOLOGY		36	1,598	5,876	16,367	1,887	
01 ELECTROENCEPHALOGRAPHY		47	39	150	2,771	319	
055 MEDICAL SUPPLIES CHARGED							
DRUGS CHARGED TO PATIENTS			23,966	161,185	185,151	21,342	
056 OUTPAT SERVICE COST CNTRS							
EMERGENCY	3,936	1,548	562	22,224	835,476	96,304	9,887
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	11,808	2,284		22,571	1,438,634	165,828	107,044
OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-SOL	1,968			6,441	285,726	32,935	16,087
071 HOME HEALTH AGENCY	5,904	838		15,297	523,515	60,345	35,999
SPEC PURPOSE COST CENTERS							
093 HOSPICE	656	1,431		5,285	171,705	19,792	
095 SUBTOTALS	93,806	45,445	110,741	579,618	18,530,187	1,914,299	669,077
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					31	4	2,500
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FITNESS CENTER	656	33			64,764	7,465	
098 02 RETAIL PHARMACY				36	9,318	1,074	
098 03 LEASED SPACE					11	1	875
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	94,462	45,478	110,741	579,654	18,604,311	1,922,843	672,452

COST ALLOCATION - GENERAL SERVICE COSTS

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 I I TO 4/30/2008 I PART I

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-NEW BLD							
003	03 NEW CAP REL COSTS-PT BLDG							
003	03 NEW CAP REL COSTS-RHC BLD							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	06 NONPATIENT TELEPHONES							
006	08 PURCHASING, RECEIVING AND							
006	09 ADMITTING							
006	10 CASHIERING/ACCOUNTS RECEI							
006	11 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE		154,657					
010	HOUSEKEEPING			341,086				
011	DIETARY		4,645	18,305	509,546			
012	CAFETERIA			10,950		336,135		
014	NURSING ADMINISTRATION					10,992	485,507	
015	CENTRAL SERVICES & SUPPLY			3,596		1,759	11,210	48,991
016	PHARMACY			5,720		9,912		
017	MEDICAL RECORDS & LIBRARY			6,210		18,274		
018	SOCIAL SERVICE					3,449		
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		48,115	133,525	112,474	56,946	361,551	4,517
034	SKILLED NURSING FACILITY		27,850		19,594	3,710		213
035	NURSING FACILITY		56,653		377,478	71,527		4,069
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		1,311	12,094		6,445	40,948	2,553
040	ANESTHESIOLOGY							224
041	RADIOLOGY-DIAGNOSTIC		3,851	13,892		18,239		2,823
041	01 ONCOLOGY					6,585		1,319
043	RADIOISOTOPE					557		5,236
044	LABORATORY		287	6,374		18,570		14,088
049	RESPIRATORY THERAPY		402	11,767		9,598		1,066
049	01 CARDIAC REHAB							
050	PHYSICAL THERAPY		2,265	24,188		20,677		370
051	ELECTROCARDIOLOGY					401		45
051	ELECTROENCEPHALOGRAPHY					17		56
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		5,036	10,133		11,306	71,798	1,919
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC			52,299		36,460		2,834
067	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-SOL			817		8,884		4,809
071	HOME HEALTH AGENCY			31,216		14,354		1,038
071	SPEC PURPOSE COST CENTERS							
093	HOSPICE					3,972		1,773
095	SUBTOTALS		150,415	341,086	509,546	332,634	485,507	48,952
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 FITNESS CENTER		4,242			3,414		39
098	02 RETAIL PHARMACY					87		
098	03 LEASED SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL		154,657	341,086	509,546	336,135	485,507	48,991

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	NONPHYSICIAN ANESTHETISTS 20	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-PT BLDG							
003 03 NEW CAP REL COSTS-RHC BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 06 NONPATIENT TELEPHONES							
006 08 PURCHASING, RECEIVING AND							
006 09 ADMITTING							
006 10 CASHIERING/ACCOUNTS RECEI							
006 11 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	2,843,576						
017 MEDICAL RECORDS & LIBRARY		488,596					
018 SOCIAL SERVICE			93,223				
020 NONPHYSICIAN ANESTHETISTS				288,854			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		84,378	33,204		2,758,562		2,758,562
034 SKILLED NURSING FACILITY			2,095		172,506		172,506
035 NURSING FACILITY			40,668		2,462,480		2,462,480
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		27,723			544,508		544,508
040 ANESTHESIOLOGY				288,854	313,994		313,994
041 RADIOLOGY-DIAGNOSTIC		228,924			1,599,948		1,599,948
041 01 ONCOLOGY			628		317,161		317,161
043 RADIOISOTOPE					231,924		231,924
044 LABORATORY					1,327,085		1,327,085
049 RESPIRATORY THERAPY		139,097			665,012		665,012
049 01 CARDIAC REHAB							
050 PHYSICAL THERAPY					962,347		962,347
07 ELECTROCARDIOLOGY					18,700		18,700
07 ELECTROENCEPHALOGRAPHY					3,163		3,163
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	2,832,161				3,038,654		3,038,654
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		8,474			1,050,333		1,050,333
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC			26		1,803,125		1,803,125
OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-SOL	5,537				354,795		354,795
071 HOME HEALTH AGENCY			13,198		679,665		679,665
SPEC PURPOSE COST CENTERS							
093 HOSPICE			3,404		200,646		200,646
095 SUBTOTALS	2,837,698	488,596	93,223	288,854	18,504,608		18,504,608
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					2,535		2,535
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FITNESS CENTER					79,924		79,924
098 02 RETAIL PHARMACY	5,878				16,357		16,357
098 03 LEASED SPACE					887		887
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,843,576	488,596	93,223	288,854	18,604,311		18,604,311

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NEW BLD	NEW CAP REL C OSTS-PT BLDG	NEW CAP REL C OSTS-RHC BLD	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	3	3.01	3.02	3.03	4	4a
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-NEW BLD							
003 03 NEW CAP REL COSTS-PT BLDG							
004 NEW CAP REL COSTS-RHC BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 06 NONPATIENT TELEPHONES							
006 08 PURCHASING, RECEIVING AND		123					123
006 09 ADMITTING		80				2,380	2,460
006 10 CASHIERING/ACCOUNTS RECEI		317					317
006 11 OTHER ADMINISTRATIVE AND		2,027	30,697		21,999	245,142	299,865
007 MAINTENANCE & REPAIRS		701	8,658			749	10,108
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE			1,967			2,147	4,114
010 HOUSEKEEPING		74	445			289	808
011 DIETARY		116	9,086			2,145	11,347
012 CAFETERIA			7,439			1,278	8,717
014 NURSING ADMINISTRATION		315	8,651				8,966
015 CENTRAL SERVICES & SUPPLY		42					42
016 PHARMACY			2,377			49,508	51,885
017 MEDICAL RECORDS & LIBRARY		150				16,485	16,635
018 SOCIAL SERVICE		28					28
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
034 ADULTS & PEDIATRICS		415	20,738			84,613	105,766
035 SKILLED NURSING FACILITY		201				1,419	1,620
037 NURSING FACILITY		476				27,326	27,802
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		299				76,254	76,553
041 ANESTHESIOLOGY						7,418	7,418
041 RADIOLOGY-DIAGNOSTIC		457	631			122,112	123,200
041 01 ONCOLOGY						763	763
043 RADIOISOTOPE			77			26,166	26,243
044 LABORATORY			271			38,698	38,969
049 RESPIRATORY THERAPY			216	2,033		5,268	7,517
049 01 CARDIAC REHAB							
050 PHYSICAL THERAPY				8,702		11,784	20,486
050 ELECTROCARDIOLOGY							
050 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		124				2,320	2,444
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC					23,815	16,264	40,079
067 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-SOL					3,579	2,579	6,158
093 HOME HEALTH AGENCY			3,295		5,395	3,892	12,582
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS		6,509	96,017	8,702	54,788	746,999	913,015
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			31				31
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FITNESS CENTER						1,541	1,541
098 02 RETAIL PHARMACY							
098 03 LEASED SPACE			11				11
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		6,551	96,017	8,702	54,788	748,540	914,598

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	EMPLOYEE FITS	BENEFIT LEPHONES	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	5	6.06	6.08	6.09	6.10	6.11	7	
GENERAL SERVICE COST CNTR								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-NEW BLD								
003 02 NEW CAP REL COSTS-PT BLDG								
003 03 NEW CAP REL COSTS-RHC BLD								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 06 NONPATIENT TELEPHONES								
006 08 PURCHASING, RECEIVING AND				123				
006 09 ADMITTING				1	2,461			
006 10 CASHIERING/ACCOUNTS RECEI				1		318		
006 11 OTHER ADMINISTRATIVE AND				5			299,870	
007 MAINTENANCE & REPAIRS				1			10,839	20,948
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE				1			2,380	218
010 HOUSEKEEPING				8			5,378	232
011 DIETARY				4			7,172	1,297
012 CAFETERIA							4,814	826
014 NURSING ADMINISTRATION				2			6,747	1,742
015 CENTRAL SERVICES & SUPPLY							469	104
016 PHARMACY				3			45,445	264
017 MEDICAL RECORDS & LIBRARY				1			7,288	371
018 SOCIAL SERVICE							1,411	70
020 NONPHYSICIAN ANESTHETISTS							4,656	
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS				10	549	19	29,284	3,334
034 SKILLED NURSING FACILITY					62	2	1,661	499
035 NURSING FACILITY				9	589	19	30,819	
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM				6	44	11	6,924	743
040 ANESTHESIOLOGY					43	5	402	
041 RADIOLOGY-DIAGNOSTIC				6	126	50	20,849	1,205
041 01 ONCOLOGY				3		3	4,975	
043 RADIOISOTOPE				11	5	8	3,546	191
044 LABORATORY				32	190	46	20,409	672
049 RESPIRATORY THERAPY				2	86	10	7,715	761
049 01 CARDIAC REHAB								
050 PHYSICAL THERAPY				1	184	20	13,168	3,048
051 ELECTROCARDIOLOGY					36	3	294	
051 ELECTROENCEPHALOGRAPHY					1		50	
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS					533	80	3,328	
OUTPAT SERVICE COST CNTRS								
061 EMERGENCY				4	13	13	15,019	308
062 OBSERVATION BEDS (NON-DIS								
063 50 RURAL HEALTH CLINIC				6		13	25,861	3,336
OTHER REIMBURS COST CNTRS								
067 DURABLE MEDICAL EQUIP-SOL						4	5,136	501
071 HOME HEALTH AGENCY				2		9	9,411	1,121
SPEC PURPOSE COST CENTERS								
093 HOSPICE				4		3	3,087	
095 SUBTOTALS				123	2,461	318	298,537	20,843
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP							1	78
098 PHYSICIANS' PRIVATE OFFIC								
098 01 FITNESS CENTER							1,164	
098 02 RETAIL PHARMACY							168	
098 03 LEASED SPACE								27
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL				123	2,461	318	299,870	20,948

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-NEW BLD							
003 03 NEW CAP REL COSTS-PT BLDG							
004 03 NEW CAP REL COSTS-RHC BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 06 NONPATIENT TELEPHONES							
006 08 PURCHASING, RECEIVING AND							
006 09 ADMITTING							
006 10 CASHIERING/ACCOUNTS RECEI							
006 11 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		6,713					
010 HOUSEKEEPING			6,426				
011 DIETARY		202	345	20,367			
012 CAFETERIA			206		14,563		
014 NURSING ADMINISTRATION					476	17,933	
015 CENTRAL SERVICES & SUPPLY			68		76	414	1,173
016 PHARMACY			108		429		
017 MEDICAL RECORDS & LIBRARY			117		792		
018 SOCIAL SERVICE					149		
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
034 ADULTS & PEDIATRICS		2,088	2,515	4,496	2,467	13,355	108
035 SKILLED NURSING FACILITY		1,209		783	161		5
035 NURSING FACILITY		2,460		15,088	3,099		97
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		57	228		279	1,512	61
041 ANESTHESIOLOGY							5
041 RADIOLOGY-DIAGNOSTIC		167	262		790		68
041 01 ONCOLOGY					285		32
043 RADIOISOTOPE					24		125
044 LABORATORY		12	120		805		338
049 RESPIRATORY THERAPY		17	222		416		26
049 01 CARDIAC REHAB							
050 PHYSICAL THERAPY		98	456		896		9
050 ELECTROCARDIOLOGY					17		1
050 ELECTROENCEPHALOGRAPHY					1		1
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		219	191		490	2,652	46
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC			985		1,580		68
067 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-SOL			15		385		115
071 HOME HEALTH AGENCY			588		622		25
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE					172		42
095 SUBTOTALS		6,529	6,426	20,367	14,411	17,933	1,172
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FITNESS CENTER		184			148		1
098 02 RETAIL PHARMACY					4		
098 03 LEASED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		6,713	6,426	20,367	14,563	17,933	1,173

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET B
 I I TO 4/30/2008 I PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	16	17	18	20	25	26	27
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-NEW BLD							
003 03 NEW CAP REL COSTS-PT BLDG							
004 03 NEW CAP REL COSTS-RHC BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 06 NONPATIENT TELEPHONES							
006 08 PURCHASING, RECEIVING AND							
006 09 ADMITTING							
006 10 CASHIERING/ACCOUNTS RECEI							
006 11 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	98,134						
017 MEDICAL RECORDS & LIBRARY		25,204					
018 SOCIAL SERVICE			1,658				
020 NONPHYSICIAN ANESTHETISTS				4,656			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		4,353	591		168,935		168,935
034 SKILLED NURSING FACILITY			37		6,039		6,039
035 NURSING FACILITY			723		80,705		80,705
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		1,430			87,848		87,848
041 ANESTHESIOLOGY					7,873		7,873
041 RADIOLOGY-DIAGNOSTIC		11,809			158,532		158,532
041 01 ONCOLOGY			11		6,072		6,072
043 RADIOISOTOPE					30,153		30,153
044 LABORATORY					61,593		61,593
049 RESPIRATORY THERAPY		7,175			23,947		23,947
049 01 CARDIAC REHAB							
050 PHYSICAL THERAPY					38,366		38,366
050 ELECTROCARDIOLOGY					351		351
050 ELECTROENCEPHALOGRAPHY					53		53
053 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	97,740				101,681		101,681
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		437			21,836		21,836
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC					71,928		71,928
067 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-SOL	191				12,505		12,505
071 HOME HEALTH AGENCY			235		24,595		24,595
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			61		3,369		3,369
095 SUBTOTALS	97,931	25,204	1,658		906,381		906,381
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					110		110
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FITNESS CENTER					3,038		3,038
098 02 RETAIL PHARMACY	203				375		375
098 03 LEASED SPACE					38		38
101 CROSS FOOT ADJUSTMENTS				4,656	4,656		4,656
102 NEGATIVE COST CENTER							
103 TOTAL	98,134	25,204	1,658	4,656	914,598		914,598

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 14-1307
I

I PERIOD:
I FROM 5/ 1/2007
I TO 4/30/2008 I

I PREPARED 8/22/2008
I WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE
	OSTS-BLDG & (SQUARE FEET	OSTS-NEW BLD (SQUARE)FEET	OSTS-PT BLDG (SQUARE)FEET	OSTS-RHC BLD (SQUARE)FEET	OSTS-MVBLE (DEPRECIATI ON VALUE	E FITS (GROSS SALARIES)
	3	3.01	3.02	3.03	4	5
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	41,774					
003 02 NEW CAP REL COSTS-NEW		27,391				
003 03 NEW CAP REL COSTS-PT			7,828			
004 04 NEW CAP REL COSTS-RHC				19,702		
005 05 NEW CAP REL COSTS-MVB					702,319	
006 06 EMPLOYEE BENEFITS						9,233,155
006 08 NONPATIENT TELEPHONES						32,787
006 09 PURCHASING, RECEIVING	787					81,279
006 10 ADMITTING	510				2,233	403,664
006 11 CASHIERING/ACCOUNTS R	2,020					539,015
007 07 OTHER ADMINISTRATIVE	12,940	8,757		7,911	230,005	172,935
008 08 MAINTENANCE & REPAIRS	4,468	2,470			703	89,647
009 09 OPERATION OF PLANT						198,928
010 10 LAUNDRY & LINEN SERVI		561			2,014	239,248
011 11 HOUSEKEEPING	469	127			271	142,594
012 12 DIETARY	740	2,592			2,013	280,521
014 13 CAFETERIA		2,122			1,199	18,799
015 14 NURSING ADMINISTRATIO	2,006	2,468				289,835
016 15 CENTRAL SERVICES & SU	268					273,159
017 16 PHARMACY		678			46,451	66,458
018 17 MEDICAL RECORDS & LIB	954				15,467	
020 18 SOCIAL SERVICE	179					
025 19 NONPHYSICIAN ANESTHET						
034 20 INPAT ROUTINE SRVC CN	2,645	5,916			79,388	1,212,821
035 21 ADULTS & PEDIATRICS	1,281				1,331	58,038
037 22 SKILLED NURSING FACIL	3,034				25,639	1,118,194
040 23 NURSING FACILITY						
041 24 ANCILLARY SRVC COST C						
041 01 OPERATING ROOM	1,907				71,545	172,686
041 02 ANESTHESIOLOGY					6,960	
041 03 RADIOLOGY-DIAGNOSTIC	2,914	180			114,572	451,224
043 04 ONCOLOGY					716	198,693
043 05 RADIOISOTOPE	490				24,550	16,511
043 06 LABORATORY	1,726				36,308	395,881
043 07 RESPIRATORY THERAPY	1,375	580			4,943	246,596
049 08 CARDIAC REHAB						
050 09 PHYSICAL THERAPY			7,828		11,056	522,715
053 10 ELECTROCARDIOLOGY						6,099
054 11 ELECTROENCEPHALOGRAPH						298
055 12 MEDICAL SUPPLIES CHAR						
056 13 DRUGS CHARGED TO PATI						
061 14 OUTPAT SERVICE COST C						
062 15 EMERGENCY	791				2,177	316,049
063 16 OBSERVATION BEDS (NON						
067 17 RURAL HEALTH CLINIC				8,564	15,260	1,064,358
071 18 OTHER REIMBURS COST C						
071 19 DURABLE MEDICAL EQUIP				1,287	2,420	142,304
093 20 HOME HEALTH AGENCY		940		1,940	3,652	331,051
095 21 SPEC PURPOSE COST CEN						102,297
095 22 HOSPICE						
096 23 SUBTOTALS	41,504	27,391	7,828	19,702	700,873	9,184,684
096 24 NONREIMBURS COST CENT						
098 25 GIFT, FLOWER, COFFEE	200					
098 26 PHYSICIANS' PRIVATE O						
098 01 FITNESS CENTER					1,446	45,797
098 02 RETAIL PHARMACY						2,674
098 03 LEASED SPACE	70					
101 27 CROSS FOOT ADJUSTMENT						
102 28 NEGATIVE COST CENTER						
103 29 COST TO BE ALLOCATED	6,551	96,017	8,702	54,788	748,540	2,065,805
104 30 (WRKSHT B, PART I)						
104 31 UNIT COST MULTIPLIER	.156820		1.111650		1.065812	
104 32 (WRKSHT B, PT I)		3.505421		2.780834		.223738
105 33 COST TO BE ALLOCATED						
106 34 (WRKSHT B, PART II)						
106 35 UNIT COST MULTIPLIER						
107 36 (WRKSHT B, PT II)						
107 37 COST TO BE ALLOCATED						
108 38 (WRKSHT B, PART III)						
108 39 UNIT COST MULTIPLIER						
108 40 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 14-1307
I

I PERIOD:
I FROM 5/ 1/2007
I TO 4/30/2008 I

I PREPARED 8/22/2008
I WORKSHEET B-1

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	
	(# OF PHONES)	(COST OF)SUPPLIES	(GROSS I/P)CHARGES	(GROSS)CHARGES	RECONCILIATION	(ACCUM. COST)	(SQUARE)FEET
	6.06	6.08	6.09	6.10	6a.11	6.11	7
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NEW							
003 02 NEW CAP REL COSTS-PT							
003 03 NEW CAP REL COSTS-RHC							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 06 NONPATIENT TELEPHONES	144						
006 08 PURCHASING, RECEIVING	2	1,005,629					
006 09 ADMITTING	1	7,418	7,310,454				
006 10 CASHIERING/ACCOUNTS R	11	8,165		29,776,980			
006 11 OTHER ADMINISTRATIVE	18	40,824			-1,922,843	16,681,468	
007 MAINTENANCE & REPAIRS	2	12,256				602,951	53,798
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI		8,669				132,385	561
010 HOUSEKEEPING	2	61,540				299,153	596
011 DIETARY	3	31,447				398,960	3,332
012 CAFETERIA	1					267,793	2,122
014 NURSING ADMINISTRATIO	4	16,327				375,329	4,474
015 CENTRAL SERVICES & SU		2,652				26,071	268
016 PHARMACY	2	20,604				2,528,062	678
017 MEDICAL RECORDS & LIB	7	7,790				405,451	954
018 SOCIAL SERVICE	2	383				78,490	179
020 NONPHYSICIAN ANESTHET						259,000	
025 ADULTS & PEDIATRICS	6	80,451	1,629,977	1,767,857		1,629,064	8,561
034 SKILLED NURSING FACIL		3,765	182,952	182,952		92,383	1,281
035 NURSING FACILITY	10	72,530	1,756,585	1,756,585		1,714,462	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	3	45,499	130,844	984,502		385,196	1,907
040 ANESTHESIOLOGY		4,005	127,469	418,312		22,341	
041 RADIOLOGY-DIAGNOSTIC	9	50,335	373,046	4,503,145		1,159,851	3,094
041 01 ONCOLOGY	3	23,534	178	271,298		276,731	
043 RADIOISOTOPE	4	93,334	14,754	747,440		197,267	490
04 LABORATORY		251,020	565,172	4,202,350		1,135,325	1,726
04 RESPIRATORY THERAPY	8	19,011	255,225	865,250		429,175	1,955
049 01 CARDIAC REHAB							
050 PHYSICAL THERAPY	8	6,612	546,975	1,796,085		732,559	7,828
053 ELECTROCARDIOLOGY		790	105,484	301,867		16,367	
054 ELECTROENCEPHALOGRAPH		1,036	2,563	7,688		2,771	
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI			1,582,125	8,280,589		185,151	
OUTPAT SERVICE COST C							
061 EMERGENCY	6	34,231	37,105	1,141,626		835,476	791
062 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC	18	50,500		1,159,469		1,438,634	8,564
OTHER REIMBURS COST C							
067 DURABLE MEDICAL EQUIP	3			330,869		285,726	1,287
071 HOME HEALTH AGENCY	9	18,538		785,768		523,515	2,880
SPEC PURPOSE COST CEN							
093 HOSPICE	1	31,643		271,500		171,705	
095 SUBTOTALS	143	1,004,909	7,310,454	29,775,152	-1,922,843	16,607,344	53,528
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						31	200
098 PHYSICIANS' PRIVATE O							
098 01 FITNESS CENTER	1	720				64,764	
098 02 RETAIL PHARMACY				1,828		9,318	
098 03 LEASED SPACE						11	70
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	94,462	45,478	110,741	579,654		1,922,843	672,452
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.045223		.019467		.115268	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	655.986111		.015148				12.499572
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		123	2,461	318		299,870	20,948
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000122		.000011		.017976	
(WRKSHT B, PT III)			.000337				.389383

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 14-1307
I

I PERIOD:
I FROM 5/ 1/2007
I TO 4/30/2008

I PREPARED 8/22/2008
I WORKSHEET B-1
I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	LIN HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(HOURS OF SERVICE)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(DIRECT NRSNG HRS)	(COSTED)REQUIS.
	8	9	10	11	12	14	15
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NEW							
003 02 NEW CAP REL COSTS-PT							
003 03 NEW CAP REL COSTS-RHC							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 06 NONPATIENT TELEPHONES							
006 08 PURCHASING, RECEIVING							
006 09 ADMITTING							
006 10 CASHIERING/ACCOUNTS R							
006 11 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI		67,260					
010 HOUSEKEEPING			2,087				
011 DIETARY		2,020	112	59,162			
012 CAFETERIA			67		19,296		
014 NURSING ADMINISTRATIO					631	91,296	
015 CENTRAL SERVICES & SU			22		101	2,108	8,730
016 PHARMACY			35		569		
017 MEDICAL RECORDS & LIB			38		1,049		
018 SOCIAL SERVICE					198		
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN							
034 ADULTS & PEDIATRICS		20,925	817	13,059	3,269	67,987	805
035 SKILLED NURSING FACIL		12,112		2,275	213		38
035 NURSING FACILITY		24,638		43,828	4,106		725
037 ANCILLARY SRVC COST C							
040 OPERATING ROOM		570	74		370	7,700	455
041 ANESTHESIOLOGY							40
041 RADIOLOGY-DIAGNOSTIC		1,675	85		1,047		503
041 01 ONCOLOGY					378		235
043 RADIOISOTOPE					32		933
043 LABORATORY		125	39		1,066		2,510
043 RESPIRATORY THERAPY		175	72		551		190
049 01 CARDIAC REHAB							
050 PHYSICAL THERAPY		985	148		1,187		66
053 ELECTROCARDIOLOGY					23		8
054 ELECTROENCEPHALOGRAPH					1		10
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
061 OUTPAT SERVICE COST C							
062 EMERGENCY		2,190	62		649	13,501	342
063 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC			320		2,093		505
067 OTHER REIMBURS COST C							
071 DURABLE MEDICAL EQUIP			5		510		857
071 HOME HEALTH AGENCY			191		824		185
093 SPEC PURPOSE COST CEN							
095 HOSPICE					228		316
095 SUBTOTALS		65,415	2,087	59,162	19,095	91,296	8,723
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
098 01 FITNESS CENTER		1,845			196		7
098 02 RETAIL PHARMACY					5		
098 03 LEASED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		154,657	341,086	509,546	336,135	485,507	48,991
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		2.299390		8.612724		5.317944	
(WRKSHT B, PT I)			163.433637		17.419932		5.611798
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		6,713	6,426	20,367	14,563	17,933	1,173
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.099807		.344258		.196427	
(WRKSHT B, PT III)			3.079061		.754716		.134364

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 14-1307
I

I PERIOD:
I FROM 5/ 1/2007
I TO 4/30/2008 I

I PREPARED 8/22/2008
I WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECOR DS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	16	17	18	20
GENERAL SERVICE COST				
003 NEW CAP REL COSTS-BLD				
003 01 NEW CAP REL COSTS-NEW				
003 02 NEW CAP REL COSTS-PT				
003 03 NEW CAP REL COSTS-RHC				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 06 NONPATIENT TELEPHONES				
006 08 PURCHASING, RECEIVING				
006 09 ADMITTING				
006 10 CASHIERING/ACCOUNTS R				
006 11 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU				
016 PHARMACY	2,137,882			
017 MEDICAL RECORDS & LIB		4,036		
018 SOCIAL SERVICE			3,560	
020 NONPHYSICIAN ANESTHET				100
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS		697	1,268	
034 SKILLED NURSING FACIL			80	
035 NURSING FACILITY			1,553	
ANCILLARY SRVC COST C				
037 OPERATING ROOM		229		
040 ANESTHESIOLOGY				100
041 RADIOLOGY-DIAGNOSTIC		1,891		
041 01 ONCOLOGY			24	
043 RADIOISOTOPE				
04 LABORATORY				
04 RESPIRATORY THERAPY		1,149		
049 01 CARDIAC REHAB				
050 PHYSICAL THERAPY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI	2,129,300			
OUTPAT SERVICE COST C				
061 EMERGENCY		70		
062 OBSERVATION BEDS (NON				
063 50 RURAL HEALTH CLINIC			1	
OTHER REIMBURS COST C				
067 DURABLE MEDICAL EQUIP	4,163			
071 HOME HEALTH AGENCY			504	
SPEC PURPOSE COST CEN				
093 HOSPICE			130	
095 SUBTOTALS	2,133,463	4,036	3,560	100
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE O				
098 01 FITNESS CENTER				
098 02 RETAIL PHARMACY	4,419			
098 03 LEASED SPACE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	2,843,576	488,596	93,223	288,854
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		121.059465		2,888.540000
(WRKSHT B, PT I)	1.330090		26.186236	
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED	98,134	25,204	1,658	4,656
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		6.244797		46.560000
(WRKSHT B, PT III)	.045902		.465730	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET C
 I I TO 4/30/2008 I 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,758,562		2,758,562		2,758,562
34	SKILLED NURSING FACILITY	172,506		172,506		172,506
35	NURSING FACILITY	2,462,480		2,462,480		2,462,480
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	544,508		544,508		544,508
40	ANESTHESIOLOGY	313,994		313,994		313,994
41	RADIOLOGY-DIAGNOSTIC	1,599,948		1,599,948		1,599,948
41	01 ONCOLOGY	317,161		317,161		317,161
43	RADIOISOTOPE	231,924		231,924		231,924
44	LABORATORY	1,327,085		1,327,085		1,327,085
49	RESPIRATORY THERAPY	665,012		665,012		665,012
49	01 CARDIAC REHAB					
50	PHYSICAL THERAPY	962,347		962,347		962,347
53	ELECTROCARDIOLOGY	18,700		18,700		18,700
54	ELECTROENCEPHALOGRAPHY	3,163		3,163		3,163
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	3,038,654		3,038,654		3,038,654
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,050,333		1,050,333		1,050,333
62	OBSERVATION BEDS (NON-DIS	198,562		198,562		198,562
63	50 RURAL HEALTH CLINIC	1,803,125		1,803,125		1,803,125
	OTHER REIMBURS COST CNTRS					
67	DURABLE MEDICAL EQUIP-SOL	354,795		354,795		354,795
101	SUBTOTAL	17,822,859		17,822,859		17,822,859
102	LESS OBSERVATION BEDS	198,562		198,562		198,562
103	TOTAL	17,624,297		17,624,297		17,624,297

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET C
 I I TO 4/30/2008 I 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						
29	ADULTS & PEDIATRICS	1,631,342		1,631,342			
34	SKILLED NURSING FACILITY	182,952		182,952			
35	NURSING FACILITY	1,756,585		1,756,585			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	130,844	853,658	984,502	.553080	.553080	.553080
40	ANESTHESIOLOGY	127,469	290,843	418,312	.750622	.750622	.750622
41	RADIOLOGY-DIAGNOSTIC	373,046	4,130,099	4,503,145	.355296	.355296	.355296
41	01 ONCOLOGY	178	271,120	271,298	1.169050	1.169050	1.169050
43	RADIOISOTOPE	14,754	732,686	747,440	.310291	.310291	.310291
44	LABORATORY	565,172	3,637,178	4,202,350	.315796	.315796	.315796
49	RESPIRATORY THERAPY	255,225	610,025	865,250	.768578	.768578	.768578
49	01 CARDIAC REHAB						
50	PHYSICAL THERAPY	546,975	1,249,110	1,796,085	.535803	.535803	.535803
53	ELECTROCARDIOLOGY	105,484	196,383	301,867	.061948	.061948	.061948
54	ELECTROENCEPHALOGRAPHY	2,563	5,125	7,688	.411420	.411420	.411420
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,582,125	6,698,464	8,280,589	.366961	.366961	.366961
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	37,105	1,104,521	1,141,626	.920032	.920032	.920032
62	OBSERVATION BEDS (NON-DIS		136,515	136,515	1.454507	1.454507	1.454507
63	50 RURAL HEALTH CLINIC		1,159,469	1,159,469	1.555130	1.555130	1.555130
	OTHER REIMBURS COST CNTRS						
67	DURABLE MEDICAL EQUIP-SOL		330,869	330,869	1.072313	1.072313	1.072313
101	SUBTOTAL	7,311,819	21,406,065	28,717,884			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,311,819	21,406,065	28,717,884			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
I 14-1307 I FROM 5/ 1/2007 I WORKSHEET C
I I TO 4/30/2008 I 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	2,758,562		2,758,562		2,758,562
34	SKILLED NURSING FACILITY	172,506		172,506		172,506
35	NURSING FACILITY	2,462,480		2,462,480		2,462,480
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	544,508		544,508		544,508
40	ANESTHESIOLOGY	313,994		313,994		313,994
41	RADIOLOGY-DIAGNOSTIC	1,599,948		1,599,948		1,599,948
41 01	ONCOLOGY	317,161		317,161		317,161
43	RADIOISOTOPE	231,924		231,924		231,924
44	LABORATORY	1,327,085		1,327,085		1,327,085
49	RESPIRATORY THERAPY	665,012		665,012		665,012
49 01	CARDIAC REHAB					
50	PHYSICAL THERAPY	962,347		962,347		962,347
53	ELECTROCARDIOLOGY	18,700		18,700		18,700
54	ELECTROENCEPHALOGRAPHY	3,163		3,163		3,163
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	3,038,654		3,038,654		3,038,654
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,050,333		1,050,333		1,050,333
62	OBSERVATION BEDS (NON-DIS	198,562		198,562		198,562
63 50	RURAL HEALTH CLINIC	1,803,125		1,803,125		1,803,125
	OTHER REIMBURS COST CNTRS					
67	DURABLE MEDICAL EQUIP-SOL	354,795		354,795		354,795
101	SUBTOTAL	17,822,859		17,822,859		17,822,859
102	LESS OBSERVATION BEDS	198,562		198,562		198,562
103	TOTAL	17,624,297		17,624,297		17,624,297

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET C	
I		I	TO 4/30/2008	I	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 ADULTS & PEDIATRICS	1,631,342		1,631,342			
34	SKILLED NURSING FACILITY	182,952		182,952			
35	NURSING FACILITY	1,756,585		1,756,585			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	130,844	853,658	984,502	.553080	.553080	.553080
40	ANESTHESIOLOGY	127,469	290,843	418,312	.750622	.750622	.750622
41	RADIOLOGY-DIAGNOSTIC	373,046	4,130,099	4,503,145	.355296	.355296	.355296
41 01	ONCOLOGY	178	271,120	271,298	1.169050	1.169050	1.169050
43	RADIOISOTOPE	14,754	732,686	747,440	.310291	.310291	.310291
44	LABORATORY	565,172	3,637,178	4,202,350	.315796	.315796	.315796
49	RESPIRATORY THERAPY	255,225	610,025	865,250	.768578	.768578	.768578
49 01	CARDIAC REHAB /						
50	PHYSICAL THERAPY	546,975	1,249,110	1,796,085	.535803	.535803	.535803
53	ELECTROCARDIOLOGY	105,484	196,383	301,867	.061948	.061948	.061948
54	ELECTROENCEPHALOGRAPHY	2,563	5,125	7,688	.411420	.411420	.411420
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,582,125	6,698,464	8,280,589	.366961	.366961	.366961
61	EMERGENCY	37,105	1,104,521	1,141,626	.920032	.920032	.920032
62	OBSERVATION BEDS (NON-DIS		136,515	136,515	1.454507	1.454507	1.454507
63 50	RURAL HEALTH CLINIC		1,159,469	1,159,469	1.555130	1.555130	1.555130
	OTHER REIMBURS COST CNTRS						
67	DURABLE MEDICAL EQUIP-SOL		330,869	330,869	1.072313	1.072313	1.072313
101	SUBTOTAL	7,311,819	21,406,065	28,717,884			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,311,819	21,406,065	28,717,884			

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	544,508	87,848	456,660			544,508
40	ANESTHESIOLOGY	313,994	7,873	306,121			313,994
41	RADIOLOGY-DIAGNOSTIC	1,599,948	158,532	1,441,416			1,599,948
41 01	ONCOLOGY	317,161	6,072	311,089			317,161
43	RADIOISOTOPE	231,924	30,153	201,771			231,924
44	LABORATORY	1,327,085	61,593	1,265,492			1,327,085
49	RESPIRATORY THERAPY	665,012	23,947	641,065			665,012
49 01	CARDIAC REHAB						
50	PHYSICAL THERAPY	962,347	38,366	923,981			962,347
53	ELECTROCARDIOLOGY	18,700	351	18,349			18,700
54	ELECTROENCEPHALOGRAPHY	3,163	53	3,110			3,163
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	3,038,654	101,681	2,936,973			3,038,654
61	EMERGENCY	1,050,333	21,836	1,028,497			1,050,333
62	OBSERVATION BEDS (NON-DIS	198,562		198,562			198,562
63 50	RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	1,803,125	71,928	1,731,197			1,803,125
67	DURABLE MEDICAL EQUIP-SOL	354,795	12,505	342,290			354,795
101	SUBTOTAL	12,429,311	622,738	11,806,573			12,429,311
102	LESS OBSERVATION BEDS	198,562		198,562			198,562
103	TOTAL	12,230,749	622,738	11,608,011			12,230,749

WKST A LIM NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	984,502	.553080	.553080
40	ANESTHESIOLOGY	418,312	.750622	.750622
41	RADIOLOGY-DIAGNOSTIC	4,503,145	.355296	.355296
41 01	ONCOLOGY	271,298	1.169050	1.169050
43	RADIOISOTOPE	747,440	.310291	.310291
44	LABORATORY	4,202,350	.315796	.315796
49	RESPIRATORY THERAPY	865,250	.768578	.768578
49 01	CARDIAC REHAB			
50	PHYSICAL THERAPY	1,796,085	.535803	.535803
53	ELECTROCARDIOLOGY	301,867	.061948	.061948
54	ELECTROENCEPHALOGRAPHY	7,688	.411420	.411420
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	8,280,589	.366961	.366961
61	EMERGENCY	1,141,626	.920032	.920032
62	OBSERVATION BEDS (NON-DIS	136,515	1.454507	1.454507
63 50	RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	1,159,469	1.555130	1.555130
67	DURABLE MEDICAL EQUIP-SOL	330,869	1.072313	1.072313
101	SUBTOTAL	25,147,005		
102	LESS OBSERVATION BEDS	136,515		
103	TOTAL	25,010,490		

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	544,508	87,848	456,660			544,508
40	ANESTHESIOLOGY	313,994	7,873	306,121			313,994
41	RADIOLOGY-DIAGNOSTIC	1,599,948	158,532	1,441,416			1,599,948
41	01 ONCOLOGY	317,161	6,072	311,089			317,161
43	RADIOISOTOPE	231,924	30,153	201,771			231,924
44	LABORATORY	1,327,085	61,593	1,265,492			1,327,085
49	RESPIRATORY THERAPY	665,012	23,947	641,065			665,012
49	01 CARDIAC REHAB						
50	PHYSICAL THERAPY	962,347	38,366	923,981			962,347
53	ELECTROCARDIOLOGY	18,700	351	18,349			18,700
54	ELECTROENCEPHALOGRAPHY	3,163	53	3,110			3,163
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	3,038,654	101,681	2,936,973			3,038,654
61	EMERGENCY	1,050,333	21,836	1,028,497			1,050,333
62	OBSERVATION BEDS (NON-DIS	198,562		198,562			198,562
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	1,803,125	71,928	1,731,197			1,803,125
67	DURABLE MEDICAL EQUIP-SOL	354,795	12,505	342,290			354,795
101	SUBTOTAL	12,429,311	622,738	11,806,573			12,429,311
102	LESS OBSERVATION BEDS	198,562		198,562			198,562
103	TOTAL	12,230,749	622,738	11,608,011			12,230,749

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	984,502	.553080	.553080
40	ANESTHESIOLOGY	418,312	.750622	.750622
41	RADIOLOGY-DIAGNOSTIC	4,503,145	.355296	.355296
41 01	ONCOLOGY	271,298	1.169050	1.169050
43	RADIOISOTOPE	747,440	.310291	.310291
44	LABORATORY	4,202,350	.315796	.315796
49	RESPIRATORY THERAPY	865,250	.768578	.768578
49 01	CARDIAC REHAB			
50	PHYSICAL THERAPY	1,796,085	.535803	.535803
53	ELECTROCARDIOLOGY	301,867	.061948	.061948
54	ELECTROENCEPHALOGRAPHY	7,688	.411420	.411420
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	8,280,589	.366961	.366961
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1,141,626	.920032	.920032
62	OBSERVATION BEDS (NON-DIS	136,515	1.454507	1.454507
63 50	RURAL HEALTH CLINIC	1,159,469	1.555130	1.555130
	OTHER REIMBURS COST CNTRS			
67	DURABLE MEDICAL EQUIP-SOL	330,869	1.072313	1.072313
101	SUBTOTAL	25,147,005		
102	LESS OBSERVATION BEDS	136,515		
103	TOTAL	25,010,490		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET C
 I I TO 4/30/2008 I PART III

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
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	544,508	984,502			
40	ANESTHESIOLOGY	313,994	418,312			
41	RADIOLOGY-DIAGNOSTIC	1,599,948	4,503,145			
41 01	ONCOLOGY	317,161	271,298			
43	RADIOISOTOPE	231,924	747,440			
44	LABORATORY	1,327,085	4,202,350			
49	RESPIRATORY THERAPY	665,012	865,250			
49 01	CARDIAC REHAB					
50	PHYSICAL THERAPY	962,347	1,796,085			
53	ELECTROCARDIOLOGY	18,700	301,867			
54	ELECTROENCEPHALOGRAPHY	3,163	7,688			
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	3,038,654	8,280,589			
61	EMERGENCY	1,050,333	1,141,626			
62	OBSERVATION BEDS (NON-DIS	198,562	136,515			
63 50	RURAL HEALTH CLINIC	1,803,125	1,159,469			
	OTHER REIMBURS COST CNTRS					
67	DURABLE MEDICAL EQUIP-SOL	354,795	330,869			
101	TOTAL	12,429,311	25,147,005			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET C	
I		I	TO 4/30/2008	I	PART V	

WKST A	COST CENTER DESCRIPTION	TOTAL COST PROVIDER-BASED	TOTAL	TOTAL	TOTAL	RATIO OF OUT-	TOTAL OUT-
LINE NO.		WKST B, PT I	PHYSICIAN	COSTS	ANCILLARY	OUTPATIENT PATIENT CHRGS	PATIENT
		COL. 27	ADJUSTMENT		CHARGES	TO TTL CHARGES	CHRGES
		1	2	3	4	5	6
							7
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	544,508		544,508	984,502		
40	ANESTHESIOLOGY	313,994		313,994	418,312		
41	RADIOLOGY-DIAGNOSTIC	1,599,948	8,217	1,608,165	4,503,145		
41	01 ONCOLOGY	317,161	259,500	576,661	271,298		
43	RADIOISOTOPE	231,924		231,924	747,440		
44	LABORATORY	1,327,085		1,327,085	4,202,350		
49	RESPIRATORY THERAPY	665,012		665,012	865,250		
49	01 CARDIAC REHAB						
50	PHYSICAL THERAPY	962,347		962,347	1,796,085		
53	ELECTROCARDIOLOGY	18,700		18,700	301,867		
54	ELECTROENCEPHALOGRAPHY	3,163		3,163	7,688		
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	3,038,654		3,038,654	8,280,589		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,050,333	382,571	1,432,904	1,141,626		
62	OBSERVATION BEDS (NON-DIS	198,562		198,562	136,515		
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
67	DURABLE MEDICAL EQUIP-SOL	354,795		354,795	330,869		
101	TOTAL	10,626,186	650,288	11,276,474	23,987,536		
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

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
		1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.553080		.553080		
40	ANESTHESIOLOGY	.750622		.750622		
41	RADIOLOGY-DIAGNOSTIC	.355296		.355296		
41	01 ONCOLOGY	1.169050		1.169050		
43	RADIOISOTOPE	.310291		.310291		
44	LABORATORY	.315796		.315796		
49	RESPIRATORY THERAPY	.768578		.768578		
49	01 CARDIAC REHAB					
50	PHYSICAL THERAPY	.535803		.535803		
53	ELECTROCARDIOLOGY	.061948		.061948		
54	ELECTROENCEPHALOGRAPHY	.411420		.411420		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS	.366961		.366961		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.920032		.920032		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.454507		1.454507		
63	50 RURAL HEALTH CLINIC					
	OTHER REIMBURS COST CNTRS					
67	DURABLE MEDICAL EQUIP-SOLD	1.072313		1.072313		
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		396,394			
40 ANESTHESIOLOGY		126,196			
41 RADIOLOGY-DIAGNOSTIC		1,957,584			
41 01 ONCOLOGY		185,793			
43 RADIOISOTOPE		449,689			
44 LABORATORY		1,941,658			
49 RESPIRATORY THERAPY		324,046			
49 01 CARDIAC REHAB					
50 PHYSICAL THERAPY		286,681			
53 ELECTROCARDIOLOGY		131,239			
54 ELECTROENCEPHALOGRAPHY		2,057			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		4,609,564			
61 EMERGENCY		462,040			
62 OBSERVATION BEDS (NON-DISTINCT PART)		88,236			
63 50 RURAL HEALTH CLINIC					
67 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-SOLD					
102 SUBTOTAL		10,961,177			
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		10,961,177			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM		219,238	
40 ANESTHESIOLOGY		94,725	
41 RADIOLOGY-DIAGNOSTIC		695,522	
41 01 ONCOLOGY		217,201	
43 RADIOISOTOPE		139,534	
44 LABORATORY		613,168	
49 RESPIRATORY THERAPY		249,055	
49 01 CARDIAC REHAB			
50 PHYSICAL THERAPY		153,605	
53 ELECTROCARDIOLOGY		8,130	
54 ELECTROENCEPHALOGRAPHY		846	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS		1,691,530	
56 OUTPAT SERVICE COST CNTRS			
61 EMERGENCY		425,092	
62 OBSERVATION BEDS (NON-DISTINCT PART)		128,340	
63 50 RURAL HEALTH CLINIC			
63 OTHER REIMBURS COST CNTRS			
67 DURABLE MEDICAL EQUIP-SOLD			
101 SUBTOTAL		4,635,986	
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES		4,635,986	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.366961
3	PROGRAM COSTS	1,080
		396

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS
 I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 4/30/2008 I PART II
 I 14-5345 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ONCOLOGY						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 CARDIAC REHAB						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 4/30/2008	I	PART II	
I	14-5345	I		I		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG	RATIO COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	ONCOLOGY		
43	RADIOISOTOPE		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49 01	CARDIAC REHAB		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ONCOLOGY						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 CARDIAC REHAB						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LIM NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			984,502				
40	ANESTHESIOLOGY			418,312				
41	RADIOLOGY-DIAGNOSTIC			4,503,145			5,719	
41 01	ONCOLOGY			271,298				
43	RADIOISOTOPE			747,440				
44	LABORATORY			4,202,350			23,221	
49	RESPIRATORY THERAPY			865,250			21,163	
49 01	CARDIAC REHAB							
50	PHYSICAL THERAPY			1,796,085			130,517	
53	ELECTROCARDIOLOGY			301,867			809	
54	ELECTROENCEPHALOGRAPHY			7,688				
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			8,280,589			195,507	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			1,141,626				
62	OBSERVATION BEDS (NON-DIS			136,515				
63 50	RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
67	DURABLE MEDICAL EQUIP-SOL			330,869				
101	TOTAL			23,987,536			376,936	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ONCOLOGY						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	CARDIAC REHAB						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPUT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 4/30/2008	I	PART I	
I	14-1307	I		I		

TITLE XVIII PART A

HOSPITAL

OTHER

PA - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,874
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,180
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,176
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1,077
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	538
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	53
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	26
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,498
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1,077
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	538
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	103.99
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	112.21
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,758,562
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5,511
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	2,917
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,178,770
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,579,792

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,064,002
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,208
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,061,794
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.484764
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	552.00
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	487.96
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	64.04
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	95.08
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	380
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,579,412

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 4/30/2008 I PART II
 I 14-1307 I I

TITLE XVIII PART A

HOSPITAL

OTHER

I - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 724.50
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,085,301
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,085,301

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 626,572
49 TOTAL PROGRAM INPATIENT COSTS					1,711,873

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST 780,287
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 389,781
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 1,170,068
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 4/30/2008 I PART III
 I 14-1307 I I

TITLE XVIII PART A

HOSPITAL

OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 274
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 724.68
- 85 OBSERVATION BED COST 198,562

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008	
I	14-1307	I	FROM	I	5/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO	I	4/30/2008	I	PART I
I	14-5345	I		I		I	

TITLE XVIII PART A

SNF

PPS

PA - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	791
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	791
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	791
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	767
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	172,506
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	172,506

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	182,952
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	182,952
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.942903
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	231.29
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	172,506

TITLE XVIII PART A SNF PPS

P) III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	172,506
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	218.09
68	PROGRAM ROUTINE SERVICE COST	167,275
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	167,275
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	6,039
72	PER DIEM CAPITAL-RELATED COSTS	7.63
73	PROGRAM CAPITAL-RELATED COSTS	5,852
74	INPATIENT ROUTINE SERVICE COST	161,423
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	161,423
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	167,275
80	PROGRAM INPATIENT ANCILLARY SERVICES	167,354
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	334,629

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 4/30/2008 I
 I 14-1307 I I

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LIN	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		835,526	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.553080	67,906	37,557
40	ANESTHESIOLOGY	.750622	67,926	50,987
41	RADIOLOGY-DIAGNOSTIC	.355296	206,940	73,525
41	01 ONCOLOGY	1.169050		
43	RADIOISOTOPE	.310291	8,047	2,497
44	LABORATORY	.315796	299,633	94,623
49	RESPIRATORY THERAPY	.768578	155,390	119,429
49	01 CARDIAC REHAB			
50	PHYSICAL THERAPY	.535803	66,922	35,857
53	ELECTROCARDIOLOGY	.061948	25,237	1,563
54	ELECTROENCEPHALOGRAPHY	.411420	1,127	464
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.366961	570,917	209,504
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.920032	615	566
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.454507		
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
67	DURABLE MEDICAL EQUIP-SOLD	1.072313		
101	TOTAL		1,470,660	626,572
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,470,660	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 4/30/2008 I
 I 14-Z307 I

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A LIN	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.553080	28,690	15,868
40	ANESTHESIOLOGY	.750622	7,487	5,620
41	RADIOLOGY-DIAGNOSTIC	.355296	87,080	30,939
41	01 ONCOLOGY	1.169050		
43	RADIOISOTOPE	.310291	6,384	1,981
44	LABORATORY	.315796	182,752	57,712
49	RESPIRATORY THERAPY	.768578	65,126	50,054
49	01 CARDIAC REHAB			
50	PHYSICAL THERAPY	.535803	291,474	156,173
53	ELECTROCARDIOLOGY	.061948	5,881	364
54	ELECTROENCEPHALOGRAPHY	.411420	1,099	452
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.366961	508,485	186,594
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.920032	241	222
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.454507		
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
67	DURABLE MEDICAL EQUIP-SOLD	1.072313		
101	TOTAL		1,184,699	505,979
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,184,699	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LIN	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.553080		
40	ANESTHESIOLOGY	.750622		
41	RADIOLOGY-DIAGNOSTIC	.355296	5,719	2,032
41	01 ONCOLOGY	1.169050		
43	RADIOISOTOPE	.310291		
44	LABORATORY	.315796	23,221	7,333
49	RESPIRATORY THERAPY	.768578	21,163	16,265
49	01 CARDIAC REHAB			
50	PHYSICAL THERAPY	.535803	130,517	69,931
53	ELECTROCARDIOLOGY	.061948	809	50
54	ELECTROENCEPHALOGRAPHY	.411420		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.366961	195,507	71,743
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.920032		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.454507		
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
67	DURABLE MEDICAL EQUIP-SOLD	1.072313		
101	TOTAL		376,936	167,354
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		376,936	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM	5/1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO	4/30/2008	I	PART B
I	14-1307	I			I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,636,382
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
	1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,636,382
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,682,746
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
	CAH DEDUCTIBLES	39,367
18	CAH ACTUAL BILLED COINSURANCE	1,825,214
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,818,165
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,818,165
24	PRIMARY PAYER PAYMENTS	751
25	SUBTOTAL	2,817,414
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	113,093
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	113,093
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	104,909
28	SUBTOTAL	2,930,507
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,930,507
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,828,112
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	102,395
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 4/30/2008 I
 I 14-1307 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,193,960		2,728,112
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	3/ 5/2008	125,000	3/ 5/2008	100,000
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		125,000		100,000
4 TOTAL INTERIM PAYMENTS		1,318,960		2,828,112
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)				
SET ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 4/30/2008 I
 I 14-5345 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		211,956		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		211,956		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER	.01		
BASED ON COST REPORT (1)	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.

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,309,157		NONE
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	10/16/2007	37,000		
ADJUSTMENTS TO PROVIDER .02	3/ 5/2008	145,000		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		182,000		NONE
4 TOTAL INTERIM PAYMENTS		1,491,157		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01				
DED ON COST REPORT (1) 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.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM	5/ 1/2007	I	
I	COMPONENT NO:	I	TO	4/30/2008	I	WORKSHEET E-2
I	14-2307	I			I	

TITLE XVIII

SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,181,769	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	511,039	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,615	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,692,808	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,692,808	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,692,808	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	46,192	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,646,616	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,646,616	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,491,157	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	155,459	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM	5/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO	4/30/2008	I	PART II
I	14-1307	I			I	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

	INPATIENT SERVICES	1,711,873
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	1,711,873
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST, FOR CAH (SEE INSTRUCTIONS)	1,728,992
	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 LIA BLE 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	1,728,992
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	295,713
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,433,279
23	COINSURANCE	
24	SUBTOTAL	1,433,279
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	24,004
26	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24,004
27	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	22,976
28	SUBTOTAL	1,457,283
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
30	OTHER ADJUSTMENTS (SPECIFY)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
32	SUBTOTAL	1,457,283
33	SEQUESTRATION ADJUSTMENT	
34	INTERIM PAYMENTS	1,318,960
35	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
36	BALANCE DUE PROVIDER/PROGRAM	138,323
37	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 4/30/2008 I PART III
 I 14-5345 I I

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS 258,016			
	OUTLIER PAYMENTS			
	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL 258,016			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30 258,016			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL 258,016			
36	COINSURANCE 46,060			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS) 211,956			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
	SUBTOTAL 211,956			
	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER 211,956			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS 211,956			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

BALANCE SHEET

I
I
I

PROVIDER NO:
14-1307

I PERIOD:
I FROM 5/ 1/2007
I TO 4/30/2008

I PREPARED 8/22/2008
I
I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	903,149			
2 TEMPORARY INVESTMENTS	2,045,295			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	2,648,068			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-409,282			
7 INVENTORY	285,719			
8 PREPAID EXPENSES	188,840			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	5,661,789			
FIXED ASSETS				
12 LAND	581,385			
12.01 LAND IMPROVEMENTS	246,028			
13.01 LESS ACCUMULATED DEPRECIATION	-205,402			
14 BUILDINGS	5,640,727			
14.01 LESS ACCUMULATED DEPRECIATION	-4,443,429			
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	5,851,547			
18.01 LESS ACCUMULATED DEPRECIATION	-4,144,755			
19 MINOR EQUIPMENT DEPRECIABLE	304,219			
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	3,830,320			
OTHER ASSETS				
22 INVESTMENTS	5,021,046		146,234	
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	5,021,046		146,234	
TOTAL ASSETS	14,513,155		146,234	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	230,891			
29 SALARIES, WAGES & FEES PAYABLE	720,805			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	120,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	100,000			
35 OTHER CURRENT LIABILITIES	362,467			
36 TOTAL CURRENT LIABILITIES	1,534,163			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	1,064,000			
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	1,064,000			
43 TOTAL LIABILITIES	2,598,163			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	11,914,992			
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			146,234	
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	11,914,992		146,234	
52 TOTAL LIABILITIES AND FUND BALANCES	14,513,155		146,234	

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		14,462,886		
2 NET INCOME (LOSS)		606,904		
3 TOTAL		15,069,790		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 PRIOR PERIOD ADJUSTMENTS				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		15,069,790		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 PRIOR PERIOD ADJUSTMENTS	3,154,798			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		3,154,798		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		11,914,992		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 PRIOR PERIOD ADJUSTMENTS			146,234	
6				
7				
8				
9				
10 TOTAL ADDITIONS				146,234
11 SUBTOTAL				146,234
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 PRIOR PERIOD ADJUSTMENTS				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				146,234

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,738,769		1,738,769
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	182,952		182,952
7 00 NURSING FACILITY	1,756,585		1,756,585
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,678,306		3,678,306
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,678,306		3,678,306
17 00 ANCILLARY SERVICES	3,733,349	22,997,372	26,730,721
18 00 OUTPATIENT SERVICES			
18 50 RURAL HEALTH CLINIC			
19 00 HOME HEALTH AGENCY			
23 00 HOSPICE			
24 00 OTHER		1,057,251	1,057,251
25 00 TOTAL PATIENT REVENUES	7,411,655	24,054,623	31,466,278

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		20,369,295	
ADD (SPECIFY)			
27 00 ALLOWANCE FOR BAD DEBTS	947,178		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		947,178	
DEDUCT (SPECIFY)			
34 00 ROUNDING	10		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		10	
40 00 TOTAL OPERATING EXPENSES		21,316,463	

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET	G-3
I		I	TO 4/30/2008	I		

DESCRIPTION

	TOTAL PATIENT REVENUES	31,466,278
	LESS: ALLOWANCES AND DISCOUNTS ON	10,792,673
3	NET PATIENT REVENUES	20,673,605
4	LESS: TOTAL OPERATING EXPENSES	21,316,463
5	NET INCOME FROM SERVICE TO PATIENT	-642,858
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	67,566
7	INCOME FROM INVESTMENTS	375,563
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	50,996
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	46,939
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	90,909
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	1,036
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	866
22	RENTAL OF HOSPITAL SPACE	750
23	GOVERNMENTAL APPROPRIATIONS	218,730
24	AMBULANCE	3,715
24.01	FITNESS CLINIC	26,147
24.02	CARECALL	5,481
24.03	RHC REVENUE	12,928
24.04	OTHER MISCELLANEOUS INCOME	8,975
24.05	NET ASSETS RELEASED FROM RESTRICT	339,161
25	TOTAL OTHER INCOME	1,249,762
26	TOTAL	606,904
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	606,904

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2					2,018	2,018
3					11,474	11,474
4						
5	150,666		1,504		12,312	164,482
HHA REIMBURSABLE SERVICES						
6	216,778		25,539		13,259	255,576
7	60,227		10,361			70,588
8	25,203		4,833			30,036
9	6,529		894	117		7,540
10			1,399			1,399
11	22,314		3,695			26,009
12						
13					4,163	4,163
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	481,717		48,225	117	43,226	573,285

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2		2,018		2,018
3		11,474		11,474
4				
5	-157,962	6,520	-498	6,022
HHA REIMBURSABLE SERVICES				
6		255,576		255,576
7		70,588		70,588
8		30,036		30,036
9		7,540		7,540
10		1,399		1,399
11		26,009		26,009
12				
13		4,163		4,163
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-157,962	415,323	-498	414,825

COST ALLOCATION -
HHA GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
I 14-1307 I FROM 5/ 1/2007 I WORKSHEET H-4
I HHA NO: I TO 4/30/2008 I PART I
I 14-7488 I I

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2			2,018				
3	2,018						
4	11,474			11,474			
5			2,018	11,474		19,514	19,514
HHA REIMBURSABLE SERVICES							
6	255,576					255,576	12,615
7	70,588					70,588	3,485
8	30,036					30,036	1,483
9	7,540					7,540	372
10	1,399					1,399	69
11	26,009					26,009	1,284
12							
13	4,163					4,163	206
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	414,825		2,018	11,474		414,825	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	268,191						
7	74,073						
8	31,519						
9	7,912						
10	1,468						
11	27,293						
12							
13	4,369						
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	414,825						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N (5A)	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP	3,652				
3	PLANT OPER & MAINT		2,880			
4	TRANSPORTATION			48,225		
5	ADMINISTRATIVE & GENERAL	3,652	2,880	1,504	-19,514	395,311
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE			25,539		255,576
7	PHYSICAL THERAPY			10,361		70,588
8	OCCUPATIONAL THERAPY			4,833		30,036
9	SPEECH PATHOLOGY			894		7,540
10	MEDICAL SOCIAL SERVICES			1,399		1,399
11	HOME HEALTH AIDE			3,695		26,009
12	SUPPLIES					
13	DRUGS					4,163
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	3,652	2,880	48,225	-19,514	395,311
25	COST TO BE ALLOCATED	2,018	11,474		-19,637	19,514
26	UNIT COST MULTIPLIER	.552574	3.984028		-.019637	.049364

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-NEW BL 3.01	NEW CAP REL COSTS-PT BLD 3.02	NEW CAP REL COSTS-RHC BL 3.03	NEW CAP REL COSTS-MVBLE 4
1 ADMIN & GENERAL			3,295		5,395	3,892
2 SKILLED NURSING CARE	268,191					
3 PHYSICAL THERAPY	74,073					
4 OCCUPATIONAL THERAPY	31,519					
5 SPEECH PATHOLOGY	7,912					
6 MEDICAL SOCIAL SERVICES	1,468					
7 HOME HEALTH AIDE	27,293					
8 SUPPLIES						
9 DRUGS	4,369					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	414,825		3,295		5,395	3,892
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	EMPLOYEE BEN EFITS 5	NONPATIENT T ELEPHONES 6.06	PURCHASING, RECEIVING AN 6.08	ADMITTING 6.09	CASHIERING/A CACCOUNTS RECE 6.10	SUBTOTAL 6A.10
1 ADMIN & GENERAL		5,904	838		15,297	34,621
2 SKILLED NURSING CARE	48,501					316,692
3 PHYSICAL THERAPY	13,475					87,548
4 OCCUPATIONAL THERAPY	5,639					37,158
5 SPEECH PATHOLOGY	1,461					9,373
6 MEDICAL SOCIAL SERVICES						1,468
7 HOME HEALTH AIDE	4,993					32,286
8 SUPPLIES						
9 DRUGS						4,369
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	74,069	5,904	838		15,297	523,515
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	OTHER ADMINI STRATIVE AND 6.11	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	3,991	35,999			31,216	
2 SKILLED NURSING CARE	36,504					
3 PHYSICAL THERAPY	10,092					
4 OCCUPATIONAL THERAPY	4,283					
5 SPEECH PATHOLOGY	1,080					
6 MEDICAL SOCIAL SERVICES	169					
7 HOME HEALTH AIDE	3,722					
8 SUPPLIES						
9 DRUGS	504					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	60,345	35,999			31,216	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
1 ADMIN & GENERAL	14,354		1,038			13,198
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	14,354		1,038			13,198
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NONPHYSICIAN ANESTHETIST 20	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		134,417		134,417		
2 SKILLED NURSING CARE		353,196		353,196	87,071	440,267
3 PHYSICAL THERAPY		97,640		97,640	24,071	121,711
4 OCCUPATIONAL THERAPY		41,441		41,441	10,216	51,657
5 SPEECH PATHOLOGY		10,453		10,453	2,577	13,030
6 MEDICAL SOCIAL SERVICES		1,637		1,637	404	2,041
7 HOME HEALTH AIDE		36,008		36,008	8,877	44,885
8 SUPPLIES						
9 DRUGS		4,873		4,873	1,201	6,074
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		679,665		679,665	134,417	679,665
21 UNIT COST MULTIPLIER					0.246525	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-NEW BL (SQUARE FEET)	NEW CAP REL COSTS-PT BLD (SQUARE FEET)	NEW CAP REL COSTS-RHC BL (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DEPRECIATI ION VALUE)	EMPLOYEE BEN EFITS (GROSS SALARIES)
	3	3.01	3.02	3.03	4	5
1 ADMIN & GENERAL		940		1,940	3,652	
2 SKILLED NURSING CARE						216,778
3 PHYSICAL THERAPY						60,227
4 OCCUPATIONAL THERAPY						25,203
5 SPEECH PATHOLOGY						6,529
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						22,314
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		940		1,940	3,652	331,051
21 COST TO BE ALLOCATED		3,295		5,395	3,892	74,069
22 UNIT COST MULTIPLIER		3.505319		2.780928	1.065717	0.223739

HHA COST CENTER	NONPATIENT T ELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AN (COST OF SUPPLIES)	ADMITTING (GROSS I/P CHARGES)	CASHIERING/A CCOUNTS RECE (GROSS CHARGES)	RECONCILIATI ON	OTHER ADMINI STRATIVE AND (ACCUM. COST)
	6.06	6.08	6.09	6.10	6A.11	6.11
1 ADMIN & GENERAL	9	18,538		785,768		34,621
2 SKILLED NURSING CARE						316,692
3 PHYSICAL THERAPY						87,548
4 OCCUPATIONAL THERAPY						37,158
5 SPEECH PATHOLOGY						9,373
6 MEDICAL SOCIAL SERVICES						1,468
7 HOME HEALTH AIDE						32,286
8 SUPPLIES						
9 DRUGS						4,369
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	9	18,538		785,768		523,515
21 COST TO BE ALLOCATED	5,904	838		15,297		60,345
22 UNIT COST MULTIPLIER	656.000000	0.045204		0.019468		0.115269

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (HOURS OF SERVICE) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12
1 ADMIN & GENERAL	2,880			191		824
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,880			191		824
21 COST TO BE ALLOCATED	35,999			31,216		14,354
22 UNIT COST MULTIPLIER	12.499653			163.434553		17.419903

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARIES (TIME SPENT) 17	SOCIAL SERVICE (TIME SPENT) 18	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME) 20
1 ADMIN & GENERAL		185			504	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		185			504	
21 COST TO BE ALLOCATED		1,038			13,198	
22 UNIT COST MULTIPLIER		5.610811			26.186508	

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	440,267		440,267	3,168	138.97	1,878
2 PHYSICAL THERAPY	3	121,711		121,711	1,622	75.04	1,120
3 OCCUPATIONAL THERAPY	4	51,657		51,657	801	64.49	565
4 SPEECH PATHOLOGY	5	13,030		13,030	119	109.50	101
5 MEDICAL SOCIAL SERVICES	6	2,041		2,041	158	12.92	82
6 HOME HEALTH AIDE SERVICE	7	44,885		44,885	539	83.27	329
7 TOTAL		673,591		673,591	6,407		4,075

-----PROGRAM VISITS-----		-----COST OF SERVICES-----		-----PART B-----		TOTAL PROGRAM COST
NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	PART B	
7	8	9	10	11	12	
1 SKILLED NURSING	511	260,986	71,014			332,000
2 PHYSICAL THERAPY	293	84,045	21,987			106,032
3 OCCUPATIONAL THERAPY	207	36,437	13,349			49,786
4 SPEECH PATHOLOGY	46	11,060	5,037			16,097
5 MEDICAL SOCIAL SERVICES	53	1,059	685			1,744
6 HOME HEALTH AIDE SERVICES	193	27,396	16,071			43,467
7 TOTAL	1,303	420,983	128,143			549,126

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

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

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00						5,521
16 COST OF DRUGS	9.00	6,074		6,074	6,867		
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		COST OF SERVICES		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES		1,346			
16 COST OF DRUGS					
16.20 COST OF DRUGS					

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.535803			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55		12,833		COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.366961			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER
			PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS	PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS	
	1	2	1/1/1998 TO 12/31/1998	3	1/1/1998 TO 12/31/1998	4	5
1 PHYSICAL THERAPY		75.04	2.01	3	3.01		
2 OCCUPATIONAL THERAPY		64.49					
3 SPEECH PATHOLOGY		109.50					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET H-7
 I HHA NO: I TO 4/30/2008 I PARTS I & II
 I 14-7488 I I

TITLE XVIII

HHA 1

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

PART B
 NOT SUBJECT TO
 DED & COINS
 2

PART B
 SUBJECT TO
 DED & COINS
 3

1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
 SERVICES
 1

PART B
 SERVICES
 2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	470,894	143,524
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	7,755	3,624
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	1,276	1,344
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	10,344	10,059
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	1,044	506
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		1,425
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	491,313	160,482
13	EXCESS REASONABLE COST		
14	SUBTOTAL	491,313	160,482
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	491,313	160,482
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	491,313	160,482
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	491,313	160,482
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	491,313	160,482
25	INTERIM PAYMENTS	491,314	160,482
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM	-1	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET H-8
 I HHA NO: I TO 4/30/2008 I
 I 14-7488 I

TITLE XVIII

HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		491,314		160,482
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		491,314		160,482
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
AMOUNT (BALANCE DUE)				
SED ON COST REPORT (1)				
TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
I 14-1307 I FROM 5/ 1/2007 I WORKSHEET K
I HOSPICE NO: I TO 4/30/2008 I
I 14-1565 I

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	98,812		7,208	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
RADIATION THERAPY				
CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	98,812		7,208	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
I 14-1307 I FROM 5/ 1/2007 I WORKSHEET K
I HOSPICE NO: I TO 4/30/2008 I
I 14-1565 I I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER	31,940	137,960	3,485	141,445
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	31,940	137,960	3,485	141,445

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET	K
I	HOSPICE NO:	I	TO 4/30/2008	I		
I	14-1565	I		I		

HOSPICE 1

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

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
10.20	VISITING SERVICES	
11	PHYSICIAN SERVICES	
12	NURSING CARE	
13	NURSING CARE-CONTINUOUS HOME CARE	
14	PHYSICAL THERAPY	
15	OCCUPATIONAL THERAPY	
16	SPEECH/LANGUAGE PATHOLOGY	
17	MEDICAL SOCIAL SERVICES	
18	SPIRITUAL COUNSELING	
19	DIETARY COUNSELING	
20	COUNSELING - OTHER	
21	HOME HEALTH AIDE AND HOMEMAKER	141,445
22	HH AIDE & HOMEMAKER-CONT. HOME CARE	
23	OTHER HOSPICE SERVICE COSTS	
24	OTHER	
25	DRUGS BIOLOGICAL AND INFUSION THERAPY	
26	ANALGESICS	
27	SEDATIVES / HYPNOTICS	
28	OTHER - SPECIFY	
29	DURABLE MEDICAL EQUIPMENT/OXYGEN	
30	PATIENT TRANSPORTATION	
31	IMAGING SERVICES	
32	LABS AND DIAGNOSTICS	
33	MEDICAL SUPPLIES	
34	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
35	RADIATION THERAPY	
36	CHEMOTHERAPY	
37	OTHER	
38	BEREAVEMENT PROGRAM COSTS	
39	VOLUNTEER PROGRAM COSTS	
40	FUNDRAISING	
41	OTHER PROGRAM COSTS	
42	TOTAL (SUM OF LINES 1 THRU 33)	141,445

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 4/30/2008	I	
I	14-1565	I		I	

COMPENSATION ANALYSIS
SALARIES AND WAGES

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 4/30/2008	I		
I	14-1565	I		I		

COMPENSATION ANALYSIS
SALARIES AND WAGES

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				98,812
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
OUTPATIENT SERVICES (INCL. E/R DEPT.)				
RADIATION THERAPY				
26 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				98,812

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 4/30/2008	I		
I	14-1565	I		I		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	98,812
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
	RADIATION THERAPY	
	CHEMOTHERAPY	
28	OTHER	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	98,812

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET	K-3
I	HOSPICE NO:	I	TO 4/30/2008	I		
I	14-1565	I		I		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET	K-3
I	HOSPICE NO:	I	TO 4/30/2008	I		
I	14-1565	I		I		

HOSPICE 1

	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
	5	6	7	8

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET	K-3
I	HOSPICE NO:	I	TO 4/30/2008	I		
I	14-1565	I		I		

HOSPICE 1

TOTAL (1)
9

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

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
I 14-1307 I FROM 5/ 1/2007 I WORKSHEET K-4
I HOSPICE NO: I TO 4/30/2008 I PART I
I 14-1565 I I

HOSPICE 1

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

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER	141,445		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	141,445		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
I 14-1307 I FROM 5/ 1/2007 I WORKSHEET K-4
I HOSPICE NO: I TO 4/30/2008 I PART I
I 14-1565 I I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			141,445	
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			141,445	

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM 5/ 1/2007	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 4/30/2008	I	PART I	
I	14-1565	I		I		

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	141,445
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	141,445

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET K-4
 I HOSPICE NO: I TO 4/30/2008 I PART II
 I 14-1565 I I

HOSPICE 1

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

.000000 .000000 .000000 .000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
I 14-1307 I FROM 5/ 1/2007 I WORKSHEET K-4
I HOSPICE NO: I TO 4/30/2008 I PART II
I 14-1565 I I

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
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1. GENERAL SERVICE COST CENTERS		
2. CAPITAL RELATED COSTS-BLDG AND FIXT.		
3. CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4. PLANT OPERATION AND MAINTENANCE		
5. TRANSPORTATION - STAFF		
6. VOLUNTEER SERVICE COORDINATION		
7. ADMINISTRATIVE AND GENERAL	-3,485	137,960
8. INPATIENT CARE SERVICE		
9. INPATIENT - GENERAL CARE		
10. INPATIENT - RESPITE CARE		
11. VISITING SERVICES		
12. PHYSICIAN SERVICES		
13. NURSING CARE		
14. NURSING CARE-CONTINUOUS HOME CARE		
15. PHYSICAL THERAPY		
16. OCCUPATIONAL THERAPY		
17. SPEECH/LANGUAGE PATHOLOGY		
18. MEDICAL SOCIAL SERVICES		
19. SPIRITUAL COUNSELING		
20. DIETARY COUNSELING		
21. COUNSELING - OTHER		
22. HOME HEALTH AIDE AND HOMEMAKER	-3,485	137,960
23. HH AIDE & HOMEMAKER-CONT. HOME CARE		
24. OTHER HOSPICE SERVICE COSTS		
25. OTHER		
26. DRUGS BIOLOGICAL AND INFUSION THERAPY		
27. ANALGESICS		
28. SEDATIVES / HYPNOTICS		
29. OTHER - SPECIFY		
30. DURABLE MEDICAL EQUIPMENT/OXYGEN		
31. PATIENT TRANSPORTATION		
32. IMAGING SERVICES		
33. LABS AND DIAGNOSTICS		
34. MEDICAL SUPPLIES		
35. OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36. RADIATION THERAPY		
37. CHEMOTHERAPY		
38. OTHER		
39. FUNDRAISING		
40. OTHER PROGRAM COSTS		
41. COST TO BE ALLOCATED (PER WKST K-4, PART I)		
42. UNIT COST MULTIPLIER	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 14-1307
 I HOSPICE NO: 14-1565
 I PERIOD: FROM 5/ 1/2007 TO 4/30/2008
 I PREPARED 8/22/2008
 I WORKSHEET K-5
 I PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-NEW BLDG	NEW CAP REL COSTS-PT BLDG
		0	3	3.01	3.02
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10				
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	141,445			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
0 TOTAL (SUM OF LINE 1 THRU 28) (2)		141,445			
0 UNIT COST MULTIPLIER					

NEW CAP REL COSTS-RHC BLDG NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS NONPATIENT TELEPHONES

HOSPICE COST CENTER	NEW CAP REL COSTS-RHC BLDG	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES
	3.03	4	5	6.06
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			22,888	656
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			22,888	656
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 4/30/2008 I PART I
 I 14-1565 I I

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	SUBTOTAL
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	1,431		5,285	171,705
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
0 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,431		5,285	171,705
0 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	19,792			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	19,792			
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 4/30/2008 I PART I
 I 14-1565 I I

HOSPICE 1

HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION

HOSPICE COST CENTER	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			3,972	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
0 TOTAL (SUM OF LINE 1 THRU 28) (2)			3,972	
0 UNIT COST MULTIPLIER				

CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE

HOSPICE COST CENTER	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		1,773		3,404
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
0 VOLUNTEER PROGRAM COSTS				
0 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,773		3,404
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

NONPHYSICIAN ANESTHETISTS SUBTOTAL INTRN & RSDNT COST & POST STEPDOWN AD SUBTOTAL

HOSPICE COST CENTER

20 25 26 27

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

200,646 200,646

200,646 200,646

ALLOCATED HOSPICE A & G TOTAL HOSPICE COSTS

HOSPICE COST CENTER

28 29

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

200,646

200,646

.000000

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29

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

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

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
I 14-1307 I FROM 5/ 1/2007 I WORKSHEET K-5
I HOSPICE NO: I TO 4/30/2008 I PART II
I 14-1565 I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-NEW BLDG (SQUARE FEET)	NEW CAP REL COSTS-PT BLDG (SQUARE FEET)	NEW CAP REL COSTS-RHC BLDG (SQUARE FEET)
	3	3.01	3.02	3.03
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (DEPRECIATION VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AND STORES (COST OF SUPPLIES)
	4	5	6.06	6.08
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		102,297	1	31,643
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES
	4	5	6.06	6.08
29.00 TOTAL (SUM OF LINE 1 THRU 28)		102,297	1	31,643
30.00 TOTAL COST TO BE ALLOCATED		22,888	656	1,431
31.00 UNIT COST MULTIPLIER	.000000	.223741	656.000000	.045223

HOSPICE COST CENTER	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL
	(GROSS I/P CHARGES)	(GROSS CHARGES)		(ACCUMULATED COST)
	6.09	6.10	6A.11	6.11

1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		271,500		171,705
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		271,500		171,705
30.00 TOTAL COST TO BE ALLOCATED		5,285		19,792
31.00 UNIT COST MULTIPLIER	.000000	.019466		.115267

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

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (HOURS OF SERVICE)	HOUSEKEEPING (HOURS OF SERVICE)
	7	8	9	10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			228	316
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15
29.00 TOTAL (SUM OF LINE 1 THRU 28)			228	316
30.00 TOTAL COST TO BE ALLOCATED			3,972	1,773
31.00 UNIT COST MULTIPLIER	.000000	17.421053	.000000	5.610759
HOSPICE COST CENTER	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	SOCIAL SERVICE (TIME SPENT) 18	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 20
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			130	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			130	
30.00 TOTAL COST TO BE ALLOCATED			3,404	
31.00 UNIT COST MULTIPLIER	.000000	.000000	26.184615	.000000

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

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.535803	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.366961	
5	DURABLE MEDICAL EQUIP-SOLD	67	1.072313	
6	LABORATORY	44	.315796	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		
8	EMERGENCY	61	.920032	
9	RADIOLOGY-DIAGNOSTIC	41	.355296	
9.01	ONCOLOGY	41.01	1.169050	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

I PROVIDER NO: I PERIOD: I PREPARED 8/22/2008
 I 14-1307 I FROM 5/ 1/2007 I WORKSHEET K-6
 I HOSPICE NO: I TO 4/30/2008 I
 I 14-1565 I I

CALCULATION OF PER DIEM COST

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				200,646
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				1,810
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				110.85
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	1,702			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	188,667			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST		17		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)		1,884		
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			91	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			10,087	

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

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN	843,734		843,734	-169,822
3 PHYSICIAN ASSISTANT				
4 NURSE PRACTITIONER				
5 VISITING NURSE				
6 OTHER NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
9 OTHER FACILITY HEALTH CARE STAFF COSTS		6,397	6,397	
10 SUBTOTAL (SUM OF LINES 1-9)	843,734	6,397	850,131	-169,822
11 COSTS UNDER AGREEMENT				
12 PHYSICIAN SERVICES UNDER AGREEMENT				
13 PHYSICIAN SUPERVISION UNDER AGREEMENT				
14 OTHER COSTS UNDER AGREEMENT				
14 SUBTOTAL (SUM OF LINES 11-13)				
15 OTHER HEALTH CARE COSTS				
16 MEDICAL SUPPLIES		50,500	50,500	
17 TRANSPORTATION (HEALTH CARE STAFF)		43	43	
18 DEPRECIATION-MEDICAL EQUIPMENT				
19 PROFESSIONAL LIABILITY INSURANCE				
19 OTHER HEALTH CARE COSTS		6,948	6,948	
20 ALLOWABLE GME COSTS				
21 SUBTOTAL (SUM OF LINES 15-20)		57,491	57,491	
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	843,734	63,888	907,622	-169,822
23 COSTS OTHER THAN RHC/FQHC SERVICES				
24 PHARMACY				
25 DENTAL				
25 OPTOMETRY				
26 ALL OTHER NONREIMBURSABLE COSTS				
26 NONALLOWABLE GME COSTS				
26 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
29 FACILITY OVERHEAD				
30 FACILITY COSTS				
30 ADMINISTRATIVE COSTS	391,667	3,193	394,860	-6,535
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	391,667	3,193	394,860	-6,535
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,235,401	67,081	1,302,482	-176,357

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN	673,912		673,912
3 PHYSICIAN ASSISTANT			
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	6,397		6,397
11 SUBTOTAL (SUM OF LINES 1-9)	680,309		680,309
COSTS UNDER AGREEMENT			
12 PHYSICIAN SERVICES UNDER AGREEMENT			
13 PHYSICIAN SUPERVISION UNDER AGREEMENT			
14 OTHER COSTS UNDER AGREEMENT			
15 SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS			
16 MEDICAL SUPPLIES	50,500		50,500
17 TRANSPORTATION (HEALTH CARE STAFF)	43		43
18 DEPRECIATION-MEDICAL EQUIPMENT			
19 PROFESSIONAL LIABILITY INSURANCE			
20 OTHER HEALTH CARE COSTS	6,948		6,948
21 ALLOWABLE GME COSTS			
22 SUBTOTAL (SUM OF LINES 15-20)	57,491		57,491
23 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	737,800		737,800
COSTS OTHER THAN RHC/FQHC SERVICES			
24 PHARMACY			
25 DENTAL			
26 OPTOMETRY			
27 ALL OTHER NONREIMBURSABLE COSTS			
28 NONALLOWABLE GME COSTS			
29 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
30 FACILITY COSTS			
31 ADMINISTRATIVE COSTS	388,325	-2,370	385,955
32 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	388,325	-2,370	385,955
33 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,126,125	-2,370	1,123,755

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1 PHYSICIANS	2.26	12,268	4,200	9,492
2 PHYSICIAN ASSISTANTS	1.68	4,992	2,100	3,528
3 NURSE PRACTITIONERS			2,100	
4 SUBTOTAL (SUM OF LINES 1-3)	3.94	17,260		13,020
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3.94	17,260		
9 PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10 TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	737,800			
11 TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	737,800			
13 RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14 TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	385,955			
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	679,370			
16 TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	1,065,325			
17 ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16	1,065,325			
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	1,065,325			
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,803,125			
		GREATER OF COL. 2 OR COL. 4		
		5		
POSITIONS				
1 PHYSICIANS				
2 PHYSICIAN ASSISTANTS				
3 NURSE PRACTITIONERS				
4 SUBTOTAL (SUM OF LINES 1-3)	17,260			
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	17,260			
9 PHYSICIAN SERVICES UNDER AGREEMENTS				

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
 FOR RHC/FQHC SERVICES

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES		
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	1,803,125	
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	24,019	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	1,779,106	
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	17,260	
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)		
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	17,260	
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	103.08	
			CALCULATION OF LIMIT (1)
		PRIOR TO	ON OR AFTER
		JANUARY 1	JANUARY 1
		1	2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	74.29	75.63
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	103.08	103.08
	CALCULATION OF SETTLEMENT		
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	2,986	1,493
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	307,797	153,898
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)		
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)		
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)		
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		461,695
17	17.01 PRIMARY PAYER AMOUNT		301
18	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		41,818
19	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 17 AND 18)		419,576
20	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		335,661
21	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		15,246
22	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		350,907
23	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		895
24	24.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		895
25	OTHER ADJUSTMENTS (SPECIFY)		
26	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		351,802
27	INTERIM PAYMENTS		324,205
28	28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 28.01)		27,597
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2		

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

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

COMPUTATION OF PNEUMOCOCCAL AND
INFLUENZA VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/22/2008
I	14-1307	I	FROM	5/ 1/2007	I	WORKSHEET M-4
I	COMPONENT NO:	I	TO	4/30/2008	I	
I	14-3412	I			I	

TITLE XVIII

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	680,309	680,309
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000601	.002605
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	409	1,772
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	2,247	5,400
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	2,656	7,172
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	737,800	737,800
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	1,065,325	1,065,325
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.003600	.009721
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	3,835	10,356
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	6,491	17,528
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	71	308
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	91.42	56.91
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	46	194
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	4,205	11,041
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)		24,019
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)		15,246

RHC 1

DESCRIPTION		P A R T	
		MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
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.			294,205
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)			NONE
ADJUSTMENTS TO PROVIDER	.01	3/ 5/2008	30,000
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			30,000
4 TOTAL INTERIM PAYMENTS			324,205
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)	.01		
USED ON COST REPORT (1)	.02		
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.

(You MUST USE Instructions For Completing This Form Located In PRM-II, §§1100ff.)

This questionnaire is required under the authority of sections 1815(a) and 1833(e) of the Social Security Act. Failure to submit this questionnaire will result in suspension of Medicare payments.

To the degree that the information in CMS-339: 1) constitutes commercial or financial information which is confidential, and/or 2) is of a highly sensitive personal nature, the information will be protected from release under the Freedom of Information Act.

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 0938-0301. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 17 HOURS AND 20 MINUTES PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING DATA RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS QUESTIONNAIRE MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW.

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 information prepared by

PINCKNEYVILLE CRITICAL ACC SWING BED 14Z307	141307
PINCKNEYVILLE HOSPITAL SNF	142307
PINCKNEYVILLE HOSPITAL NF	145345
PINCKNEYVILLE HOSPITAL HHA	145345
HOSPICE OF PERRY COUNTY	147488
PINCKNEYVILLE HOSPITAL RHC	141565
	143412

(Provider name(s) and number(s)) for the cost report period beginning 05/01/2007 and ending 04/30/2008, 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(s) in accordance with applicable instructions, except as noted.

(Signed) _____
Officer or Administrator of Provider(s)

Date Title

Name and Telephone Number of Person to Contact for More Information

MS. KARA JO CARSON, CFO
(618)357-2187 EXT. 5902

NOTE: 42 CFR 413.20 and instructions contained in the PRM-1 require that the provider maintain adequate financial and statistical data necessary for the intermediary to use for a proper determination of costs payable under the program. Providers are, therefore, required to maintain and have available for audit all records necessary to verify the amounts and allowability of costs and equity capital included in the filed cost report. Failure to have such records available for review by fiscal intermediaries acting under the authority of the Secretary of the Department of Health and Human Services will render the amount claimed in the cost report unallowable.

YES NO N/A
 --- --- ---

A. Provider Organization and Operation

NOTE: SECTION A TO BE COMPLETED BY ALL PROVIDERS.

1. The provider has:

a. Changed ownership. [] [X] []
 If "yes", submit name and address of new owner, date of change, copy of sales agreement, or any similar agreement affecting change of ownership.

b. Terminated participation. [] [X] []
 If "yes", list date of termination, and reason (Voluntary/Involuntary)

2. The provider, members of the board of directors, officers, medical staff or management personnel are associated with or involved in business transactions with the following:

a. Related organizations, management contracts and services under arrangements as owners (stockholders), management, by family relationship, or any other similar type relationship. [] [X] []

b. Management personnel of major suppliers of the provider (drug, medical supply companies, etc.). [] [X] []
 If "yes" to question 2a and/or 2b, attach a list of the individuals, the organizations involved, and description of the transactions.

B. Financial Data and Reports

NOTE: SECTION B TO BE COMPLETED BY ALL PROVIDERS.

1. During this cost reporting period, the financial statements are prepared by Certified Public Accountants or Public Accountants (submit complete copy or indicate available date) and are:

a. Audited [X] [] []
 b. Compiled; and [] [X] []
 c. Reviewed [] [X] []

NOTE: where there is no affirmative response to the above described financial statements, attach a copy of the financial statements prepared and a description of the changes in accounting policies and practices if not mentioned in those statements.

2. Cost report total expenses and total revenues differ from those on the filed financial statement. [X] [] []
 If "yes", submit reconciliation.

C. Capital Related Cost

NOTE: SECTION C TO BE COMPLETED ONLY BY HOSPITALS EXCLUDED FROM PPS (EXCEPT CHILDREN'S) AND PPS HOSPITALS THAT HAVE A UNIT EXCLUDED FROM PPS.

1. Assets have been relifed for Medicare purposes. [] [X] []
 If "yes", attach detailed listing of these specific assets, by classes, as shown in the Fixed Asset Register.

NOTE: For cost reporting periods beginning on or after October 1, 1991 and before October 1, 2001, under the capital - PPS consistency rule (42 CRF 412.302 (d)), PPS hospitals are precluded from relifing old capital.

2. Due to appraisals made during this cost reporting period, changes have occurred to Medicare depreciation expense. [] [X] []
 If "yes", attach copy of Appraisal Report and Appraisal Summary by class of asset.

3. New leases and/or amendments to existing leases for land, equipment, or facilities with annual rental payment in excess of the amounts listed in the instructions, have been entered into during this cost reporting period. [] [X] []
 If "yes", submit a listing of these new leases and/or amendments to existing leases that have the following information:

- A new lease or lease renewal;
- Parties to the lease;
- Period covered by the lease;
- Description of the asset being leased; and
- Annual charge by the lessor.

NOTE: Providers are required to submit copies of the lease, or significant extracts, upon request from the intermediary.

4. There have been new capitalized leases entered into during the current cost reporting period. [] [X] []
 If "yes", attach a list of individual assets by class, the department assigned to, and respective dollar amounts for all capitalized leases in accordance with the thresholds discussed in the instructions.

YES NO N/A
 --- --- ---

- 5. Assets which were subject to §2314 of DEFRA were acquired during the period.
 If "yes", supply a computation of the basis. [] [X] []
- 6. Provider's capitalization policy changed during cost reporting period.
 If "yes", submit copy. [] [X] []
- 7. Obligated capital has been placed into use during cost reporting period.
 If "yes", attach schedule listing each project, the cost of these projects and the date placed
 into service for patient care. [] [X] []

D. Interest Expense

NOTE: SECTION D TO BE COMPLETED ONLY BY HOSPITALS EXCLUDED FROM PPS (EXCEPT CHILDREN'S) AND PPS HOSPITALS THAT HAVE A UNIT EXCLUDED FROM PPS.

- 1. New loan, mortgage agreements or letters of credit were entered into during the cost reporting period.
 If "yes", state the purpose and submit copies of debt documents and amortization schedules. [] [X] []
- 2. The provider has a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account.
 If "yes", submit a detailed analysis of the funded depreciation account for the cost reporting period. (See CMS PRM-1, §226.4.) [X] [] []
- 3. Provider replaced existing debt prior to its scheduled maturity with new debt.
 If "yes", submit support for new debt and calculation of allowable cost. (See §233.3 for description of allowable cost.) [] [X] []
- 4. Provider recalled debt before scheduled maturity without issuance of new debt.
 If "yes", submit detail of debt cancellation costs. (See §215 for description and treatment of debt cancellation costs.) [] [X] []

E. Approved Educational Activities

NOTE: SECTION E TO BE COMPLETED BY ALL PROVIDERS.

- 1. Costs were claimed for Nursing School and Allied Health Programs.
 If "yes", attach list of the programs and annotate for each whether the provider is the legal operator of the program. [] [X] []
- 2. Approvals and/or renewals were obtained during this cost reporting period for Nursing School and/or Allied Health Programs.
 If "yes", submit copies. [] [X] []
- 3. Provider has claimed Intern-Resident costs on the current cost report.
 If "yes", submit the current year Intern-Resident Information System (IRIS) on diskette. [] [X] []
- 4. Provider has initiated an Intern-Resident program in the current year or obtained a renewal of an existing program.
 If "yes", Submit certification/program approval. [] [X] []
- 5. Graduate Medical Education costs have been directly assigned to cost centers other than the Intern-Resident Services in an Approved Teaching Program, on Worksheet A, Form CMS-2552.
 If "yes", submit appropriate workpapers indicating to which cost centers assigned and the amounts. [] [X] []

F. Purchased Services

NOTE: QUESTIONS 1 AND 2 TO BE COMPLETED ONLY BY HOSPITALS EXCLUDED FROM PPS (EXCEPT CHILDREN'S) AND PPS HOSPITALS THAT HAVE A UNIT EXCLUDED FROM PPS. QUESTION 3 TO BE COMPLETED ONLY BY INPATIENT PPS (IPPS) HOSPITALS, HOSPITALS WITH AN IPPS SUBPROVIDER, HOSPITALS THAT WOULD BE SUBJECT TO IPPS IF NOT GRANTED A WAIVER, AND SNFS.

- 1. Changes or new agreements have occurred in patient care services furnished through contractual arrangements with suppliers of services.
 If "yes", submit copies of changes or contracts, or where there are no written agreements, attach description. [] [X] []

NOTE: Hospitals are only required to submit such information where the cost of the individual's services exceed \$25,000 per year.

- 2. The requirements of §2135.2 were applied pertaining to competitive bidding.
 If "no", attach explanation. [] [] [X]
- 3. Contract services are reported on worksheet S-3, Part II, line 9 (hospitals) or line 17 (SNFs).
 If "yes", submit a schedule showing the total direct patient care related contract labor, hours and calculated rate for each invoice paid during the year for the direct patient care related contract labor reported on worksheet S-3, Part II, line 9 (hospitals) or line 17 (SNFs).
 Contracted labor will include any wage related costs. The contracted amounts for the top four management personnel (CEO, CFO, COO and Nursing Administrator) are not required to be reported by individuals. The total aggregate wage and hours will be reported for these management contracts. Other contracts or contracts for other management personnel should NOT be reported as they are not allowed in the computation of the wage index. [] [] [X]

YES NO N/A
 --- --- ---

G. Provider-Based Physicians

NOTE: SECTION G TO BE COMPLETED ONLY BY HOSPITALS EXCLUDED FROM PPS (EXCEPT CHILDREN'S) AND PPS HOSPITALS THAT HAVE A UNIT EXCLUDED FROM PPS.

- 1. Services are furnished at the provider facility under an arrangement with provider-based physicians. [X] [] []
 If "yes", submit completed provider-based physician questionnaire (Exhibits 2 through 4A).
- 2. The provider has entered into new agreements or amended existing agreements with provider-based physicians during this cost reporting period. [] [X] []
 If "yes", submit copies of new agreements or amendments to existing agreements and assignment authorizations.

H. Home Office Costs

NOTE: QUESTIONS 1 THROUGH 6 TO BE COMPLETED ONLY BY HOSPITALS EXCLUDED FROM PPS (EXCEPT CHILDREN'S) AND PPS HOSPITALS THAT HAVE A UNIT EXCLUDED FROM PPS. QUESTION 7 TO BE COMPLETED ONLY BY IPPS HOSPITALS, HOSPITALS WITH AN IPPS SUBPROVIDER, HOSPITALS THAT WOULD BE SUBJECT TO IPPS IF NOT GRANTED A WAIVER, AND SNFS.

- 1. The provider is part of a chain organization. [] [X] []
 If "yes", give full name and address of the home office:
 Name: _____
 Address: _____
 City: _____ State: _____
 Zip: _____
 Designated Intermediary: _____
- 2. A home office cost statement has been prepared by the home office. [] [X] []
 If "yes", submit a schedule displaying the entire chain's direct, functional and pooled cost as provided to the designated home office intermediary as part of the home office cost statement.
- 3. The fiscal year end of the home office is different from that of the provider. [] [X] []
 If "yes", indicate the fiscal year end of the home office.
 Home Office FYE: _____

NOTE: Where the year ends of the provider and home office are not the same (nonconcurrent year ends), the summary listing, as described in number 2 above, will be necessary to support the provider's cost report.

- 4. Describe the operation of the intercompany accounts. Include in this description the types of costs included from these intercompany accounts and their location on the cost report. [] [X] []
 (Provide informative attachments not shown on worksheet A-8-1.)
- 5. Actual expense amounts are transferred by the home office to the provider components on an interim basis. [] [X] []
 (Provide informative attachments if not shown on worksheet A-8-1.)
- 6. The provider renders services to: [] [X] []
 - a. Other chain components. [] [X] []
 - b. The home office. [] [X] []
 If "yes", to either of the above, provide informative attachments.
- 7. Home Office or Related Organization personnel cost are reported on worksheet S-3, Part II, line 11 (hospitals) or line 18 (SNFs). [] [X] []
 If "yes", submit a schedule displaying the wages, wage-related costs, and hours allocated to the individual chain components as provided to the designated home office intermediary to support the amount reported on worksheet S-3, Part II, line 11 (hospitals) or line 18 (SNFs).

I. Bad Debts

NOTE: SECTION I TO BE COMPLETED BY ALL PROVIDERS.

- 1. The provider seeks Medicare reimbursement for bad debts. [X] [] []
 If "yes", complete Exhibit 5 or submit internal schedules duplicating documentation required on Exhibit 5 to support bad debts claimed. (See instructions)
- 2. The provider's bad debt collection policy changed during the cost reporting period. [] [X] []
 If "yes", submit copy.
- 3. The provider waives patient deductibles and/or copayments. [] [X] []
 If yes, insure that they are not included on Exhibit 5.

J. Bed Complement

NOTE: SECTION J TO BE COMPLETED BY ALL PROVIDERS.

- The provider's total available beds have changed from prior cost reporting period. [] [X] []
 If "yes", provide an analysis of available beds and explain any changes during the cost reporting period.

YES NO N/A

K. PS&R Data

NOTE 1: SECTION K TO BE COMPLETED BY ALL PROVIDERS.

NOTE 2: Refer to the instruction regarding required documentation and attachments.

1. The cost report was prepared using the PS&R only.

a) Part A (including subproviders, SNF, etc.)?

b) Part B (inpatient and outpatient)?

If yes, attach a crosswalk between revenue codes and charges found on the PS&R to the cost center groupings on the cost report. This crosswalk will reflect a cost center to revenue code match only.

2. The cost report was prepared using the PS&R for totals and the provider records for allocation.

a) Part A (including subproviders, SNF, etc.)?

b) Part B (inpatient and outpatient)?

If yes, include a detailed crosswalk between revenue codes, departments and charges on the PS&R to the cost center groupings on the cost report. This crosswalk must include which revenue codes were allocated to each cost center. Supporting workpapers must accompany this crosswalk to provide sufficient documentation as to the accuracy of the provider records.

If the PS&R is used for the allocation of ASC, Radiology, Other Diagnostic, and All Other Part B, explain how the total charges are detailed to the various PS&R Medicare outpatient types. Include workpapers supporting the allocation of charges into the various cost centers. If internal records are used for either the type of service breakdown or the charge allocation, the source of this information must be included in the documentation.

3. Provider records only were used to complete the cost report.

a) Part A (including subproviders, SNF, etc.)?

b) Part B (inpatient and outpatient)?

If yes, attach detailed documentation of the system used to support the data reported on the cost report. If the detail documentation was previously supplied, submit only necessary updated documentation. The minimum requirements are:

- o Copies of input tables, calculations, or charts supporting data elements for PPS operating rate components, capital PPS rate components, ASC payment group rates, Radiology and Other Diagnostic prevailing rates and other claims PRICING information.
- o Log summaries and log detail supporting program utilization statistics, charges, prevailing rates and payment information broken into each Medicare bill type in a consistent manner with the PS&R.
- o Reconciliation of remittance totals to the provider consolidated log totals.

Additional information may be supplied such as narrative documentation, internal flow charts, or outside vendor informational material.

Include the name of the system used and indicate how the system was maintained (vendor or provider). If the provider maintained the system, include date of last software update.

4. If yes to questions 1 or 2 above, were any of the following adjustments made to the Part A PS&R data?

Part A:

a) Addition of claims billed but not on PS&R?

Indicate the paid claims through date from the PS&R used and the final pay date of the claims that supplement the original PS&R. Also indicate the total charges for the claims added to the PS&R. Include a summary of the unpaid claims log.

b) Correction of other PS&R information?

c) Late charges?

d) other (describe)?

Part B (inpatient and outpatient)

a) Addition of claims billed but not on PS&R?

Indicate the paid claims through date from the PS&R used and the final pay date of the claims that supplement the original PS&R. Also indicate the total charges for the claims added to the PS&R. Include a summary of the unpaid claims log.

b) Correction of other PS&R information?

c) Late charges?

d) other (describe)?

Attach documentation which provides an audit trail from the PS&R to the cost report. The documentation should include the details of the PS&R, reclassifications, adjustments, and groupings necessary to trace to the cost center totals and in addition, for outpatient services, there should be an audit trail from the PS&R to the amounts shown on the cost report for outpatient charges by ASC, radiology, other diagnostic and all other service categories including standard overhead amounts and prevailing charges.

YES NO N/A

L. Wage Related Costs

NOTE: SECTION L TO BE COMPLETED ONLY BY IPSS HOSPITALS, HOSPITALS WITH AN IPSS SUBPROVIDER, HOSPITALS THAT WOULD BE SUBJECT TO IPSS IF NOT GRANTED A WAIVER, AND SNFS.

1. Complete EXHIBIT 6, Part I. (Per instructions) Part III must be completed to reconcile any differences between any fringe benefit cost reported on worksheet A, Column 2, using Medicare principles and the corresponding wage-related costs reported under GAAP for purposes of the wage index computation. [] [] [X]
2. The individual wage-related cost exceeds one percent of total adjusted salaries after removing excluded salaries. (Salaries reported on worksheet S-3, PART III, COLUMN 3, LINE 3 (CMS-2552-96), OR WORKSHEET S-3, PART II, COLUMN 3, LINE 16 (CMS-2540-96).) [] [] [X]
3. Additional wage-related costs were provided that meet ALL of the following tests:
 - a. The cost is not listed on Part I of EXHIBIT 6. [] [] [X]
 - b. If any of the additional wage-related cost applies to the excluded areas of the hospital, the cost associated with the excluded areas has been removed prior to making the 1 percent threshold test in question 2 above. [] [] [X]
 - c. The wage-related cost has been reported to the IRS as a fringe benefit if so required by the IRS. [] [] [X]
 - d. The individual wage-related cost is not included in salaries reported on the WORKSHEET S-3, PART III, COLUMN 3, LINE 3, (CMS-2552-96) OR WORKSHEET S-3, PART II, COLUMN 3, LINE 16 (CMS-2540-96). [] [] [X]
 - e. The wage-related cost is not being furnished for the convenience of the employer. [] [] [X]

ALLOCATION OF PHYSICIAN COMPENSATION: HOURS

DEPARTMENT: NOT APPLICABLE
PHYSICIAN: NOT APPLICABLE
SPECIALTY:
BASIS OF ALLOCATION: TIME STUDY []; OTHER [X]; DESCRIBE:

SERVICES	TOTAL HOURS
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	0.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	0.00
1C. Provider Services - Emergency Room Physician Availability. (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Line 1, 1A, 1B, 1C).	0.00
2. Physician Services: Medical and Surgical Services to Individual Patients	0.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	0.00
4. Total Hours: (Lines 1D, 2 and 3).	0.00
5. Professional Component Percentage (Line 2/Line 4).	0.00
6. Provider Component Percentage (Line 1D/Line 4).	0.00

SIGNATURE: PHYSICIAN OR PHYSICIAN DEPARTMENT HEAD

DATE

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN
PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE
PROVIDER NAME:
PROVIDER NUMBER: 141307
FILED WITH FORM CMS-2552-96

IN LIEU OF FORM CMS-339 EXHIBIT 3
PREPARED 6/22/2008 1:12:32 PM
PERIOD: FROM 5/01/2007 TO 4/30/2008
GEOGRAPHIC LOCATION OF PROVIDER:
PINCKNEYVILLE, IL

HOSPITAL EMERGENCY DEPARTMENT PROVIDER-BASED PHYSICIAN
ALLOWABLE AVAILABILITY SERVICE COSTS
UNDER HOURLY RATE OR SALARY ARRANGEMENTS

DATA ELEMENTS

SPECIALTY:
PHYSICIAN: NOT APPLICABLE

Allocation Agreement:	Time - Percentage	Total Hours worked
Availability Services	0.00	0.00
Supervision & Administrative Services	0.00	0.00

Reasonable Compensation Equivalent (RCE) from Table I, Estimate of FTE. 0

RCE Area: Non-Metropolitan ; Metropolitan, Less Than One Million []; or
Metropolitan, Greater Than One Million []

Actual Provider Payments:	
Supervision and Administration	0
Availability Services	0
Membership in Professional Associations	0
Continuing Medical Education	0
Malpractice Insurance Premiums	0

Total Charges:	
Billed Inpatient Charges	0
Billed Outpatient Charges	0
Imputed Inpatient Charges	0
Imputed Outpatient Charges	0
Imputed Employee Charges	0
OTHER	0

Compensation Based on: Hourly Rate 0.00
or Salary Basis 0

Note: Attach copy of Approved Allocation Agreements

HOSPITAL EMERGENCY DEPARTMENT PROVIDER-BASED PHYSICIAN
 RCE YEAR : 2006
 ALLOWABLE AVAILABILITY SERVICE COSTS
 UNDER HOURLY RATE OR SALARY ARRANGEMENTS:
 COMPUTATION

SPECIALTY:
 PHYSICIAN: NOT APPLICABLE

The Reasonable Cost of the Supervisory, Administrative and Availability Services Time is Computed as Follows:

1. Determine the Applicable RCE Base:

Total Hours (Supervisory, Administrative, and Availability Services)	X RCE (USE RCE FROM TABLE I)	=	RCE BASE

Work Year Hours (2,080)			
0.00 / 2,080	X	0	=
			0

2. Determine the Limit on the Allowance for Membership in Professional Associations and Continuing Education.

RCE BASE	X 5%	=	LIMIT
0	X 0.05		0

3. Provider Payments for Membership in Professional Associations and Continuing Medical Education:

Membership in Professional Associations	0
Continuing Medical Education	0
Total	0

4. Malpractice Insurance Expense (Provider Services Portion)

	0
--	---

5. Adjusted RCE Base: Sum of #1 + the lesser of #2 or #3 + #4 =

0 (RCE Base from #1)			
+ 0 (Lesser of #2 or #3)			
+ 0 (Malpractice Insurance Expense from #4)			

0 (TOTAL)			0

6. Actual Provider Payments:

Supervision and Administration	0
Availability Services	0
Membership in Professional Associations	0
Continuing Medical Education	0
Malpractice (Provider Services Related)	0
Total	0

7. Amount Includable in Allowable Costs:
 (Lesser of #5 or #6)

	0
--	---

8. Allocation of Allowable Costs:

Billed Outpatient Charges (Emergency Dept.)	0
Imputed Outpatient and Employee Charges	0
Total Outpatient Charges	0
Imputed Inpatient Charges	0
Billed Inpatient Charges	0
Total Inpatient Charges	0
Total Outpatient and Inpatient Charges	0

Allowable Part B Costs

0 (Total outpatient charges / Total Charges)			
X 0 (Allowable Provider Costs)			

0 (Allowable Part B Costs)			0

Allowable Part A Costs

0 (Total inpatient charges / Total Charges)			
X 0 (Allowable Provider Costs)			

0 (Allowable Part A Costs)			0

PINCKNEYVILLE COMMUNITY HOSPITAL
 FYE: 04/30/2008
 MEDICARE COST REPORT WORKPAPERS
 C:\Client\Pinckneyville\2008\[PCH_2008 WPs.xls]339
 CMS - 339 NOTES

Need to include comments related to "Yes" answers to CMS 339 and Acceptability Checklist.

CMS 339 and Acceptability Checklist Comments

Question	W/P Reference	Comments
A.2a	N/A	Dave Pirsein, Assistant Secretary of the Board of Directors, is President of First Nation Bank, an organization with which the hospital does business. Dr. C.W. Roe, Chairman of the Board of Directors, is on the board of Murphy Wall State Bank, an organization with which the hospital does business. He is also on the board of the local health department.
B.1a	AFS	See enclosed audited financial statements.
B.2	W/P A & C	See workpaper A for reconciliation to AFS expenses and workpaper C for reconciliation to AFS revenues.
G.1	A-8-2	For Provider Based physician time study and additional information see workpapers A-8-2.
L.1	Bad Debt	See Bad Debt workpapers for Medicare bad debt listings.
N.1a&b	Part A&B/SB	See Part A, Part B, SB-SNF, and SNF workpapers for Medicare charge crosswalk used to group the PS&R charges on the cost report.