

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
 (42 USC 1395g).

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1325		FROM 10/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/27/2009 TIME 9:16

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:  
 KEWANEE HOSPITAL 14-1325

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	133,514	-15,987		0
3	SWING BED - SNF	0	81,248	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
9	RHC	0	0	83,034		0
100	TOTAL	0	214,762	67,047		0

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1051 WEST SOUTH STREET  
 1.01 CITY: KEWANEE P.O. BOX: STATE: IL ZIP CODE: 61443- COUNTY: HENRY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	KEWANEE HOSPITAL	14-1325	2.01	7/1/1966	N	O	O
04.00 SWING BED - SNF	KEWANEE SWING BED	14-2325		3/19/2003	N	O	N
09.00 HOSPITAL-BASED HHA	KEWANEE HOME CARE	14-7418		10/1/1985	N	P	N
12.00 HOSP-BASED HOSPI CE	KEWANEE HOSPI CE	14-1557		9/15/1993			
14.00 HOSPITAL-BASED RHC	MED ARTS CLINIC	14-3445		10/1/1998	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/1/2007 TO: 9/30/2008

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 42.105 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. 15-1, 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 11.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. 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 I ME 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) N N



TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE 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. 15-11, 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 NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
  - PREMIUMS: 0
  - PAID LOSSES: 0
  - AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 0. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.
 

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

PROVIDER NO: 14-1325  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
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WORKSHEET S-2

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

MULTI CAMPUS

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1325  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 2/27/2009  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILBLE 2	CAH HOURS 2.01	I/P DAYS / TITLE V 3	O/P VISITS / TITLE XVII 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	20	7,320	41,184.00		2,578		475
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					726		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	20	7,320	41,184.00		3,304		475
6 INTENSIVE CARE UNIT	5	1,830			327		34
11 NURSERY							242
12 TOTAL	25	9,150	41,184.00		3,631		751
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY					5,612		
21 HOSPICE							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC					2,408		
24 10 FQHC							
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,778				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			726				
4 ADULTS & PED-SB NF			65				
5 TOTAL ADULTS AND PEDS			4,569				
6 INTENSIVE CARE UNIT			412				
11 NURSERY			323				
12 TOTAL			5,304				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			8,011				
21 HOSPICE							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC			12,508				
24 10 FQHC							
25 TOTAL							
26 OBSERVATION BED DAYS			535		535		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	----- DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					736	273	1,390
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		258.78			736	273	1,390
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY		10.97					
21 HOSPICE		5.25					
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC		16.93					
24 10 FQHC							
25 TOTAL		291.93					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							

HOSPITAL AND HOSPITAL HEALTH CARE  
 COMPLEX STATISTICAL DATA

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 WORKSHEET S-3  
 PART I

COMPONENT	I & R FTES	---	FULL TIME	EQUIV	---	DISCHARGES		
	NET	EMPLOYEES	ON PAYROLL	NONPAID	TITLE	TITLE	TITLE	TOTAL ALL
				WORKERS	V	XVIII	XIX	PATIENTS
28 EMPLOYEE DISCOUNT DAYS	9		10	11	12	13	14	15
28 01 EMP DISCOUNT DAYS -IRF								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	11,648,729	-489,708	11,159,021	735,756.00	15.17	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	552,522	5,429	557,951	103,193.00	5.41	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	524,216		524,216	9,771.67	53.65	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,206,654		3,206,654			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	149,806		149,806			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	154,849		154,849	8,204.00	18.87	
22 ADMINISTRATIVE & GENERAL	1,974,591	30,438	2,005,029	110,817.00	18.09	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	415,157		415,157	31,156.00	13.33	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	251,781		251,781	32,476.00	7.75	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	328,494	-179,664	148,830	12,323.87	12.08	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		179,664	179,664	15,308.13	11.74	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	243,978	-128,288	115,690	26,038.46	4.44	
31 CENTRAL SERVICE AND SUPPLY	41,584		41,584	4,483.00	9.28	
32 PHARMACY	51,488		51,488	5,519.00	9.33	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	331,773		331,773	25,801.00	12.86	
34 SOCIAL SERVICE		33,369	33,369	2,160.00	15.45	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	11,648,729	-489,708	11,159,021	735,756.00	15.17	
2 EXCLUDED AREA SALARIES	552,522	5,429	557,951	103,193.00	5.41	
3 SUBTOTAL SALARIES	11,096,207	-495,137	10,601,070	632,563.00	16.76	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	524,216		524,216	9,771.67	53.65	
5 SUBTOTAL WAGE-RELATED COSTS	3,206,654		3,206,654		30.25	
6 TOTAL	14,827,077	-495,137	14,331,940	642,334.67	22.31	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	3,793,695	-64,481	3,729,214	274,286.46	13.60	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 14-1325  
HHA NO: 14-7418  
COUNTY: HENRY  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 2/27/2009  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	861	0	283
2 UNDUPLICATED CENSUS COUNT		208.00	17.00	23.00
TOTAL	5			

1 HOME HEALTH AIDE HOURS	1,144
2 UNDUPLICATED CENSUS COUNT	248.00

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)	.69		.69
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	.10		.10
6 DIRECTING NURSING SERVICE	4.37		4.37
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.52		.52
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.07		.07
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.01		.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.01		.01
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.55		.55
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		19340	

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	3,344	555	139	26
22 SKILLED NURSING VISIT CHARGES	384,675	63,825	15,985	2,990
23 PHYSICAL THERAPY VISITS	629	32	1	10
24 PHYSICAL THERAPY VISIT CHARGES	83,500	4,000	125	1,250
25 OCCUPATIONAL THERAPY VISITS	99	0	0	1
26 OCCUPATIONAL THERAPY VISIT CHARGES	12,375	0	0	125
27 SPEECH PATHOLOGY VISITS	7	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	945	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	10	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	1,980	0	0	0
31 HOME HEALTH AIDE VISITS	655	47	2	0
32 HOME HEALTH AIDE VISIT CHARGES	39,300	2,820	120	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,744	634	142	37
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	522,775	70,645	16,230	4,365
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	364	0	56	4
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	16	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	1,558	427	26	0

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HHA NO:	TO 9/30/2008	WORKSHEET S-4
14-7418		
COUNTY:	HENRY	

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 EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	47	4,111
22 SKILLED NURSING VISIT CHARGES	0	5,405	472,880
23 PHYSICAL THERAPY VISITS	0	3	675
24 PHYSICAL THERAPY VISIT CHARGES	0	375	89,250
25 OCCUPATIONAL THERAPY VISITS	0	2	102
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	250	12,750
27 SPEECH PATHOLOGY VISITS	0	0	7
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	945
29 MEDICAL SOCIAL SERVICE VISITS	0	0	10
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,980
31 HOME HEALTH AIDE VISITS	0	3	707
32 HOME HEALTH AIDE VISIT CHARGES	0	180	42,420
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	55	5,612
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	6,210	620,225
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	5	429
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	16
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	2,011

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED  
HEALTH CENTER PROVIDER STATISTICAL DATA

PROVIDER NO: 14-1325  
COMPONENT NO: 14-3445  
COUNTY: HENRY  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 2/27/2009  
WORKSHEET S-8

HOME HEALTH AGENCY STATISTICAL DATA

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 336 FRONT STREET  
1.01 CITY: GALVA STATE: IL ZIP CODE: 61434 COUNTY:  
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	R GOWDA	F80690
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	J LINDBOM	F06260
9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	H MAES	F62760
9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	J RAMOS	F29908
9.04 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	J SMITH	F82282
9.05 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	S SMITH	F30850
9.06 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	M WILSON	F26804

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER:

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

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET S-9
14-1557		

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	2,036			
3 INPATIENT RESPIRE CARE				
4 GENERAL INPATIENT CARE	4			
5 TOTAL HOSPICE DAYS	2,040			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	447	2,483
3 INPATIENT RESPIRE CARE		
4 GENERAL INPATIENT CARE		4
5 TOTAL HOSPICE DAYS	447	2,487

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	218			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	9.36			
9 UNDUPLICATED CENSUS COUNT				

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		218
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		11.41
9 UNDUPLICATED CENSUS COUNT		

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,206,467	1,206,467	1,538,592	2,745,059
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,021,328	1,021,328
5	0500 EMPLOYEE BENEFITS	154,849	96,371	251,220	-3,883	247,337
6	0600 ADMINISTRATIVE & GENERAL	1,974,591	9,335,752	11,310,343	-940,500	10,369,843
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	415,157	1,720,454	2,135,611	-745,443	1,390,168
9	0900 LAUNDRY & LINEN SERVICE				88,771	88,771
10	1000 HOUSEKEEPING	251,781	153,949	405,730	-89,870	315,860
11	1100 DIETARY	328,494	301,022	629,516	-348,038	281,478
12	1200 CAFETERIA				339,795	339,795
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	243,978	16,731	260,709	-132,108	128,601
15	1500 CENTRAL SERVICES & SUPPLY	41,584	32,837	74,421	-17,031	57,390
16	1600 PHARMACY	51,488	1,104,281	1,155,769	-1,886	1,153,883
17	1700 MEDICAL RECORDS & LIBRARY	331,773	163,022	494,795	-10,549	484,246
18	1800 SOCIAL SERVICE				33,369	33,369
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,640,854	447,705	2,088,559	-507,801	1,580,758
26	2600 INTENSIVE CARE UNIT	304,449	184,404	488,853	-47,733	441,120
33	3300 NURSERY				202,015	202,015
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS		1,677	1,677		1,677
37	3700 OPERATING ROOM	646,765	1,228,916	1,875,681	-178,723	1,696,958
39	3900 DELIVERY ROOM & LABOR ROOM				211,168	211,168
40	4000 ANESTHESIOLOGY	185,538	604,554	790,092	-14,988	775,104
41	4100 RADIOLOGY-DIAGNOSTIC	599,982	1,417,798	2,017,780	-1,081,704	936,076
43	4300 RADIO SOTOPE				158,990	158,990
43.01	3450 NUCLEAR MEDICINE					
43.02	3230 CAT SCAN				119,710	119,710
43.03	3630 ULTRASOUND				63,958	63,958
43.04	3430 MRI				265,191	265,191
44	4400 LABORATORY	516,313	988,994	1,505,307	-74,130	1,431,177
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS				111,146	111,146
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY				233,289	233,289
50	5000 PHYSICAL THERAPY	415,471	75,607	491,078	-8,832	482,246
51	5100 OCCUPATIONAL THERAPY	59,263	75,114	134,377	-8,070	126,307
52	5200 SPEECH PATHOLOGY	57,831	7,668	65,499	-886	64,613
53.01	3160 CARDIO-PULMONARY	275,806	142,963	418,769	-233,289	185,480
53.02	3650 VASCULAR LAB				63,558	63,558
53.03	3140 CARDIAC REHAB					
53.04	3950 PAIN MANAGEMENT					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				160,588	160,588
56	5600 DRUGS CHARGED TO PATIENTS					
56.01	3480 ONCOLOGY	26,285	11,542	37,827	-3,068	34,759
61	6100 EMERGENCY	1,227,969	1,384,882	2,612,851	-36,341	2,576,510
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC	1,247,455	494,876	1,742,331	-155,953	1,586,378
63.60	6320 FQHC					
66	6600 OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	98,531	165,493	264,024	-23,269	240,755
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY	398,792	65,750	464,542	2,751	467,293
85.01	8510 SPEC PURPOSE COST CENTERS PANCREAS ACQUISITION					
85.02	8520 INTESITNAL ACQUISITION					
93	9300 HOSPICE	153,730	81,968	235,698	-1,952	233,746
95	SUBTOTALS NONREIMBURS COST CENTERS	11,648,729	21,510,797	33,159,526	-51,828	33,107,698
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		72,050	72,050	51,828	123,878
98.01	9801 KEWANEE INT MED					
101	TOTAL	11,648,729	21,582,847	33,231,576	-0-	33,231,576

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2009  
I 14-1325 I FROM 10/ 1/2007 I WORKSHEET A  
I I TO 9/30/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,603,744	1,141,315
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,021,328
5	0500 EMPLOYEE BENEFITS	-21,731	225,606
6	0600 ADMINISTRATIVE & GENERAL	-2,980,127	7,389,716
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-1,604	1,388,564
9	0900 LAUNDRY & LINEN SERVICE		88,771
10	1000 HOUSEKEEPING		315,860
11	1100 DIETARY		281,478
12	1200 CAFETERIA	-99,214	240,581
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		128,601
15	1500 CENTRAL SERVICES & SUPPLY		57,390
16	1600 PHARMACY		1,153,883
17	1700 MEDICAL RECORDS & LIBRARY	-5,601	478,645
18	1800 SOCIAL SERVICE		33,369
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,580,758
26	2600 INTENSIVE CARE UNIT		441,120
33	3300 NURSERY		202,015
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	-1,677	
37	3700 OPERATING ROOM		1,696,958
39	3900 DELIVERY ROOM & LABOR ROOM		211,168
40	4000 ANESTHESIOLOGY	-719,201	55,903
41	4100 RADIOLOGY-DIAGNOSTIC		936,076
43	4300 RADIO SOTOPE		158,990
43.01	3450 NUCLEAR MEDICINE		
43.02	3230 CAT SCAN		119,710
43.03	3630 ULTRASOUND		63,958
43.04	3430 MRI		265,191
44	4400 LABORATORY	-30,000	1,401,177
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		111,146
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
49	4900 RESPIRATORY THERAPY		233,289
50	5000 PHYSICAL THERAPY	-7,644	474,602
51	5100 OCCUPATIONAL THERAPY		126,307
52	5200 SPEECH PATHOLOGY		64,613
53.01	3160 CARDIO-PULMONARY		185,480
53.02	3650 VASCULAR LAB		63,558
53.03	3140 CARDIAC REHAB		
53.04	3950 PAIN MANAGEMENT		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		160,588
56	5600 DRUGS CHARGED TO PATIENTS		
56.01	3480 ONCOLOGY		34,759
61	6100 EMERGENCY	-968,725	1,607,785
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC	-42,758	1,543,620
63.60	6320 FQHC		
66	6600 OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED		240,755
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY		467,293
	SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
93	9300 HOSPICE		233,746
95	SUBTOTALS	-6,482,026	26,625,672
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		123,878
98.01	9801 KEWANEE INT MED		
101	TOTAL	-6,482,026	26,749,550

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2009  
 I 14-1325 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 9/30/2008 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
43.01	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
43.02	CAT SCAN	3230	CAT SCAN
43.03	ULTRASOUND	3630	ULTRA SOUND
43.04	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53.01	CARDIO-PULMONARY	3160	CARDIOPULMONARY
53.02	VASCULAR LAB	3650	VASCULAR LAB
53.03	CARDIAC REHAB	3140	CARDIOLOGY
53.04	PAIN MANAGEMENT	3950	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	ONCOLOGY	3480	ONCOLOGY
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	KEWANEE INT MED	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
141325

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 2/27/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		160,588
2					
3					
4 LABOR AND DELIVERY/NURSERY	B	NURSERY	33	170,253	31,762
5		DELIVERY ROOM & LABOR ROOM	39	177,967	33,201
6 ICU OBSERVATION	C	ADULTS & PEDIATRICS	25	15,433	7,217
7 CAFETERIA	D	CAFETERIA	12	179,664	160,131
8 HOUSEKEEPING	E	LAUNDRY & LINEN SERVICE	9		88,771
9 BLOOD COSTS	F	WHOLE BLOOD & PACKED RED BLOOD CELLS	46	6,449	104,697
10 RESPIRATORY THERAPY	G	RESPIRATORY THERAPY	49	178,086	55,203
11 SOCIAL SERVICE	H	SOCIAL SERVICE	18	33,369	
12					
13 RADIOLOGY SERVICES	I	RADIOISOTOPE	43		158,990
14		CAT SCAN	43.02		119,710
15		MRI	43.04		265,191
16		VASCULAR LAB	53.02		121,026
17		ULTRASOUND	43.03	63,958	
18 BOND INTEREST	J	NEW CAP REL COSTS-BLDG & FIXT	3		768,320
19		NEW CAP REL COSTS-MVBLE EQUIP	4		826
20 HOSPITAL COSTS	K	ADMINISTRATIVE & GENERAL	6	35,867	10,094
21		LABORATORY	44		80,562
22 CASE MANAGERS/DIR NSG	L	ADULTS & PEDIATRICS	25	88,488	
23		INTENSIVE CARE UNIT	26	16,949	
24 PART B SALARIES	M	EMERGENCY	61		261,412
25		RHC	63.50		42,758
26		ANESTHESIOLOGY	40		185,538
27 EQUIP DEPR	N	NEW CAP REL COSTS-MVBLE EQUIP	4		1,020,502
28					
29					
30					
31					
32					
33					
34					
35					
1 EQUIP DEPR	N				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 BUILDING DEPR	O	NEW CAP REL COSTS-BLDG & FIXT	3		770,272
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34 GIFT SHOP/AUXILIARY COSTS	P	PHYSICIANS' PRIVATE OFFICES	98	5,429	63,807
35 HHA OCC THER	Q	HOME HEALTH AGENCY	71		5,698
36 TOTAL RECLASSIFICATIONS				971,912	4,516,276

(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:  
141325

PERIOD:  
FROM 10/1/2007  
TO 9/30/2008

PREPARED 2/27/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
1 MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15		9,735	
2		ADULTS & PEDIATRICS	25		132,269	
3		INTENSIVE CARE UNIT	26		18,584	
4 LABOR AND DELIVERY/NURSERY	B	ADULTS & PEDIATRICS	25	348,220	64,963	
5						
6 ICU OBSERVATION	C	INTENSIVE CARE UNIT	26	15,433	7,217	
7 CAFETERIA	D	DIETARY	11	179,664	160,131	
8 HOUSEKEEPING	E	HOUSEKEEPING	10		88,771	
9 BLOOD COSTS	F	LABORATORY	44	6,449	104,697	
10 RESPIRATORY THERAPY	G	CARDIO-PULMONARY	53.01	178,086	55,203	
11 SOCIAL SERVICE	H	NURSING ADMINISTRATION	14	25,027		
12		ADULTS & PEDIATRICS	25	8,342		
13 RADIOLOGY SERVICES	I	RADIOLOGY-DIAGNOSTIC	41	63,958	664,917	
14						
15						
16						
17						
18 BOND INTEREST	J	ADMINISTRATIVE & GENERAL	6		769,146	11
19						11
20 HOSPITAL COSTS	K	RHC	63.50	35,867	90,656	
21						
22 CASE MANAGERS/DIRNSG	L	NURSING ADMINISTRATION	14	103,261		
23		EMERGENCY	61	2,176		
24 PART B SALARIES	M	EMERGENCY	61	261,412		
25		RHC	63.50	42,758		
26		ANESTHESIOLOGY	40	185,538		
27 EQUIP DEPR	N	EMPLOYEE BENEFITS	5		3,883	9
28		ADMINISTRATIVE & GENERAL	6		142,233	
29		OPERATION OF PLANT	8		19,869	
30		HOUSEKEEPING	10		1,099	
31		DIETARY	11		7,872	
32		NURSING ADMINISTRATION	14		3,820	
33		MEDICAL RECORDS & LIBRARY	17		10,549	
34		ADULTS & PEDIATRICS	25		64,670	
35		INTENSIVE CARE UNIT	26		21,218	
1 EQUIP DEPR	N	OPERATING ROOM	37		177,044	
2		ANESTHESIOLOGY	40		14,988	
3		RADIOLOGY-DIAGNOSTIC	41		351,353	
4		LABORATORY	44		43,312	
5		PHYSICAL THERAPY	50		8,662	
6		OCCUPATIONAL THERAPY	51		2,215	
7		SPEECH PATHOLOGY	52		886	
8		VASCULAR LAB	53.02		57,363	
9		ONCOLOGY	56.01		3,068	
10		EMERGENCY	61		33,996	
11		RHC	63.50		29,430	
12		DURABLE MEDICAL EQUIP-RENTED	66		6,275	
13		HOME HEALTH AGENCY	71		2,929	
14		HOSPICE	93		1,952	
15		PHYSICIANS' PRIVATE OFFICES	98		2,671	
16		PHARMACY	16		1,849	
17		CENTRAL SERVICES & SUPPLY	15		7,296	
18 BUILDING DEPR	O	ADMINISTRATIVE & GENERAL	6		5,846	9
19		OPERATION OF PLANT	8		725,574	
20		DIETARY	11		371	
21		PHARMACY	16		37	
22		ADULTS & PEDIATRICS	25		475	
23		INTENSIVE CARE UNIT	26		2,230	
24		OPERATING ROOM	37		1,679	
25		RADIOLOGY-DIAGNOSTIC	41		1,476	
26		LABORATORY	44		234	
27		PHYSICAL THERAPY	50		170	
28		OCCUPATIONAL THERAPY	51		157	
29		VASCULAR LAB	53.02		105	
30		EMERGENCY	61		169	
31		DURABLE MEDICAL EQUIP-RENTED	66		16,994	
32		HOME HEALTH AGENCY	71		18	
33		PHYSICIANS' PRIVATE OFFICES	98		14,737	
34 GIFT SHOP/AUXILIARY COSTS	P	ADMINISTRATIVE & GENERAL	6	5,429	63,807	
35 HHA OCC THER	Q	OCCUPATIONAL THERAPY	51		5,698	
36 TOTAL RECLASSIFICATIONS				1,461,620	4,026,568	

(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: 141325	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 2/27/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A  
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	160,588	CENTRAL SERVICES & SUPPLY	15	9,735	
2.00			0	ADULTS & PEDIATRICS	25	132,269	
3.00			0	INTENSIVE CARE UNIT	26	18,584	
TOTAL RECLASSIFICATIONS FOR CODE A			160,588				160,588

RECLASS CODE: B  
EXPLANATION : LABOR AND DELIVERY/NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	202,015	ADULTS & PEDIATRICS	25	413,183	
2.00	DELIVERY ROOM & LABOR ROOM	39	211,168			0	
TOTAL RECLASSIFICATIONS FOR CODE B			413,183				413,183

RECLASS CODE: C  
EXPLANATION : ICU OBSERVATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	22,650	INTENSIVE CARE UNIT	26	22,650	
TOTAL RECLASSIFICATIONS FOR CODE C			22,650				22,650

RECLASS CODE: D  
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	339,795	DIETARY	11	339,795	
TOTAL RECLASSIFICATIONS FOR CODE D			339,795				339,795

RECLASS CODE: E  
EXPLANATION : HOUSEKEEPING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	88,771	HOUSEKEEPING	10	88,771	
TOTAL RECLASSIFICATIONS FOR CODE E			88,771				88,771

RECLASS CODE: F  
EXPLANATION : BLOOD COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WHOLE BLOOD & PACKED RED BLOOD	46	111,146	LABORATORY	44	111,146	
TOTAL RECLASSIFICATIONS FOR CODE F			111,146				111,146

RECLASS CODE: G  
EXPLANATION : RESPIRATORY THERAPY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	233,289	CARDIO-PULMONARY	53.01	233,289	
TOTAL RECLASSIFICATIONS FOR CODE G			233,289				233,289

RECLASS CODE: H  
EXPLANATION : SOCIAL SERVICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	33,369	NURSING ADMINISTRATION	14	25,027	
2.00			0	ADULTS & PEDIATRICS	25	8,342	
TOTAL RECLASSIFICATIONS FOR CODE H			33,369				33,369

RECLASS CODE: I  
EXPLANATION : RADIOLOGY SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOISOTOPE	43	158,990	RADIOLOGY-DIAGNOSTIC	41	728,875	

RECLASSIFICATIONS

PROVIDER NO: 141325	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 2/27/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: I  
EXPLANATION : RADIOLOGY SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	CAT SCAN	43.02	119,710			0	
3.00	MRI	43.04	265,191			0	
4.00	VASCULAR LAB	53.02	121,026			0	
5.00	ULTRASOUND	43.03	63,958			0	
TOTAL RECLASSIFICATIONS FOR CODE I			728,875			728,875	

RECLASS CODE: J  
EXPLANATION : BOND INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	768,320	ADMINISTRATIVE & GENERAL	6	769,146	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	826			0	
TOTAL RECLASSIFICATIONS FOR CODE J			769,146			769,146	

RECLASS CODE: K  
EXPLANATION : HOSPITAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	45,961	RHC	63.50	126,523	
2.00	LABORATORY	44	80,562			0	
TOTAL RECLASSIFICATIONS FOR CODE K			126,523			126,523	

RECLASS CODE: L  
EXPLANATION : CASE MANAGERS/DIRNSG

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	88,488	NURSING ADMINISTRATION	14	103,261	
2.00	INTENSIVE CARE UNIT	26	16,949	EMERGENCY	61	2,176	
TOTAL RECLASSIFICATIONS FOR CODE L			105,437			105,437	

RECLASS CODE: M  
EXPLANATION : PART B SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	261,412	EMERGENCY	61	261,412	
2.00	RHC	63.50	42,758	RHC	63.50	42,758	
3.00	ANESTHESIOLOGY	40	185,538	ANESTHESIOLOGY	40	185,538	
TOTAL RECLASSIFICATIONS FOR CODE M			489,708			489,708	

RECLASS CODE: N  
EXPLANATION : EQUIP DEPR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,020,502	EMPLOYEE BENEFITS	5	3,883	
2.00			0	ADMINISTRATIVE & GENERAL	6	142,233	
3.00			0	OPERATION OF PLANT	8	19,869	
4.00			0	HOUSEKEEPING	10	1,099	
5.00			0	DIETARY	11	7,872	
6.00			0	NURSING ADMINISTRATION	14	3,820	
7.00			0	MEDICAL RECORDS & LIBRARY	17	10,549	
8.00			0	ADULTS & PEDIATRICS	25	64,670	
9.00			0	INTENSIVE CARE UNIT	26	21,218	
10.00			0	OPERATING ROOM	37	177,044	
11.00			0	ANESTHESIOLOGY	40	14,988	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	351,353	
13.00			0	LABORATORY	44	43,312	
14.00			0	PHYSICAL THERAPY	50	8,662	
15.00			0	OCCUPATIONAL THERAPY	51	2,215	
16.00			0	SPEECH PATHOLOGY	52	886	
17.00			0	VASCULAR LAB	53.02	57,363	
18.00			0	ONCOLOGY	56.01	3,068	
19.00			0	EMERGENCY	61	33,996	
20.00			0	RHC	63.50	29,430	
21.00			0	DURABLE MEDICAL EQUIP-RENTED	66	6,275	
22.00			0	HOME HEALTH AGENCY	71	2,929	

RECLASSIFICATIONS

PROVIDER NO: 141325	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 2/27/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: N  
EXPLANATION : EQUIP DEPR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
23.00			0	HOSPICE	93	1,952	
24.00			0	PHYSICIANS' PRIVATE OFFICES	98	2,671	
25.00			0	PHARMACY	16	1,849	
26.00			0	CENTRAL SERVICES & SUPPLY	15	7,296	
TOTAL RECLASSIFICATIONS FOR CODE N			1,020,502				1,020,502

RECLASS CODE: 0  
EXPLANATION : BUILDING DEPR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	770,272	ADMINISTRATIVE & GENERAL	6	5,846	
2.00			0	OPERATION OF PLANT	8	725,574	
3.00			0	DIETARY	11	371	
4.00			0	PHARMACY	16	37	
5.00			0	ADULTS & PEDIATRICS	25	475	
6.00			0	INTENSIVE CARE UNIT	26	2,230	
7.00			0	OPERATING ROOM	37	1,679	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	1,476	
9.00			0	LABORATORY	44	234	
10.00			0	PHYSICAL THERAPY	50	170	
11.00			0	OCCUPATIONAL THERAPY	51	157	
12.00			0	VASCULAR LAB	53.02	105	
13.00			0	EMERGENCY	61	169	
14.00			0	DURABLE MEDICAL EQUIP-RENTED	66	16,994	
15.00			0	HOME HEALTH AGENCY	71	18	
16.00			0	PHYSICIANS' PRIVATE OFFICES	98	14,737	
TOTAL RECLASSIFICATIONS FOR CODE 0			770,272				770,272

RECLASS CODE: P  
EXPLANATION : GIFT SHOP/AUXILIARY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	69,236	ADMINISTRATIVE & GENERAL	6	69,236	
TOTAL RECLASSIFICATIONS FOR CODE P			69,236				69,236

RECLASS CODE: Q  
EXPLANATION : HHA OCC THER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOME HEALTH AGENCY	71	5,698	OCCUPATIONAL THERAPY	51	5,698	
TOTAL RECLASSIFICATIONS FOR CODE Q			5,698				5,698

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	44,102		544,216	544,216		588,318	
2 LAND IMPROVEMENTS	801,878		840,342	840,342		1,642,220	
3 BUILDINGS & FIXTURE	9,561,388	18,763,972		18,763,972		28,325,360	
4 BUILDING IMPROVEMENT			171,855	171,855	57,203	114,652	
5 FIXED EQUIPMENT	4,658,031		9,354,065	9,354,065	9,952	14,002,144	
6 MOVABLE EQUIPMENT	14,533,119	4,332,647		4,332,647	36,700	18,829,066	
7 SUBTOTAL	29,598,518	23,096,619	10,910,478	34,007,097	103,855	63,501,760	
8 RECONCILING ITEMS							
9 TOTAL	29,598,518	23,096,619	10,910,478	34,007,097	103,855	63,501,760	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
* 1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	16,174,719		16,174,719	.541444			
4	NEW CAP REL COSTS-MV	13,698,568		13,698,568	.458556			
5	TOTAL	29,873,287		29,873,287	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
* 1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,006,681		134,634				1,141,315
4	NEW CAP REL COSTS-MV	1,020,502		826				1,021,328
5	TOTAL	2,027,183		135,460				2,162,643

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
* 1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,405,381		-198,914				1,206,467
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,405,381		-198,914				1,206,467

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-434,772	NEW CAP REL COSTS-BLDG &		3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-998,725				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-99,214	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,601	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-1,206,467	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER ADJUSTMENTS (SPECIFY)						
37.01 MISC PT SALES	B	-7,644	PHYSICAL THERAPY		50	
37.08 NON HOSPITAL USE OF ASSETS	A	-1,604	OPERATION OF PLANT		8	
37.10 PATIENT TELEPHONE COSTS	A	-7,640	ADMINISTRATIVE & GENERAL		6	
37.14 CRNA	A	-719,201	ANESTHESIOLOGY		40	
37.20 LOBBYING PORTION OF DUES	A	-18,659	ADMINISTRATIVE & GENERAL		6	
37.23 DEPOSITION REVENUE	B	-543	ADMINISTRATIVE & GENERAL		6	
37.26 PART B BENEFITS	A	-21,586	EMPLOYEE BENEFITS		5	
38 RHC PROFESSIONAL	A	-42,758	RHC		63.50	
39 FITNESS FEES	B	-145	EMPLOYEE BENEFITS		5	
40 MEDICAL STAFF FEES	B	-7,475	ADMINISTRATIVE & GENERAL		6	
41 SNF COSTS	A	-1,677	SKILLED NURSING FACILITY		34	
42 OTHER MISC INCOME	B	-23,229	ADMINISTRATIVE & GENERAL		6	
43 DEPR COST OLD BUILD STOREAG	A	37,495	NEW CAP REL COSTS-BLDG &		3	9
44 CPR REVENUE	B	-80	ADMINISTRATIVE & GENERAL		6	
45 BAD DEBTS	A	-2,236,858	ADMINISTRATIVE & GENERAL		6	
46 PROVIDER TAX	A	-685,643	ADMINISTRATIVE & GENERAL		6	
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,482,026				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED: 2/27/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	7,200		7,200				
2 37	OPERATING ROOM	8,000		8,000				
3 44	LABORATORY	30,000	30,000					
4 61	EMERGENCY	1,408,030	968,725	439,305				
5 40	ANESTHESIOLOGY							
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,453,230	998,725	454,505				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED: 2/27/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS							
2 37	OPERATING ROOM							
3 44	LABORATORY							30,000
4 61	EMERGENCY							968,725
5 40	ANESTHESIOLOGY							
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							998,725

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE FEET	ENTERED
11	DIETARY	11	PATIENT DAYS	ENTERED
12	CAFETERIA	12	GROSS SALARIES	ENTERED
13	MAINTENANCE OF PERSONNEL	13	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	14	NURSING FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED REQUIS.	ENTERED
16	PHARMACY	16	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	18	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	20	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,141,315			1,141,315			
005 NEW CAP REL COSTS-MVBLE E	1,021,328				1,021,328		
006 EMPLOYEE BENEFITS	225,606			5,433	3,730	234,769	
007 ADMINISTRATIVE & GENERAL	7,389,716			156,266	136,644	42,773	7,725,399
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,388,564			242,631	19,088	8,857	1,659,140
010 LAUNDRY & LINEN SERVICE	88,771			6,060			94,831
011 HOUSEKEEPING	315,860			13,669	1,056	5,372	335,957
012 DIETARY	281,478			32,963	3,720	3,175	321,336
013 CAFETERIA	240,581			5,615	3,843	3,833	253,872
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	128,601			9,075	3,670	2,468	143,814
016 CENTRAL SERVICES & SUPPLY	57,390			9,359	7,009	887	74,645
017 PHARMACY	1,153,883			12,091	1,776	1,098	1,168,848
018 MEDICAL RECORDS & LIBRARY	478,645			22,238	10,134	7,078	518,095
020 SOCIAL SERVICE	33,369					712	34,081
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	1,580,758			149,872	50,600	29,618	1,810,848
039 INTENSIVE CARE UNIT	441,120			35,270	20,384	6,528	503,302
040 NURSERY	202,015			3,996	5,764	3,632	215,407
043 SKILLED NURSING FACILITY							
044 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,696,958			102,866	170,087	13,799	1,983,710
039 DELIVERY ROOM & LABOR ROO	211,168			7,973	5,764	3,797	228,702
040 ANESTHESIOLOGY	55,903			3,602	14,399		73,904
041 RADIOLOGY-DIAGNOSTIC	936,076			42,221	285,190	11,436	1,274,923
043 RADIOISOTOPE	158,990			4,472			163,462
043 01 NUCLEAR MEDICINE							
043 02 CAT SCAN	119,710			5,302	52,358		177,370
043 03 ULTRASOUND	63,958			3,561		1,365	68,884
043 04 MRI	265,191			2,610			267,801
044 LABORATORY	1,401,177			26,518	41,610	10,878	1,480,183
046 WHOLE BLOOD & PACKED RED	111,146					138	111,284
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	233,289			1,882		3,799	238,970
050 PHYSICAL THERAPY	474,602			22,987	8,322	8,864	514,775
051 OCCUPATIONAL THERAPY	126,307			1,032	2,128	1,264	130,731
052 SPEECH PATHOLOGY	64,613			364	851	1,234	67,062
053 01 CARDIO-PULMONARY	185,480			22,532	40,929	2,085	251,026
053 02 VASCULAR LAB	63,558			2,145	55,109		120,812
053 03 CARDIAC REHAB							
053 04 PAIN MANAGEMENT							
055 MEDICAL SUPPLIES CHARGED	160,588						160,588
056 DRUGS CHARGED TO PATIENTS							
056 01 ONCOLOGY	34,759			3,916	2,947	561	42,183
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,607,785			50,517	32,660	20,575	1,711,537
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC	1,543,620			89,247	28,273	24,937	1,686,077
063 60 FQHC							
066 OTHER REIMBURS COST CNTRS							
069 DURABLE MEDICAL EQUIP-REN	240,755				6,028	2,102	248,885
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	467,293			1,275	2,814	8,508	479,890
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE	233,746			4,644	1,875	3,280	243,545
095 SUBTOTALS	26,625,672			1,104,204	1,018,762	234,653	26,585,879
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP				3,086			3,086
098 PHYSICIANS' PRIVATE OFFIC	123,878			34,025	2,566	116	160,585
098 01 KEWANEE INT MED							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	26,749,550			1,141,315	1,021,328	234,769	26,749,550

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	7,725,399						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	673,750		2,332,890				
010 LAUNDRY & LINEN SERVICE	38,509		19,184	152,524			
011 HOUSEKEEPING	136,427		43,268		515,652		
012 DIETARY	130,489		104,343	134	21,153	577,455	
013 CAFETERIA	103,093		17,775				374,740
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	58,401		28,728		4,358		4,446
016 CENTRAL SERVICES & SUPPLY	30,312		29,625	1,362	17,114		3,452
017 PHARMACY	474,650		38,272		7,335		4,409
018 MEDICAL RECORDS & LIBRARY	210,390		70,395				19,942
019 SOCIAL SERVICE	13,840				2,551		1,876
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	735,356		474,411	81,989	154,558	529,499	65,212
033 INTENSIVE CARE UNIT	204,383		111,645	9,204	17,752	47,956	13,264
034 NURSERY	87,473		12,651		8,716		5,609
037 SKILLED NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	805,548		325,616	11,133	40,925		35,420
041 DELIVERY ROOM & LABOR ROO	92,872		25,237	4,034	10,311		7,467
043 ANESTHESIOLOGY	30,011		11,402				1,876
044 RADIOLOGY-DIAGNOSTIC	517,726		133,647	2,848	25,299		33,619
043 RADIOISOTOPE	66,379		14,156				
043 01 NUCLEAR MEDICINE							
043 02 CAT SCAN	72,027		16,782		7,335		
043 03 ULTRASOUND	27,973		11,273	475			2,570
043 04 MRI	108,750		8,263				
044 LABORATORY	601,079		83,942		20,090		23,619
046 WHOLE BLOOD & PACKED RED	45,191						300
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	97,042		5,957		6,909		10,450
050 PHYSICAL THERAPY	209,042		72,765	7,594	18,496		16,753
051 OCCUPATIONAL THERAPY	53,088		3,267		10,842		1,801
052 SPEECH PATHOLOGY	27,233		1,153		10,630		1,745
053 01 CARDIO-PULMONARY	101,938		71,323	1,579	14,138		5,722
053 02 VASCULAR LAB	49,060		6,790		8,610		
053 03 CARDIAC REHAB							
053 04 PAIN MANAGEMENT							
055 MEDICAL SUPPLIES CHARGED	65,212						
056 DRUGS CHARGED TO PATIENTS							
056 01 ONCOLOGY	17,130		12,394		10,098		1,069
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	695,028		159,909	32,172	34,015		36,564
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC	684,689		282,508		36,354		31,761
063 60 FQHC							
066 OTHER REIMBURS COST CNTRS							
069 DURABLE MEDICAL EQUIP-REN	101,068				9,035		13,376
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	194,876		4,035		3,402		20,580
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESITINAL ACQUISITION							
093 HOSPICE	98,900		14,700				9,849
095 SUBTOTALS	7,658,935		2,215,416	152,524	500,026	577,455	372,751
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	1,253		9,768				113
098 PHYSICIANS' PRIVATE OFFIC	65,211		107,706		15,626		1,876
098 01 KEWANEE INT MED							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,725,399		2,332,890	152,524	515,652	577,455	374,740

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY	SOCI AL SERVI C E	NONPHYSICI AN ANESTHETI STS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINI STRATIVE & GENERAL							
008 MAI NTENANCE & REPAI RS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI CE							
011 HOUSEKEEPING							
012 DI ETARY							
013 CAFETERIA							
014 MAI NTENANCE OF PERSONNEL							
015 NURSING ADMINI STRATION		239,747					
016 CENTRAL SERVI CES & SUPPLY			156,510				
017 PHARMACY		4,295	907	1,698,716			
018 MEDI CAL RECORDS & LIBRARY					818,822		
020 SOCI AL SERVI CE						52,348	
021 NONPHYSICI AN ANESTHETI STS							
022 NURSING SCHOOL							
023 I&R SERVI CES-SALARY & FRI							
024 I&R SERVI CES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		63,533			78,044	28,280	
026 INTENSIVE CARE UNIT		12,922			22,299	4,101	
033 NURSERY		5,465			5,689	1,079	
034 SKI LLED NURSING FACI LITY							
037 ANCI LLARY SRVC COST CNTRS							
039 OPERATI NG ROOM		34,508	65,745		76,310		
040 DELI VERY ROOM & LABOR ROO		7,274			8,647	1,079	
041 ANESTHESI OLOGY			2,749		7,528		
043 RADIOLOGY-DIAGNOSTI C		32,753	6,443		45,770		
043 RADIOI SOTOPE			5,712		10,211		
043 01 NUCLEAR MEDI CINE							
043 02 CAT SCAN					92,164		
043 03 ULTRASOUND		2,504			22,825		
043 04 MRI					22,520		
044 LABORATORY			37,541		163,019		
046 WHOLE BLOOD & PACKED RED			9,214		2,062		
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPI RATORY THERAPY		10,181			46,172		
050 PHYSI CAL THERAPY			569		20,102		
051 OCCUPATI ONAL THERAPY			59		4,104		
052 SPEECH PATHOLOGY			11		672		
053 01 CARDI O-PULMONARY			1,895		25,336		
053 02 VASCULAR LAB					5,702		
053 03 CARDI AC REHAB							
053 04 PAI N MANAGEMENT							
055 MEDI CAL SUPPLI ES CHARGED			14,134		13,645		
056 DRUGS CHARGED TO PATI ENTS				1,698,716	45,970		
056 01 ONCOLOGY		1,042	501		4,978		
061 OUTPAT SERVI CE COST CNTRS							
062 EMERGENCY		35,623	7,932		63,854	7,663	
062 OBSERVATI ON BEDS (NON-DI S							
063 50 RHC			990		24,146		
063 60 FQHC							
066 OTHER REIMBURS COST CNTRS							
069 DURABLE MEDI CAL EQUI P-REN			159		7,053		
069 10 CMHC							
069 20 OUTPATI ENT PHYSI CAL THERA							
069 30 OUTPATI ENT OCCUPATI ONAL T							
069 40 OUTPATI ENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY		20,051	1,603				
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUI SITI ON							
085 02 I NTESTI NAL ACQUI SITI ON							
093 HOSPI CE		9,596	339			10,146	
095 SUBTOTALS		239,747	156,503	1,698,716	818,822	52,348	
096 NONREIMBURS COST CENTERS							
098 GI FT, FLOWER, COFFEE SHOP							
098 01 PHYSI CI ANS' PRI VATE OFFI C			7				
101 KEWANEE INT MED							
102 CROSS FOOT ADJUSTMENT							
103 NEGATI VE COST CENTER							
103 TOTAL		239,747	156,510	1,698,716	818,822	52,348	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET B PART I

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM-(SPECIFY)						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS				4,021,730		4,021,730
027	INTENSIVE CARE UNIT				946,828		946,828
028	NURSERY				342,089		342,089
029	SKILLED NURSING FACILITY						
030	ANCILLARY SRVC COST CNTRS						
031	OPERATING ROOM				3,378,915		3,378,915
032	DELIVERY ROOM & LABOR ROO				385,623		385,623
033	ANESTHESIOLOGY				127,470		127,470
034	RADIOLOGY-DIAGNOSTIC				2,073,028		2,073,028
035	RADIOISOTOPE				259,920		259,920
036	01 NUCLEAR MEDICINE						
037	02 CAT SCAN				365,678		365,678
038	03 ULTRASOUND				136,504		136,504
039	04 MRI				407,334		407,334
040	LABORATORY				2,409,473		2,409,473
041	WHOLE BLOOD & PACKED RED				168,051		168,051
042	30 BLOOD CLOTTING FACTORS AD						
043	RESPIRATORY THERAPY				415,681		415,681
044	PHYSICAL THERAPY				860,096		860,096
045	OCCUPATIONAL THERAPY				203,892		203,892
046	SPEECH PATHOLOGY				108,506		108,506
047	01 CARDIO-PULMONARY				472,957		472,957
048	02 VASCULAR LAB				190,974		190,974
049	03 CARDIAC REHAB						
050	04 PAIN MANAGEMENT						
051	MEDICAL SUPPLIES CHARGED				253,579		253,579
052	DRUGS CHARGED TO PATIENTS				1,744,686		1,744,686
053	01 ONCOLOGY				89,395		89,395
054	OUTPAT SERVICE COST CNTRS						
055	EMERGENCY				2,784,297		2,784,297
056	OBSERVATION BEDS (NON-DIS						
057	50 RHC				2,746,525		2,746,525
058	60 FQHC						
059	OTHER REIMBURS COST CNTRS						
060	DURABLE MEDICAL EQUIP-REN				379,576		379,576
061	10 CMHC						
062	20 OUTPATIENT PHYSICAL THERA						
063	30 OUTPATIENT OCCUPATIONAL T						
064	40 OUTPATIENT SPEECH PATHOLO						
065	HOME HEALTH AGENCY				724,437		724,437
066	SPEC PURPOSE COST CENTERS						
067	01 PANCREAS ACQUISITION						
068	02 INTESTINAL ACQUISITION						
069	HOSPICE				387,075		387,075
070	SUBTOTALS				26,384,319		26,384,319
071	NONREIMBURS COST CENTERS						
072	GIFT, FLOWER, COFFEE SHOP				14,220		14,220
073	PHYSICIANS' PRIVATE OFFIC				351,011		351,011
074	01 KEWANEE INT MED						
075	CROSS FOOT ADJUSTMENT						
076	NEGATIVE COST CENTER						
077	TOTAL				26,749,550		26,749,550

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				5,433	3,730	9,163	9,163
007 ADMINISTRATIVE & GENERAL	36			156,266	136,644	292,946	1,667
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	600			242,631	19,088	262,319	346
010 LAUNDRY & LINEN SERVICE				6,060		6,060	
011 HOUSEKEEPING				13,669	1,056	14,725	210
012 DIETARY				32,963	3,720	36,683	124
013 CAFETERIA				5,615	3,843	9,458	150
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				9,075	3,670	12,745	96
016 CENTRAL SERVICES & SUPPLY				9,359	7,009	16,368	35
017 PHARMACY				12,091	1,776	13,867	43
018 MEDICAL RECORDS & LIBRARY				22,238	10,134	32,372	276
019 SOCIAL SERVICE							28
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS	1,782			149,872	50,600	202,254	1,156
026 ADULTS & PEDIATRICS				35,270	20,384	55,654	255
033 NURSERY				3,996	5,764	9,760	142
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS	421			102,866	170,087	273,374	539
039 OPERATING ROOM				7,973	5,764	13,737	148
040 DELIVERY ROOM & LABOR ROO				3,602	14,399	18,001	
041 ANESTHESIOLOGY				42,221	285,190	327,411	447
043 RADIOLOGY-DIAGNOSTIC				4,472		4,472	
043 RADIOISOTOPE							
043 01 NUCLEAR MEDICINE							
043 02 CAT SCAN				5,302	52,358	57,660	
043 03 ULTRASOUND				3,561		3,561	53
043 04 MRI				2,610		2,610	
044 LABORATORY				26,518	41,610	68,128	425
046 WHOLE BLOOD & PACKED RED							5
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY				1,882		1,882	148
050 PHYSICAL THERAPY				22,987	8,322	31,309	346
051 OCCUPATIONAL THERAPY				1,032	2,128	3,160	49
052 SPEECH PATHOLOGY				364	851	1,215	48
053 01 CARDIO-PULMONARY	1,112			22,532	40,929	64,573	81
053 02 VASCULAR LAB				2,145	55,109	57,254	
053 03 CARDIAC REHAB							
053 04 PAIN MANAGEMENT							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
056 01 ONCOLOGY				3,916	2,947	6,863	22
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				50,517	32,660	83,177	803
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC				89,247	28,273	117,520	974
063 60 FQHC							
066 OTHER REIMBURS COST CNTRS							
069 DURABLE MEDICAL EQUIP-REN	601				6,028	6,629	82
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY				1,275	2,814	4,089	332
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
093 HOSPICE				4,644	1,875	6,519	128
095 SUBTOTALS	4,552			1,104,204	1,018,762	2,127,518	9,158
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP				3,086		3,086	
098 PHYSICIANS' PRIVATE OFFIC				34,025	2,566	36,591	5
098 01 KEWANEE INT MED							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,552			1,141,315	1,021,328	2,167,195	9,163

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL			MAINTENANCE & REPAIRS		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12			
001 GENERAL SERVICE COST CNTR										
002 OLD CAP REL COSTS-BLDG &										
003 OLD CAP REL COSTS-MVBLE E										
004 NEW CAP REL COSTS-BLDG &										
005 NEW CAP REL COSTS-MVBLE E										
006 EMPLOYEE BENEFITS										
007 ADMINISTRATIVE & GENERAL	294,613									
008 MAINTENANCE & REPAIRS										
009 OPERATION OF PLANT	25,693		288,358							
010 LAUNDRY & LINEN SERVICE	1,469		2,371	9,900						
011 HOUSEKEEPING	5,203		5,348		25,486					
012 DIETARY	4,976		12,897	9	1,045	55,734				
013 CAFETERIA	3,931		2,197							15,736
014 MAINTENANCE OF PERSONNEL										
015 NURSING ADMINISTRATION	2,227		3,551		215					187
016 CENTRAL SERVICES & SUPPLY	1,156		3,662	88	846					145
017 PHARMACY	18,101		4,731		363					185
018 MEDICAL RECORDS & LIBRARY	8,023		8,701							837
019 SOCIAL SERVICE	528				126					79
020 NONPHYSICIAN ANESTHETISTS										
021 NURSING SCHOOL										
022 I&R SERVICES-SALARY & FRI										
023 I&R SERVICES-OTHER PRGM C										
024 PARAMEDICAL PRGM-(SPECIFY)										
025 INPAT ROUTINE SRVC CNTRS										
026 ADULTS & PEDIATRICS	28,043		58,641	5,322	7,639	51,105				2,736
027 INTENSIVE CARE UNIT	7,794		13,800	597	877	4,629				557
028 NURSERY	3,336		1,564		431					236
029 SKILLED NURSING FACILITY										
030 ANCILLARY SRVC COST CNTRS										
031 OPERATING ROOM	30,723		40,248	723	2,023					1,487
032 DELIVERY ROOM & LABOR ROO	3,542		3,119	262	510					314
033 ANESTHESIOLOGY	1,144		1,409							79
034 RADIOLOGY-DIAGNOSTIC	19,743		16,520	185	1,250					1,412
035 RADIOISOTOPE	2,531		1,750							
036 01 NUCLEAR MEDICINE										
037 02 CAT SCAN	2,747		2,074		363					
038 03 ULTRASOUND	1,067		1,393	31						108
039 04 MRI	4,147		1,021							
040 LABORATORY	22,922		10,376		993					992
041 WHOLE BLOOD & PACKED RED	1,723									13
042 BLOOD CLOTTING FACTORS AD										
043 RESPIRATORY THERAPY	3,701		736		341					439
044 PHYSICAL THERAPY	7,972		8,994	493	914					703
045 OCCUPATIONAL THERAPY	2,025		404		536					76
046 SPEECH PATHOLOGY	1,039		143		525					73
047 01 CARDIO-PULMONARY	3,887		8,816	102	699					240
048 02 VASCULAR LAB	1,871		839		426					
049 03 CARDIAC REHAB										
050 04 PAIN MANAGEMENT										
051 MEDICAL SUPPLIES CHARGED	2,487									
052 DRUGS CHARGED TO PATIENTS										
053 01 ONCOLOGY	653		1,532		499					45
054 OUTPAT SERVICE COST CNTRS										
055 EMERGENCY	26,505		19,766	2,088	1,681					1,535
056 OBSERVATION BEDS (NON-DIS										
057 50 RHC	26,111		34,919		1,797					1,334
058 60 FQHC										
059 OTHER REIMBURS COST CNTRS										
060 DURABLE MEDICAL EQUIP-REN	3,854				447					562
061 10 CMHC										
062 20 OUTPATIENT PHYSICAL THERA										
063 30 OUTPATIENT OCCUPATIONAL T										
064 40 OUTPATIENT SPEECH PATHOLO										
065 HOME HEALTH AGENCY	7,432		499		168					864
066 SPEC PURPOSE COST CENTERS										
067 01 PANCREAS ACQUISITION										
068 02 INTRESTINAL ACQUISITION										
069 HOSPICE	3,772		1,817							414
070 SUBTOTALS	292,078		273,838	9,900	24,714	55,734				15,652
071 NONREIMBURS COST CENTERS										
072 GIFT, FLOWER, COFFEE SHOP	48		1,207							5
073 PHYSICIANS' PRIVATE OFFIC	2,487		13,313		772					79
074 01 KEWANEE INT MED										
075 CROSS FOOT ADJUSTMENTS										
076 NEGATIVE COST CENTER										
077 TOTAL	294,613		288,358	9,900	25,486	55,734				15,736

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINSTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		19,021						
016 CENTRAL SERVICES & SUPPLY			22,300					
017 PHARMACY		341	129	37,760				
018 MEDICAL RECORDS & LIBRARY					50,209			
019 SOCIAL SERVICE							761	
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM-(SPECIFY)								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS		5,039			4,783		411	
027 INTENSIVE CARE UNIT		1,025			1,367		60	
028 NURSERY		434			349		16	
029 SKILLED NURSING FACILITY								
030 ANCILLARY SRVC COST CNTRS								
031 OPERATING ROOM		2,738	9,368		4,677			
032 DELIVERY ROOM & LABOR ROO		577			530		16	
033 ANESTHESIOLOGY			392		461			
034 RADIOLOGY-DIAGNOSTIC		2,599	918		2,805			
035 RADIOISOTOPE			814		626			
036 01 NUCLEAR MEDICINE								
037 02 CAT SCAN					5,649			
038 03 ULTRASOUND		199			1,399			
039 04 MRI					1,380			
040 LABORATORY			5,349		10,017			
041 WHOLE BLOOD & PACKED RED			1,313		126			
042 30 BLOOD CLOTTING FACTORS AD								
043 RESPIRATORY THERAPY		808			2,830			
044 PHYSICAL THERAPY			81		1,232			
045 OCCUPATIONAL THERAPY			8		252			
046 SPEECH PATHOLOGY			2		41			
047 01 CARDIO-PULMONARY			270		1,553			
048 02 VASCULAR LAB					349			
049 03 CARDIAC REHAB								
050 04 PAIN MANAGEMENT								
051 MEDICAL SUPPLIES CHARGED			2,014		836			
052 DRUGS CHARGED TO PATIENTS				37,760	2,817			
053 01 ONCOLOGY		83	71		305			
054 OUTPAT SERVICE COST CNTRS								
055 EMERGENCY		2,826	1,130		3,913		111	
056 OBSERVATION BEDS (NON-DIS								
057 50 RHC			141		1,480			
058 60 FQHC								
059 OTHER REIMBURS COST CNTRS								
060 DURABLE MEDICAL EQUIP-REN			23		432			
061 10 CMHC								
062 20 OUTPATIENT PHYSICAL THERA								
063 30 OUTPATIENT OCCUPATIONAL T								
064 40 OUTPATIENT SPEECH PATHOLO								
065 HOME HEALTH AGENCY		1,591	228					
066 SPEC PURPOSE COST CENTERS								
067 01 PANCREAS ACQUISITION								
068 02 INTRESTINAL ACQUISITION								
069 HOSPICE		761	48				147	
070 SUBTOTALS		19,021	22,299	37,760	50,209		761	
071 NONREIMBURS COST CENTERS								
072 GIFT, FLOWER, COFFEE SHOP								
073 PHYSICIANS' PRIVATE OFFIC			1					
074 01 KEWANEE INT MED								
075 CROSS FOOT ADJUSTMENTS								
076 NEGATIVE COST CENTER								
077 TOTAL		19,021	22,300	37,760	50,209		761	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM-(SPECIFY)						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS				367,129		367,129
026	INTENSIVE CARE UNIT				86,615		86,615
033	NURSERY				16,268		16,268
034	SKILLED NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM				365,900		365,900
039	DELIVERY ROOM & LABOR ROO				22,755		22,755
040	ANESTHESIOLOGY				21,486		21,486
041	RADIOLOGY-DIAGNOSTIC				373,290		373,290
043	RADIOISOTOPE				10,193		10,193
043 01	NUCLEAR MEDICINE						
043 02	CAT SCAN				68,493		68,493
043 03	ULTRASOUND				7,811		7,811
043 04	MRI				9,158		9,158
044	LABORATORY				119,202		119,202
046	WHOLE BLOOD & PACKED RED				3,180		3,180
046 30	BLOOD CLOTTING FACTORS AD						
049	RESPIRATORY THERAPY				10,885		10,885
050	PHYSICAL THERAPY				52,044		52,044
051	OCCUPATIONAL THERAPY				6,510		6,510
052	SPEECH PATHOLOGY				3,086		3,086
053 01	CARDIO-PULMONARY				80,221		80,221
053 02	VASCULAR LAB				60,739		60,739
053 03	CARDIAC REHAB						
053 04	PAIN MANAGEMENT						
055	MEDICAL SUPPLIES CHARGED				5,337		5,337
056	DRUGS CHARGED TO PATIENTS				40,577		40,577
056 01	ONCOLOGY				10,073		10,073
061	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY				143,535		143,535
062	OBSERVATION BEDS (NON-DIS						
063 50	RHC				184,276		184,276
063 60	FQHC						
066	OTHER REIMBURS COST CNTRS						
066	DURABLE MEDICAL EQUIP-REN				12,029		12,029
069 10	CMHC						
069 20	OUTPATIENT PHYSICAL THERA						
069 30	OUTPATIENT OCCUPATIONAL T						
069 40	OUTPATIENT SPEECH PATHOLO						
071	HOME HEALTH AGENCY				15,203		15,203
071	SPEC PURPOSE COST CENTERS						
085 01	PANCREAS ACQUISITION						
085 02	INTESTINAL ACQUISITION						
093	HOSPICE				13,606		13,606
095	SUBTOTALS				2,109,601		2,109,601
096	NONREIMBURS COST CENTERS						
096	GI FT, FLOWER, COFFEE SHOP				4,346		4,346
098	PHYSICIANS' PRIVATE OFFIC				53,248		53,248
098 01	KEWANEE INT MED						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL				2,167,195		2,167,195

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			112,805			
004 NEW CAP REL COSTS-MVB				1,063,105		
005 EMPLOYEE BENEFITS			537	3,883	11,004,172	
006 ADMINSTRATIVE & GENE			15,445	142,233	2,005,029	-7,725,399
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			23,981	19,869	415,157	
009 LAUNDRY & LINEN SERVI			599			
010 HOUSEKEEPING			1,351	1,099	251,781	
011 DIETARY			3,258	3,872	148,830	
012 CAFETERIA			555	4,000	179,664	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINSTRATIO			897	3,820	115,690	
015 CENTRAL SERVICES & SU			925	7,296	41,584	
016 PHARMACY			1,195	1,849	51,488	
017 MEDICAL RECORDS & LIB			2,198	10,549	331,773	
018 SOCIAL SERVICE					33,369	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			14,813	52,670	1,388,213	
026 INTENSIVE CARE UNIT			3,486	21,218	305,965	
033 NURSERY			395	6,000	170,253	
034 SKILLED NURSING FACIL						
ANCILLARY SRVC COST C						
037 OPERATING ROOM			10,167	177,044	646,765	
039 DELIVERY ROOM & LABOR			788	6,000	177,967	
040 ANESTHESIOLOGY			356	14,988		
041 RADIOLOGY-DIAGNOSTIC			4,173	296,853	536,024	
043 RADIOISOTOPE			442			
043 01 NUCLEAR MEDICINE						
043 02 CAT SCAN			524	54,500		
043 03 ULTRASOUND			352		63,958	
043 04 MRI			258			
044 LABORATORY			2,621	43,312	509,864	
046 WHOLE BLOOD & PACKED					6,449	
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY			186		178,086	
050 PHYSICAL THERAPY			2,272	8,662	415,471	
051 OCCUPATIONAL THERAPY			102	2,215	59,263	
052 SPEECH PATHOLOGY			36	886	57,831	
053 01 CARDIO-PULMONARY			2,227	42,603	97,720	
053 02 VASCULAR LAB			212	57,363		
053 03 CARDIAC REHAB						
053 04 PAIN MANAGEMENT						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
056 01 ONCOLOGY			387	3,068	26,285	
061 OUTPAT SERVICE COST C						
EMERGENCY			4,993	33,996	964,381	
062 OBSERVATION BEDS (NON						
063 50 RHC			8,821	29,430	1,168,830	
063 60 FOHC						
066 OTHER REIMBURS COST C						
DURABLE MEDICAL EQUIP				6,275	98,531	
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY			126	2,929	398,792	
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTRESTINAL ACQUISITIO						
093 HOSPICE			459	1,952	153,730	
095 SUBTOTALS			109,137	1,060,434	10,998,743	-7,725,399
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			305			
098 PHYSICIANS' PRIVATE O			3,363	2,671	5,429	
098 01 KEWANEE INT MED						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			1,141,315	1,021,328	234,769	
(WRKSH T B, PART I)						
104 UNIT COST MULTIPLIER			10.117592		.021335	
(WRKSH T B, PT I)				.960703		
105 COST TO BE ALLOCATED						

COST ALLOCATION - STATISTICAL BASIS

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 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					9,163	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000833	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF REPAIRS PLANT			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(GROSS SALARIES)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	19,024,151						
007							
008 OPERATION OF PLANT	1,659,140		72,842				
009 LAUNDRY & LINEN SERVICE	94,831		599	14,782			
010 HOUSEKEEPING	335,957		1,351		4,851		
011 DIETARY	321,336		3,258	13	199	4,961	
012 CAFETERIA	253,872		555				19,975
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATIVE	143,814		897		41		237
015 CENTRAL SERVICES & SUPPLIES	74,645		925	132	161		184
016 PHARMACY	1,168,848		1,195		69		235
017 MEDICAL RECORDS & LIBRARY	518,095		2,198				1,063
018 SOCIAL SERVICE	34,081				24		100
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIAL INPATIENT ROUTINE SERVICE CENTER)							
025 ADULTS & PEDIATRICS	1,810,848		14,813	7,946	1,454	4,549	3,476
026 INTENSIVE CARE UNIT	503,302		3,486	892	167	412	707
033 NURSERY	215,407		395		82		299
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM	1,983,710		10,167	1,079	385		1,888
040 DELIVERY ROOM & LABOR	228,702		788	391	97		398
041 ANESTHESIOLOGY	73,904		356				100
043 RADIOLOGY-DIAGNOSTIC	1,274,923		4,173	276	238		1,792
043 RADIOISOTOPE	163,462		442				
043 01 NUCLEAR MEDICINE							
043 02 CAT SCAN	177,370		524		69		
043 03 ULTRASOUND	68,884		352	46			137
043 04 MRI	267,801		258				
044 LABORATORY	1,480,183		2,621		189		1,259
046 WHOLE BLOOD & PACKED BLOOD	111,284						16
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	238,970		186		65		557
050 PHYSICAL THERAPY	514,775		2,272	736	174		893
051 OCCUPATIONAL THERAPY	130,731		102		102		96
052 SPEECH PATHOLOGY	67,062		36		100		93
053 01 CARDIO-PULMONARY	251,026		2,227	153	133		305
053 02 VASCULAR LAB	120,812		212		81		
053 03 CARDIAC REHAB							
053 04 PAIN MANAGEMENT							
055 MEDICAL SUPPLIES CHARGED TO PATIENT	160,588						
056 DRUGS CHARGED TO PATIENT							
056 01 ONCOLOGY	42,183		387		95		57
061 OUTPATIENT SERVICE COST CENTER							
062 EMERGENCY	1,711,537		4,993	3,118	320		1,949
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 50 RHC	1,686,077		8,821		342		1,693
063 60 FOHC							
066 OTHER REIMBURSABLE COST CENTER							
069 DURABLE MEDICAL EQUIPMENT	248,885				85		713
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH PATHOLOGY							
071 HOME HEALTH AGENCY	479,890		126		32		1,097
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE	243,545		459				525
095 SUBTOTALS	18,860,480		69,174	14,782	4,704	4,961	19,869
096 NONREIMBURSABLE COST CENTER							
098 GIFT, FLOWER, COFFEE	3,086		305				6
098 PHYSICIANS' PRIVATE OFFICE	160,585		3,363		147		100
098 01 KEWANEE INT MED							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	7,725,399		2,332,890	152,524	515,652	577,455	374,740
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.406084		32.026715	10.318225	106.298083	116.398912	18.760451
105 COST TO BE ALLOCATED							

COST ALLOCATION - STATISTICAL BASIS

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	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		( ACCUM. COST )	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(GROSS SALARIES )
		6	7	8	9	10	11	12
106	NONREIMBURS COST CENT (WRKSHT B, PART II) UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	294,613		288,358	9,900	25,486	55,734	15,736
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.015486		3.958678	.669733	5.253762	11.234429	.787785

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		13,117					
015 CENTRAL SERVICES & SUPPLY			1,778,298				
016 PHARMACY		235	10,300	100			
017 MEDICAL RECORDS & LIBRARY					52,057,567		
018 SOCIAL SERVICE						485	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)							
025 ADULTS & PEDIATRICS		3,476			4,961,809	262	
026 INTENSIVE CARE UNIT		707			1,417,703	38	
033 NURSERY		299			361,699	10	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CENTER							
039 OPERATING ROOM		1,888	747,002		4,851,564		
040 DELIVERY ROOM & LABOR		398			549,768	10	
041 ANESTHESIOLOGY			31,232		478,584		
043 RADIOLOGY-DIAGNOSTIC		1,792	73,211		2,909,897		
043 01 RADIOISOTOPE			64,905		649,181		
043 02 NUCLEAR MEDICINE							
043 03 CAT SCAN					5,859,513		
043 04 ULTRASOUND		137			1,451,130		
044 MRI					1,431,769		
046 LABORATORY			426,546		10,363,560		
046 30 WHOLE BLOOD & PACKED BLOOD CLOTTING FACTOR			104,697		131,080		
049 RESPIRATORY THERAPY		557			2,935,494		
050 PHYSICAL THERAPY			6,463		1,278,030		
051 OCCUPATIONAL THERAPY			675		260,908		
052 SPEECH PATHOLOGY			130		42,732		
053 01 CARDIO-PULMONARY			21,536		1,610,782		
053 02 VASCULAR LAB					362,542		
053 03 CARDIAC REHAB							
053 04 PAIN MANAGEMENT							
055 MEDICAL SUPPLIES CHARACTERIZED AS DRUGS CHARGED TO PATIENT			160,588		867,516		
056 01 ONCOLOGY		57	5,694		2,922,658		
061 OUTPAT SERVICE COST CENTER					316,496		
062 EMERGENCY		1,949	90,129		4,059,633	71	
063 50 OBSERVATION BEDS (NON RHC)			11,247		1,535,121		
063 60 FOHC							
066 OTHER REIMBURS COST CENTER							
069 10 DURABLE MEDICAL EQUIPMENT			1,804		448,398		
069 20 CMHC							
069 30 OUTPATIENT PHYSICAL THERAPY							
069 40 OUTPATIENT OCCUPATIONAL THERAPY							
071 OUTPATIENT SPEECH PATHOLOGY							
085 HOME HEALTH AGENCY		1,097	18,208				
085 01 SPEC PURPOSE COST CENTER							
093 01 PANCREAS ACQUISITION							
093 02 HOSPICE		525	3,851			94	
095 SUBTOTALS		13,117	1,778,218	100	52,057,567	485	
096 NONREIMBURS COST CENTER							
098 GIFT, FLOWER, COFFEE							
098 01 PHYSICIANS' PRIVATE OFFICE			80				
101 KEWANEE INT MED							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		239,747	156,510	1,698,716	818,822	52,348	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		18.277579		16,987.160000		107.934021	
105 COST TO BE ALLOCATED			.088011		.015729		

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(NURSING FTE'S)	(COSTED) REQUIS.	(COSTED) REQUIS.	(GROSS) REVENUE	(TIME) SPENT	(ASSIGNED) TIME
NONREIMBURS COST CENT (WRKSHT B, PART I)	13	14	15	16	17	18	20
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		19,021	22,300	37,760	50,209	761	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		1.450103	.012540	377.600000	.000964	1.569072	

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENE				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVI				
011 HOUSEKEEPING				
012 DIETARY				
013 CAFETERIA				
014 MAINTENANCE OF PERSON				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SU				
017 PHARMACY				
018 MEDICAL RECORDS & LIB				
019 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM-(SPEC				
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS				
033 INTENSIVE CARE UNIT				
034 NURSERY				
037 SKILLED NURSING FACIL				
039 ANCILLARY SRVC COST C				
040 OPERATING ROOM				
041 DELIVERY ROOM & LABOR				
043 ANESTHESIOLOGY				
043 01 RADIOLOGY-DIAGNOSTIC				
043 02 RADIOISOTOPE				
043 03 NUCLEAR MEDICINE				
043 04 CAT SCAN				
044 05 ULTRASOUND				
046 06 MRI				
046 LABORATORY				
046 30 WHOLE BLOOD & PACKED				
049 01 BLOOD CLOTTING FACTOR				
050 RESPIRATORY THERAPY				
051 PHYSICAL THERAPY				
052 OCCUPATIONAL THERAPY				
053 01 SPEECH PATHOLOGY				
053 02 CARDIO-PULMONARY				
053 03 VASCULAR LAB				
053 04 CARDIAC REHAB				
055 05 PAIN MANAGEMENT				
056 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
056 01 ONCOLOGY				
061 OUTPAT SERVICE COST C				
062 EMERGENCY				
063 OBSERVATION BEDS (NON				
063 50 RHC				
063 60 FOHC				
066 OTHER REIMBURS COST C				
069 DURABLE MEDICAL EQUIP				
069 10 CMHC				
069 20 OUTPATIENT PHYSICAL T				
069 30 OUTPATIENT OCCUPATION				
069 40 OUTPATIENT SPEECH PAT				
071 HOME HEALTH AGENCY				
085 01 SPEC PURPOSE COST CEN				
085 02 PANCREAS ACQUISITION				
093 03 INTESTINAL ACQUISITIO				
095 HOSPICE				
096 SUBTOTALS				
098 NONREIMBURS COST CENT				
098 GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE O				
098 01 KEWANEE INT MED				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED				
104 (PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER				
105 (WRKSHT B, PT 1)				
105 COST TO BE ALLOCATED				

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I I))	21	22	23	24
106				
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I I I))				
108				

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	4,021,730		4,021,730		4,021,730
26	INTENSIVE CARE UNIT	946,828		946,828		946,828
33	NURSERY	342,089		342,089		342,089
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,378,915		3,378,915		3,378,915
39	DELIVERY ROOM & LABOR ROOM	385,623		385,623		385,623
40	ANESTHESIOLOGY	127,470		127,470		127,470
41	RADIOLOGY-DIAGNOSTIC	2,073,028		2,073,028		2,073,028
43	RADIOISOTOPE	259,920		259,920		259,920
43	01 NUCLEAR MEDICINE					
43	02 CAT SCAN	365,678		365,678		365,678
43	03 ULTRASOUND	136,504		136,504		136,504
43	04 MRI	407,334		407,334		407,334
44	LABORATORY	2,409,473		2,409,473		2,409,473
46	WHOLE BLOOD & PACKED RED	168,051		168,051		168,051
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	415,681		415,681		415,681
50	PHYSICAL THERAPY	860,096		860,096		860,096
51	OCCUPATIONAL THERAPY	203,892		203,892		203,892
52	SPEECH PATHOLOGY	108,506		108,506		108,506
53	01 CARDIO-PULMONARY	472,957		472,957		472,957
53	02 VASCULAR LAB	190,974		190,974		190,974
53	03 CARDIAC REHAB					
53	04 PAIN MANAGEMENT					
55	MEDICAL SUPPLIES CHARGED	253,579		253,579		253,579
56	DRUGS CHARGED TO PATIENTS	1,744,686		1,744,686		1,744,686
56	01 ONCOLOGY	89,395		89,395		89,395
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,784,297		2,784,297		2,784,297
62	OBSERVATION BEDS (NON-DIS)	426,261		426,261		426,261
63	50 RHC	2,746,525		2,746,525		2,746,525
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	379,576		379,576		379,576
101	SUBTOTAL	25,699,068		25,699,068		25,699,068
102	LESS OBSERVATION BEDS	426,261		426,261		426,261
103	TOTAL	25,272,807		25,272,807		25,272,807

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,347,194		4,347,194			
26	INTENSIVE CARE UNIT	1,417,703		1,417,703			
33	NURSERY	361,699		361,699			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,468,341	3,383,223	4,851,564	.696459	.696459	.696459
39	DELIVERY ROOM & LABOR ROO	210,751	339,017	549,768	.701429	.701429	.701429
40	ANESTHESIOLOGY	209,111	269,473	478,584	.266348	.266348	.266348
41	RADIOLOGY-DIAGNOSTIC	206,004	2,703,893	2,909,897	.712406	.712406	.712406
43	RADIOISOTOPE	91,170	558,011	649,181	.400381	.400381	.400381
43 01	NUCLEAR MEDICINE						
43 02	CAT SCAN	560,145	5,299,368	5,859,513	.062408	.062408	.062408
43 03	ULTRASOUND	64,173	1,386,957	1,451,130	.094067	.094067	.094067
43 04	MRI	72,321	1,359,448	1,431,769	.284497	.284497	.284497
44	LABORATORY	1,503,369	8,860,191	10,363,560	.232495	.232495	.232495
46	WHOLE BLOOD & PACKED RED	94,265	36,815	131,080	1.282049	1.282049	1.282049
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,271,024	664,470	2,935,494	.141605	.141605	.141605
50	PHYSICAL THERAPY	439,326	838,704	1,278,030	.672986	.672986	.672986
51	OCCUPATIONAL THERAPY	181,976	78,932	260,908	.781471	.781471	.781471
52	SPEECH PATHOLOGY	21,037	21,695	42,732	2.539221	2.539221	2.539221
53 01	CARDIO-PULMONARY	380,524	1,230,258	1,610,782	.293619	.293619	.293619
53 02	VASCULAR LAB	50,386	312,156	362,542	.526764	.526764	.526764
53 03	CARDIAC REHAB						
53 04	PAIN MANAGEMENT						
55	MEDICAL SUPPLIES CHARGED	732,734	134,782	867,516	.292305	.292305	.292305
56	DRUGS CHARGED TO PATIENTS	1,255,938	1,666,720	2,922,658	.596952	.596952	.596952
56 01	ONCOLOGY	501	315,995	316,496	.282452	.282452	.282452
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	74,080	3,985,553	4,059,633	.685849	.685849	.685849
62	OBSERVATION BEDS (NON-DIS	68,391	546,224	614,615	.693541	.693541	.693541
63 50	RHC		1,535,121	1,535,121	1.789126	1.789126	1.789126
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		448,398	448,398	.846516	.846516	.846516
101	SUBTOTAL	16,082,163	35,975,404	52,057,567			
102	LESS OBSERVATION BEDS						
103	TOTAL	16,082,163	35,975,404	52,057,567			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,021,730		4,021,730		4,021,730
26	INTENSIVE CARE UNIT	946,828		946,828		946,828
33	NURSERY	342,089		342,089		342,089
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,378,915		3,378,915		3,378,915
39	DELIVERY ROOM & LABOR ROOM	385,623		385,623		385,623
40	ANESTHESIOLOGY	127,470		127,470		127,470
41	RADIOLOGY-DIAGNOSTIC	2,073,028		2,073,028		2,073,028
43	RADIOISOTOPE	259,920		259,920		259,920
43	01 NUCLEAR MEDICINE					
43	02 CAT SCAN	365,678		365,678		365,678
43	03 ULTRASOUND	136,504		136,504		136,504
43	04 MRI	407,334		407,334		407,334
44	LABORATORY	2,409,473		2,409,473		2,409,473
46	WHOLE BLOOD & PACKED RED	168,051		168,051		168,051
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	415,681		415,681		415,681
50	PHYSICAL THERAPY	860,096		860,096		860,096
51	OCCUPATIONAL THERAPY	203,892		203,892		203,892
52	SPEECH PATHOLOGY	108,506		108,506		108,506
53	01 CARDIO-PULMONARY	472,957		472,957		472,957
53	02 VASCULAR LAB	190,974		190,974		190,974
53	03 CARDIAC REHAB					
53	04 PAIN MANAGEMENT					
55	MEDICAL SUPPLIES CHARGED	253,579		253,579		253,579
56	DRUGS CHARGED TO PATIENTS	1,744,686		1,744,686		1,744,686
56	01 ONCOLOGY	89,395		89,395		89,395
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,784,297		2,784,297		2,784,297
62	OBSERVATION BEDS (NON-DIS)	426,261		426,261		426,261
63	50 RHC	2,746,525		2,746,525		2,746,525
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	379,576		379,576		379,576
101	SUBTOTAL	25,699,068		25,699,068		25,699,068
102	LESS OBSERVATION BEDS	426,261		426,261		426,261
103	TOTAL	25,272,807		25,272,807		25,272,807

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,347,194		4,347,194			
26	INTENSIVE CARE UNIT	1,417,703		1,417,703			
33	NURSERY	361,699		361,699			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,468,341	3,383,223	4,851,564	.696459	.696459	.696459
39	DELIVERY ROOM & LABOR ROOM	210,751	339,017	549,768	.701429	.701429	.701429
40	ANESTHESIOLOGY	209,111	269,473	478,584	.266348	.266348	.266348
41	RADIOLOGY-DIAGNOSTIC	206,004	2,703,893	2,909,897	.712406	.712406	.712406
43	RADIOISOTOPE	91,170	558,011	649,181	.400381	.400381	.400381
43 01	NUCLEAR MEDICINE						
43 02	CAT SCAN	560,145	5,299,368	5,859,513	.062408	.062408	.062408
43 03	ULTRASOUND	64,173	1,386,957	1,451,130	.094067	.094067	.094067
43 04	MRI	72,321	1,359,448	1,431,769	.284497	.284497	.284497
44	LABORATORY	1,503,369	8,860,191	10,363,560	.232495	.232495	.232495
46	WHOLE BLOOD & PACKED RED	94,265	36,815	131,080	1.282049	1.282049	1.282049
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,271,024	664,470	2,935,494	.141605	.141605	.141605
50	PHYSICAL THERAPY	439,326	838,704	1,278,030	.672986	.672986	.672986
51	OCCUPATIONAL THERAPY	181,976	78,932	260,908	.781471	.781471	.781471
52	SPEECH PATHOLOGY	21,037	21,695	42,732	2.539221	2.539221	2.539221
53 01	CARDIO-PULMONARY	380,524	1,230,258	1,610,782	.293619	.293619	.293619
53 02	VASCULAR LAB	50,386	312,156	362,542	.526764	.526764	.526764
53 03	CARDIAC REHAB						
53 04	PAIN MANAGEMENT						
55	MEDICAL SUPPLIES CHARGED	732,734	134,782	867,516	.292305	.292305	.292305
56	DRUGS CHARGED TO PATIENTS	1,255,938	1,666,720	2,922,658	.596952	.596952	.596952
56 01	ONCOLOGY	501	315,995	316,496	.282452	.282452	.282452
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	74,080	3,985,553	4,059,633	.685849	.685849	.685849
62	OBSERVATION BEDS (NON-DIS	68,391	546,224	614,615	.693541	.693541	.693541
63 50	RHC		1,535,121	1,535,121	1.789126	1.789126	1.789126
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		448,398	448,398	.846516	.846516	.846516
101	SUBTOTAL	16,082,163	35,975,404	52,057,567			
102	LESS OBSERVATION BEDS						
103	TOTAL	16,082,163	35,975,404	52,057,567			

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	3,378,915	365,900	3,013,015			3,378,915
39	DELIVERY ROOM & LABOR ROO	385,623	22,755	362,868			385,623
40	ANESTHESIOLOGY	127,470	21,486	105,984			127,470
41	RADIOLOGY-DIAGNOSTIC	2,073,028	373,290	1,699,738			2,073,028
43	RADIOISOTOPE	259,920	10,193	249,727			259,920
43	01 NUCLEAR MEDICINE						
	02 CAT SCAN	365,678	68,493	297,185			365,678
43	03 ULTRASOUND	136,504	7,811	128,693			136,504
43	04 MRI	407,334	9,158	398,176			407,334
44	LABORATORY	2,409,473	119,202	2,290,271			2,409,473
46	WHOLE BLOOD & PACKED RED	168,051	3,180	164,871			168,051
46	30 BLOOD CLOTTING FACTORS AD						
	RESPIRATORY THERAPY	415,681	10,885	404,796			415,681
50	PHYSICAL THERAPY	860,096	52,044	808,052			860,096
51	OCCUPATIONAL THERAPY	203,892	6,510	197,382			203,892
52	SPEECH PATHOLOGY	108,506	3,086	105,420			108,506
53	01 CARDIO-PULMONARY	472,957	80,221	392,736			472,957
53	02 VASCULAR LAB	190,974	60,739	130,235			190,974
53	03 CARDIAC REHAB						
53	04 PAIN MANAGEMENT						
55	MEDICAL SUPPLIES CHARGED	253,579	5,337	248,242			253,579
56	DRUGS CHARGED TO PATIENTS	1,744,686	40,577	1,704,109			1,744,686
56	01 ONCOLOGY	89,395	10,073	79,322			89,395
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,784,297	143,535	2,640,762			2,784,297
62	OBSERVATION BEDS (NON-DIS	426,261		426,261			426,261
63	50 RHC	2,746,525	184,276	2,562,249			2,746,525
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	379,576	12,029	367,547			379,576
101	SUBTOTAL	20,388,421	1,610,780	18,777,641			20,388,421
102	LESS OBSERVATION BEDS	426,261		426,261			426,261
103	TOTAL	19,962,160	1,610,780	18,351,380			19,962,160

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	4,851,564	.696459	.696459
39	DELIVERY ROOM & LABOR ROO	549,768	.701429	.701429
40	ANESTHESIOLOGY	478,584	.266348	.266348
41	RADIOLOGY-DIAGNOSTIC	2,909,897	.712406	.712406
43	RADIOISOTOPE	649,181	.400381	.400381
43	01 NUCLEAR MEDICINE			
43	02 CAT SCAN	5,859,513	.062408	.062408
43	03 ULTRASOUND	1,451,130	.094067	.094067
43	04 MRI	1,431,769	.284497	.284497
44	LABORATORY	10,363,560	.232495	.232495
46	WHOLE BLOOD & PACKED RED	131,080	1.282049	1.282049
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	2,935,494	.141605	.141605
50	PHYSICAL THERAPY	1,278,030	.672986	.672986
51	OCCUPATIONAL THERAPY	260,908	.781471	.781471
52	SPEECH PATHOLOGY	42,732	2.539221	2.539221
53	01 CARDIO-PULMONARY	1,610,782	.293619	.293619
53	02 VASCULAR LAB	362,542	.526764	.526764
53	03 CARDIAC REHAB			
53	04 PAIN MANAGEMENT			
55	MEDICAL SUPPLIES CHARGED	867,516	.292305	.292305
56	DRUGS CHARGED TO PATIENTS	2,922,658	.596952	.596952
56	01 ONCOLOGY	316,496	.282452	.282452
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,059,633	.685849	.685849
62	OBSERVATION BEDS (NON-DIS	614,615	.693541	.693541
63	50 RHC	1,535,121	1.789126	1.789126
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	448,398	.846516	.846516
101	SUBTOTAL	45,930,971		
102	LESS OBSERVATION BEDS	614,615		
103	TOTAL	45,316,356		

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	3,378,915	365,900	3,013,015			3,378,915
39	DELIVERY ROOM & LABOR ROO	385,623	22,755	362,868			385,623
40	ANESTHESIOLOGY	127,470	21,486	105,984			127,470
41	RADIOLOGY-DIAGNOSTIC	2,073,028	373,290	1,699,738			2,073,028
43	RADIOISOTOPE	259,920	10,193	249,727			259,920
43	01 NUCLEAR MEDICINE						
	02 CAT SCAN	365,678	68,493	297,185			365,678
43	03 ULTRASOUND	136,504	7,811	128,693			136,504
43	04 MRI	407,334	9,158	398,176			407,334
44	LABORATORY	2,409,473	119,202	2,290,271			2,409,473
46	WHOLE BLOOD & PACKED RED	168,051	3,180	164,871			168,051
46	30 BLOOD CLOTTING FACTORS AD						
	RESPIRATORY THERAPY	415,681	10,885	404,796			415,681
50	PHYSICAL THERAPY	860,096	52,044	808,052			860,096
51	OCCUPATIONAL THERAPY	203,892	6,510	197,382			203,892
52	SPEECH PATHOLOGY	108,506	3,086	105,420			108,506
53	01 CARDIO-PULMONARY	472,957	80,221	392,736			472,957
53	02 VASCULAR LAB	190,974	60,739	130,235			190,974
53	03 CARDIAC REHAB						
53	04 PAIN MANAGEMENT						
55	MEDICAL SUPPLIES CHARGED	253,579	5,337	248,242			253,579
56	DRUGS CHARGED TO PATIENTS	1,744,686	40,577	1,704,109			1,744,686
56	01 ONCOLOGY	89,395	10,073	79,322			89,395
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,784,297	143,535	2,640,762			2,784,297
62	OBSERVATION BEDS (NON-DIS	426,261		426,261			426,261
63	50 RHC	2,746,525	184,276	2,562,249			2,746,525
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	379,576	12,029	367,547			379,576
101	SUBTOTAL	20,388,421	1,610,780	18,777,641			20,388,421
102	LESS OBSERVATION BEDS	426,261		426,261			426,261
103	TOTAL	19,962,160	1,610,780	18,351,380			19,962,160

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	4,851,564	.696459	.696459
39	DELIVERY ROOM & LABOR ROO	549,768	.701429	.701429
40	ANESTHESIOLOGY	478,584	.266348	.266348
41	RADIOLOGY-DIAGNOSTIC	2,909,897	.712406	.712406
43	RADIOISOTOPE	649,181	.400381	.400381
43	01 NUCLEAR MEDICINE			
43	02 CAT SCAN	5,859,513	.062408	.062408
43	03 ULTRASOUND	1,451,130	.094067	.094067
43	04 MRI	1,431,769	.284497	.284497
44	LABORATORY	10,363,560	.232495	.232495
46	WHOLE BLOOD & PACKED RED	131,080	1.282049	1.282049
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	2,935,494	.141605	.141605
50	PHYSICAL THERAPY	1,278,030	.672986	.672986
51	OCCUPATIONAL THERAPY	260,908	.781471	.781471
52	SPEECH PATHOLOGY	42,732	2.539221	2.539221
53	01 CARDIO-PULMONARY	1,610,782	.293619	.293619
53	02 VASCULAR LAB	362,542	.526764	.526764
53	03 CARDIAC REHAB			
53	04 PAIN MANAGEMENT			
55	MEDICAL SUPPLIES CHARGED	867,516	.292305	.292305
56	DRUGS CHARGED TO PATIENTS	2,922,658	.596952	.596952
56	01 ONCOLOGY	316,496	.282452	.282452
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,059,633	.685849	.685849
62	OBSERVATION BEDS (NON-DIS	614,615	.693541	.693541
63	50 RHC	1,535,121	1.789126	1.789126
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	448,398	.846516	.846516
101	SUBTOTAL	45,930,971		
102	LESS OBSERVATION BEDS	614,615		
103	TOTAL	45,316,356		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP. ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,378,915	4,851,564			
39	DELIVERY ROOM & LABOR ROO	385,623	549,768			
40	ANESTHESIOLOGY	127,470	478,584			
41	RADIOLOGY-DIAGNOSTIC	2,073,028	2,909,897			
43	RADIOISOTOPE	259,920	649,181			
43	01 NUCLEAR MEDICINE					
43	02 CAT SCAN	365,678	5,859,513			
43	03 ULTRASOUND	136,504	1,451,130			
43	04 MRI	407,334	1,431,769			
44	LABORATORY	2,409,473	10,363,560			
46	WHOLE BLOOD & PACKED RED	168,051	131,080			
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	415,681	2,935,494			
50	PHYSICAL THERAPY	860,096	1,278,030			
51	OCCUPATIONAL THERAPY	203,892	260,908			
52	SPEECH PATHOLOGY	108,506	42,732			
53	01 CARDIO-PULMONARY	472,957	1,610,782			
53	02 VASCULAR LAB	190,974	362,542			
53	03 CARDIAC REHAB					
53	04 PAIN MANAGEMENT					
55	MEDICAL SUPPLIES CHARGED	253,579	867,516			
56	DRUGS CHARGED TO PATIENTS	1,744,686	2,922,658			
56	01 ONCOLOGY	89,395	316,496			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,784,297	4,059,633			
62	OBSERVATION BEDS (NON-DIS	426,261	614,615			
63	50 RHC	2,746,525	1,535,121			
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	379,576	448,398			
101	TOTAL	20,388,421	45,930,971			

COMPUTATION OF OUTPATIENT COST PER VISIT -  
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1325  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 2/27/2009  
WORKSHEET C  
PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	3,378,915		3,378,915	4,851,564			
39	DELIVERY ROOM & LABOR ROO	385,623		385,623	549,768			
40	ANESTHESIOLOGY	127,470		127,470	478,584			
41	RADIOLOGY-DIAGNOSTIC	2,073,028		2,073,028	2,909,897			
43	RADIOISOTOPE	259,920		259,920	649,181			
43	01 NUCLEAR MEDICINE							
43	02 CAT SCAN	365,678		365,678	5,859,513			
43	03 ULTRASOUND	136,504		136,504	1,451,130			
43	04 MRI	407,334		407,334	1,431,769			
44	LABORATORY	2,409,473	30,000	2,439,473	10,363,560			
46	WHOLE BLOOD & PACKED RED	168,051		168,051	131,080			
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY	415,681		415,681	2,935,494			
50	PHYSICAL THERAPY	860,096		860,096	1,278,030			
51	OCCUPATIONAL THERAPY	203,892		203,892	260,908			
52	SPEECH PATHOLOGY	108,506		108,506	42,732			
53	01 CARDIO-PULMONARY	472,957		472,957	1,610,782			
53	02 VASCULAR LAB	190,974		190,974	362,542			
53	03 CARDIAC REHAB							
53	04 PAIN MANAGEMENT							
55	MEDICAL SUPPLIES CHARGED	253,579		253,579	867,516			
56	DRUGS CHARGED TO PATIENTS	1,744,686		1,744,686	2,922,658			
56	01 ONCOLOGY	89,395		89,395	316,496			
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	2,784,297	968,725	3,753,022	4,059,633			
62	OBSERVATION BEDS (NON-DIS	426,261		426,261	614,615			
63	50 RHC							
63	60 FOHC							
66	OTHER REIMBURS COST CNTRS							
	DURABLE MEDICAL EQUIP-REN	379,576		379,576	448,398			
101	TOTAL	17,641,896	998,725	18,640,621	44,395,850			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							



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		1,632,099			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		115,029			
41 RADIOLOGY-DIAGNOSTIC		976,701			
43 RADIOISOTOPE		240,914			
43 01 NUCLEAR MEDICINE					
43 02 CAT SCAN		1,814,790			
43 03 ULTRASOUND		246,737			
43 04 MRI		391,233			
44 LABORATORY		3,684,589			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		33,496			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY		269,690			
50 PHYSICAL THERAPY		336,526			
51 OCCUPATIONAL THERAPY		35,149			
52 SPEECH PATHOLOGY		4,441			
53 01 CARDIO-PULMONARY		646,059			
53 02 VASCULAR LAB		185,666			
53 03 CARDIAC REHAB					
53 04 PAIN MANAGEMENT					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		26,376			
56 DRUGS CHARGED TO PATIENTS		1,179,693			
56 01 ONCOLOGY		217,818			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		1,087,799			
62 OBSERVATION BEDS (NON-DISTINCT PART)		230,657			
63 50 RHC					
63 60 FOHC					
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL		13,355,462			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		13,355,462			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/27/2009  
 | 14-1325 | FROM 10/ 1/2007 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2008 | PART V  
 | 14-1325 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	HOSPITAL	
	All Other	Hospital I/P Part B Charges
	9	10
(A) ANCILLARY SRVC COST CNTRS		
37 OPERATING ROOM	1,136,690	
39 DELIVERY ROOM & LABOR ROOM		
40 ANESTHESIOLOGY	30,638	
41 RADIOLOGY-DIAGNOSTIC	695,808	
43 RADIOISOTOPE	96,457	
43 01 NUCLEAR MEDICINE		
43 02 CAT SCAN	113,257	
43 03 ULTRASOUND	23,210	
43 04 MRI	111,305	
44 LABORATORY	856,649	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	42,944	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS		
49 RESPIRATORY THERAPY	38,189	
50 PHYSICAL THERAPY	226,477	
51 OCCUPATIONAL THERAPY	27,468	
52 SPEECH PATHOLOGY	11,277	
53 01 CARDIO-PULMONARY	189,695	
53 02 VASCULAR LAB	97,802	
53 03 CARDIAC REHAB		
53 04 PAIN MANAGEMENT		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,710	
56 DRUGS CHARGED TO PATIENTS	704,220	
56 01 ONCOLOGY	61,523	
61 OUTPAT SERVICE COST CNTRS		
61 EMERGENCY	746,066	
62 OBSERVATION BEDS (NON-DISTINCT PART)	159,970	
63 50 RHC		
63 60 FOHC		
66 OTHER REIMBURS COST CNTRS		
101 DURABLE MEDICAL EQUIP-RENTED	5,377,355	
102 SUBTOTAL		
102 CRNA CHARGES		
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES		
104 NET CHARGES	5,377,355	

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



COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET D-1
14-1325		PART I

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,104
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,313
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,313
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	197
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)	529
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)	65
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,578
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	182
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)	544
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	103.50
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	106.00
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,021,730
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	6,890
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	585,331
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,436,399

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,816,073
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,816,073
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.900507
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	884.78
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	3,436,399

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET D-1  
 PART II

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 796.75  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,054,022  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,054,022

	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	946,828	412	2,298.13	327	751,489
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 2,293,240
49 TOTAL PROGRAM INPATIENT COSTS					5,098,751

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS) 145,009  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS) 433,432  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 578,441  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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14-1325		PART III

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	535
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	796.75
85	OBSERVATION BED COST	426,261

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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14-1325		PART I

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,104
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,313
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,313
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	197
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)	529
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)	65
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	475
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)	323
16	NURSERY DAYS (TITLE V OR XIX ONLY)	242

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	103.50
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	106.00
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,021,730
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	6,890
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	585,331
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,436,399

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,816,073
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,816,073
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.900507
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	884.78
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	3,436,399

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET D-1
14-1325		PART II

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	796.75
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	378,456
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	378,456

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	342,089	323	1,059.10	242	256,302
43	INTENSIVE CARE UNIT	946,828	412	2,298.13	34	78,136
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	
49	TOTAL PROGRAM INPATIENT COSTS	712,894

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET D-1
14-1325		PART III

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	535
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	796.75
85	OBSERVATION BED COST	426,261

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,555,845	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,151,185	
37	OPERATING ROOM	.696459	712,558	496,267
39	DELIVERY ROOM & LABOR ROOM	.701429		
40	ANESTHESIOLOGY	.266348	69,425	18,491
41	RADIOLOGY-DIAGNOSTIC	.712406	158,455	112,884
43	RADIOISOTOPE	.400381	63,739	25,520
43	01 NUCLEAR MEDICINE			
43	02 CAT SCAN	.062408	385,603	24,065
43	03 ULTRASOUND	.094067	30,336	2,854
43	04 MRI	.284497	45,864	13,048
44	LABORATORY	.232495	1,064,712	247,540
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.282049	72,415	92,840
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.141605	1,711,476	242,354
50	PHYSICAL THERAPY	.672986	238,270	160,352
51	OCCUPATIONAL THERAPY	.781471	79,986	62,507
52	SPEECH PATHOLOGY	2.539221	13,161	33,419
53	01 CARDIO-PULMONARY	.293619	296,196	86,969
53	02 VASCULAR LAB	.526764	42,010	22,129
53	03 CARDIAC REHAB			
53	04 PAIN MANAGEMENT			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.292305	420,365	122,875
56	DRUGS CHARGED TO PATIENTS	.596952	872,127	520,618
56	01 ONCOLOGY	.282452		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.685849	1,366	937
62	OBSERVATION BEDS (NON-DISTINCT PART)	.693541	10,916	7,571
63	50 RHC			
63	60 FOHC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	.846516		
101	TOTAL		6,288,980	2,293,240
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,288,980	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-Z325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET D-4

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.696459	20,225	14,086
39	DELIVERY ROOM & LABOR ROOM	.701429		
40	ANESTHESIOLOGY	.266348		
41	RADIOLOGY-DIAGNOSTIC	.712406	9,112	6,491
43	RADIOISOTOPE	.400381	936	375
43 01	NUCLEAR MEDICINE			
43 02	CAT SCAN	.062408		
43 03	ULTRASOUND	.094067	4,221	397
43 04	MRI	.284497		
44	LABORATORY	.232495	79,037	18,376
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.282049	5,955	7,635
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.141605	213,565	30,242
50	PHYSICAL THERAPY	.672986	139,634	93,972
51	OCCUPATIONAL THERAPY	.781471	73,976	57,810
52	SPEECH PATHOLOGY	2.539221	5,043	12,805
53 01	CARDIO-PULMONARY	.293619	7,516	2,207
53 02	VASCULAR LAB	.526764	2,266	1,194
53 03	CARDIAC REHAB			
53 04	PAIN MANAGEMENT			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.292305	38,007	11,110
56	DRUGS CHARGED TO PATIENTS	.596952	126,456	75,488
56 01	ONCOLOGY	.282452		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.685849	467	320
62	OBSERVATION BEDS (NON-DISTINCT PART)	.693541		
63 50	RHC			
63 60	FOHC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	.846516		
101	TOTAL		726,416	332,508
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		726,416	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E
14-1325		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,380,156
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)	5,380,156

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)	5,433,958
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	28,000
18.01	CAH ACTUAL BILLED COINSURANCE	1,956,607
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,449,351
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	3,449,351
24	PRIMARY PAYER PAYMENTS	1,199
25	SUBTOTAL	3,448,152

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	336,239
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	336,239
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	336,239
28	SUBTOTAL	3,784,391
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	3,784,391
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,800,378
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-15,987
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	139,237

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,683,076		3,398,332
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.		63,854		334,969
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	9/25/2008	28,392	9/25/2008	71,515
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	9/25/2008	184,333	9/25/2008	4,438
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-155,941		67,077
4 TOTAL INTERIM PAYMENTS		4,590,989		3,800,378
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-Z325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET E-1

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		751,594		
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	9/25/2008	80,332		
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		80,332		NONE
4 TOTAL INTERIM PAYMENTS		831,926		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
COMPONENT NO:	TO	WORKSHEET E-2
14-2325	9/30/2008	

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)	584,225	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	335,833	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	726	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	920,058	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	920,058	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	920,058	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	6,884	
14	80% OF PART B COSTS		
15	SUBTOTAL	913,174	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	913,174	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	831,926	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	81,248	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	23,409	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E-3
14-1325		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	5,098,751
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	5,098,751
5	PRIMARY PAYER PAYMENTS	1,716
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	5,148,005

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS 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	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	5,148,005
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	513,824
21	EXCESS REASONABLE COST	
22	SUBTOTAL	4,634,181
23	COI NSURANCE	5,888
24	SUBTOTAL	4,628,293
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	96,210
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	96,210
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	96,210
26	SUBTOTAL	4,724,503
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	4,724,503
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	4,590,989
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	133,514
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	131,389

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,801,924			
2	TEMPORARY INVESTMENTS	955,687			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,820,369			
5	OTHER RECEIVABLES	1,349,879			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	352,782			
8	PREPAID EXPENSES	265,909			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	12,546,550			
FIXED ASSETS					
12	LAND	588,318			
12.01	LAND IMPROVEMENTS	1,642,220			
13	LESS ACCUMULATED DEPRECIATION	-828,876			
14	BUILDINGS	29,030,692			
14.01	LESS ACCUMULATED DEPRECIATION	-9,355,019			
15	LEASEHOLD IMPROVEMENTS	114,652			
15.01	LESS ACCUMULATED DEPRECIATION	-112,567			
16	FIXED EQUIPMENT	14,002,144			
16.01	LESS ACCUMULATED DEPRECIATION	-4,820,149			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	18,829,066			
18.01	LESS ACCUMULATED DEPRECIATION	-13,194,021			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	35,896,460			
OTHER ASSETS					
22	INVESTMENTS	13,897,809			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,563,918			
26	TOTAL OTHER ASSETS	15,461,727			
27	TOTAL ASSETS	63,904,737			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,190,218			
29 SALARIES, WAGES & FEES PAYABLE	1,265,838			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	955,692			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	973,218			
36 TOTAL CURRENT LIABILITIES	4,384,966			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	30,730,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	115,995			
42 TOTAL LONG-TERM LIABILITIES	30,845,995			
43 TOTAL LIABILITIES	35,230,961			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	28,673,776			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	28,673,776			
52 TOTAL LIABILITIES AND FUND BALANCES	63,904,737			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		22,274,207		
2	NET INCOME (LOSS)		-147,143		
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		22,127,064		
4					
5	ASSET TRANSFER FOUNDATION CONTRIBUTIONS, UNREALIZED	6,884,818			
6		73,303			
7					
8	NET ASSETS TRANSFERRED	41,104			
9					
10	TOTAL ADDITIONS		6,999,225		
11	SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		29,126,289		
12					
13					
14	UNREALIZED INVESTMENTS LO	452,513			
15					
16					
17					
18	TOTAL DEDUCTIONS		452,513		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		28,673,776		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	4,176,767		4,176,767
4 00 SWING BED - SNF	415,573		415,573
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,592,340		4,592,340
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,433,414		1,433,414
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,433,414		1,433,414
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	6,025,754		6,025,754
17 00 ANCILLARY SERVICES	10,550,778	33,958,703	44,509,481
18 00 OUTPATIENT SERVICES			
18 50 RHC		1,535,121	1,535,121
18 60 FOHC			
19 00 HOME HEALTH AGENCY		978,514	978,514
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
23 00 HOSPICE			
24 00 HOSPICE		362,939	362,939
25 00 TOTAL PATIENT REVENUES	16,576,532	36,835,277	53,411,809

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		33,231,576	
ADD (SPECIFY)			
27 00			
28 00 LOSS ON DISPOSAL OF ASSETS	819		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		819	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		33,232,395	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 2/27/2009
14-1325	FROM 10/ 1/2007	WORKSHEET G-3
	TO 9/30/2008	

DESCRIPTION

1	TOTAL PATIENT REVENUES	53,411,809
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	22,261,645
3	NET PATIENT REVENUES	31,150,164
4	LESS: TOTAL OPERATING EXPENSES	33,232,395
5	NET INCOME FROM SERVICE TO PATIENTS	-2,082,231
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,271,879
7	INCOME FROM INVESTMENTS	427,232
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	99,214
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	5,601
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	38,053
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	55,987
23	GOVERNMENTAL APPROPRIATIONS	
24		
24.01	MEDICAL STAFF REVENUE	7,475
24.03	PHYSICAL THERAPY OTHER REVENUE	7,644
24.04	OTHER OPERATING REVENUE	22,003
25	TOTAL OTHER INCOME	1,935,088
26	TOTAL OTHER EXPENSES	-147,143
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-147,143

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	45,603			25,798	15,789	87,190
HHA REIMBURSABLE SERVICES						
6	311,879		5,127			317,006
7	15,974			4,914		20,888
8	2,295			706		3,001
9	253			78		331
10	209					209
11	22,579		828			23,407
12					18,208	18,208
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	398,792		5,955	31,496	33,997	470,240

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-2,947	84,243		84,243
HHA REIMBURSABLE SERVICES				
6		317,006		317,006
7		20,888		20,888
8		3,001		3,001
9		331		331
10		209		209
11		23,407		23,407
12		18,208		18,208
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-2,947	467,293		467,293

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		84,243				84,243	84,243
HHA REIMBURSABLE SERVICES							
6	317,006					317,006	69,718
7	20,888					20,888	4,594
8	3,001					3,001	660
9	331					331	73
10	209					209	46
11	23,407					23,407	5,148
12	18,208					18,208	4,004
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	467,293					467,293	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	386,724						
7	25,482						
8	3,661						
9	404						
10	255						
11	28,555						
12	22,212						
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	467,293						
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N ( 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-84,243	383,050
6	SKILLED NURSING CARE					317,006	
7	PHYSICAL THERAPY					20,888	
8	OCCUPATIONAL THERAPY					3,001	
9	SPEECH PATHOLOGY					331	
10	MEDICAL SOCIAL SERVICES					209	
11	HOME HEALTH AIDE					23,407	
12	SUPPLIES					18,208	
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-84,243	383,050
25	COST TO BE ALLOCATED					84,243	
26	UNIT COST MULTIPLIER					.219927	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL				1,275	2,814	8,508
2 SKILLED NURSING CARE	386,724					
3 PHYSICAL THERAPY	25,482					
4 OCCUPATIONAL THERAPY	3,661					
5 SPEECH PATHOLOGY	404					
6 MEDICAL SOCIAL SERVICES	255					
7 HOME HEALTH AIDE	28,555					
8 SUPPLIES	22,212					
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)	467,293			1,275	2,814	8,508
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
1 ADMIN & GENERAL	12,597	5,115		4,035		3,402
2 SKILLED NURSING CARE	386,724	157,042				
3 PHYSICAL THERAPY	25,482	10,348				
4 OCCUPATIONAL THERAPY	3,661	1,487				
5 SPEECH PATHOLOGY	404	164				
6 MEDICAL SOCIAL SERVICES	255	104				
7 HOME HEALTH AIDE	28,555	11,596				
8 SUPPLIES	22,212	9,020				
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)	479,890	194,876		4,035		3,402
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	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16
1 ADMIN & GENERAL		20,580		20,051	1,603	
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)		20,580		20,051	1,603	
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	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
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	PARAMED ED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		67,383		67,383		
2 SKILLED NURSING CARE		543,766		543,766	55,765	599,531
3 PHYSICAL THERAPY		35,830		35,830	3,674	39,504
4 OCCUPATIONAL THERAPY		5,148		5,148	528	5,676
5 SPEECH PATHOLOGY		568		568	58	626
6 MEDICAL SOCIAL SERVICES		359		359	37	396
7 HOME HEALTH AIDE		40,151		40,151	4,118	44,269
8 SUPPLIES		31,232		31,232	3,203	34,435
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)		724,437		724,437	67,383	724,437
21 UNIT COST MULTIPLIER					0.102553	

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

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET ) 1	OLD CAP REL COSTS-MVBLE (SQUARE FEET ) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET ) 4	EMPLOYEE BENEFITS (GROSS SALARIES ) 5	RECONCILIATION 6A
1 ADMIN & GENERAL			126	2,929	398,792	
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)			126	2,929	398,792	
21 COST TO BE ALLOCATED			1,275	2,814	8,508	
22 UNIT COST MULTIPLIER			10.119048	0.960737	0.021334	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST ) 6	MAINTENANCE & REPAIRS (SQUARE FEET ) 7	OPERATION OF PLANT (SQUARE FEET ) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY ) 9	HOUSEKEEPING (SQUARE FEET ) 10	DIETARY (PATIENT DAYS ) 11
1 ADMIN & GENERAL	12,597		126		32	
2 SKILLED NURSING CARE	386,724					
3 PHYSICAL THERAPY	25,482					
4 OCCUPATIONAL THERAPY	3,661					
5 SPEECH PATHOLOGY	404					
6 MEDICAL SOCIAL SERVICES	255					
7 HOME HEALTH AIDE	28,555					
8 SUPPLIES	22,212					
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)	479,890		126		32	
21 COST TO BE ALLOCATED	194,876		4,035		3,402	
22 UNIT COST MULTIPLIER	0.406085		32.023810		106.312500	

HHA 1

HHA COST CENTER	CAFETERIA (GROSS SALARIES ) 12	MAINTENANCE OF PERSONNEL (NUMBER ) HOUSED 13	NURSING ADMINISTRATION (NURSING ) FTE'S 14	CENTRAL SERVICES & SUPPLIES (COSTED ) REQUIS. 15	PHARMACY (COSTED ) REQUIS. 16	MEDICAL RECORDS & LIBRARY (GROSS ) REVENUE 17
1 ADMIN & GENERAL	1,097		1,097	18,208		
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)	1,097		1,097	18,208		
21 COST TO BE ALLOCATED	20,580		20,051	1,603		
22 UNIT COST MULTIPLIER	18.760255		18.278031	0.088038		

HHA COST CENTER	SOCIAL SERVICE (TIME ) SPENT 18	NONPHYSICIAN ANESTHETIST (ASSIGNED ) TIME 20	NURSING SCHOOL (ASSIGNED ) TIME 21	I&R SERVICES -SALARY & FR (ASSIGNED ) TIME 22	I&R SERVICES -OTHER PRGM (ASSIGNED ) TIME 23	PARAMEDICAL PRGM-(SPECIFY (ASSIGNED ) TIME 24
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

PROVIDER NO: 14-1325  
 HHA NO: 14-7418  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM 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	599,531		599,531	5,815	103.10	1,850
2 PHYSICAL THERAPY	3	39,504		39,504	1,072	36.85	440
3 OCCUPATIONAL THERAPY	4	5,676		5,676	154	36.86	70
4 SPEECH PATHOLOGY	5	626		626	17	36.82	5
5 MEDICAL SOCIAL SERVICES	6	396		396	14	28.29	5
6 HOME HEALTH AIDE SERVICE	7	44,269		44,269	939	47.14	292
7 TOTAL		690,002		690,002	8,011		2,662

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1 SKILLED NURSING	2,261		190,735	233,109		423,844
2 PHYSICAL THERAPY	235		16,214	8,660		24,874
3 OCCUPATIONAL THERAPY	32		2,580	1,180		3,760
4 SPEECH PATHOLOGY	2		184	74		258
5 MEDICAL SOCIAL SERVICES	5		141	141		282
6 HOME HEALTH AIDE SERVICES	415		13,765	19,563		33,328
7 TOTAL	2,950		223,619	262,727		486,346

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	34,435		34,435	36,416	.945601	525
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	PART B 10
15 COST OF MEDICAL SUPPLIES		1,486	496	1,405
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.672986			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.781471			COL 2, LN 3
3 SPEECH PATHOLOGY	52	2.539221			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.292305			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.596952			COL 2, LN 16
5.01 ONCOLOGY	56.01	.282452			

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	-----PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE-----		-----PROGRAM COSTS-----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	1	36.85	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	2	36.86					
3 SPEECH PATHOLOGY	3	36.82					
4 TOTAL (SUM OF LINES 1-3)	4						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES		PART B	PART B
PART A		NOT SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
		2	3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	324,376	
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	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)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES	324,376	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	324,376	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A	PART B
		SERVICES	SERVICES
		1	2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	262,145	294,498
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	24,957	13,502
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	2,949	10,480
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	689	1,345
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	1,447	2,002
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	292,187	321,827
13	EXCESS REASONABLE COST		
14	SUBTOTAL	292,187	321,827
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	292,187	321,827
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	292,187	321,827
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	292,187	321,827
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	292,187	321,827
25	INTERIM PAYMENTS	292,187	321,827
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HHA NO:	TO 9/30/2008	WORKSHEET H-8
14-7418		

TITLE XVII 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		292,187		321,827
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 .99				
4 TOTAL INTERIM PAYMENTS		292,187		321,827
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				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
14-1557		

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	21,223			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	58,615		4,895	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	42,381		1,353	
15 SPIRITUAL COUNSELING	20,668		2,058	
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	10,842		2,334	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	153,729		10,640	

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
14-1557		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	39,904	61,127	-1,952	59,175
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	3,343	3,343		3,343
10 NURSING CARE		63,510		63,510
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		43,734		43,734
15 SPIRITUAL COUNSELING		22,726		22,726
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		13,176		13,176
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	28,082	28,082		28,082
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	71,329	235,698	-1,952	233,746

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
14-1557		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		59,175
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		3,343
10 NURSING CARE		63,510
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		43,734
15 SPIRITUAL COUNSELING		22,726
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		13,176
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		28,082
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		233,746

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
14-1557		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		21, 223		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE 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			42, 381	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18. 20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20. 30 ANALGESICS				
20. 31 SEDATIVES / HYPNOTICS				
20. 32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		21, 223	42, 381	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
14-1557		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	58,615			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				20,668
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			10,842	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	58,615		10,842	20,668

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
14-1557		

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	21,223
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	58,615
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	42,381
15	SPIRITUAL COUNSELING	20,668
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	10,842
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	153,729

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1557		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	59,175			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	3,343			
10 NURSING CARE	63,510			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	43,734			
15 SPIRITUAL COUNSELING	22,726			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	13,176			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	28,082			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	233,746			

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1557		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			59,175	59,175
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			3,343	1,133
13 NURSING CARE			63,510	21,528
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			43,734	14,825
19 SPIRITUAL COUNSELING			22,726	7,704
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			13,176	4,466
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			28,082	9,519
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)			174,571	59,175

COST ALLOCATION -  
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1557		PART I

HOSPICE 1

TOTAL  
 (COL. 5A  
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	4,476
13	NURSING CARE	85,038
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	58,559
19	SPIRITUAL COUNSELING	30,430
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	17,642
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	37,601
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)	233,746

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1557		PART 11

HOSPICE 1

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

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1557		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	5	6A	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 INPATIENT CARE SERVICE		-59,175	174,571
8 INPATIENT - GENERAL CARE			
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			3,343
12 NURSING CARE			63,510
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			43,734
18 SPIRITUAL COUNSELING			22,726
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			13,176
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			28,082
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 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			
39			
40			
41			
42			
43 FUNDRAISING			
44 OTHER PROGRAM COSTS			
45 COST TO BE ALLOCATED (PER WKST K-4, PART I)			59,175
46 UNIT COST MULTIPLIER	.000000		.338974

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-1325  
 HOSPICE NO: 14-1557  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET K-5  
 PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				4,644
4.00 PHYSICIAN SERVICES	9	4,476			
5.00 NURSING CARE	10	85,038			
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	58,559			
10.00 SPIRITUAL COUNSELING	15	30,430			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	17,642			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	37,601			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		233,746			4,644
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	1,875	3,280	9,799	3,979
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			4,476	1,818
5.00 NURSING CARE			85,038	34,533
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			58,559	23,780
10.00 SPIRITUAL COUNSELING			30,430	12,357
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			17,642	7,164
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			37,601	15,269
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,875	3,280	243,545	98,900
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-1325  
 HOSPICE NO: 14-1557  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET K-5  
 PART I

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	7	8	9	10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		14,700		
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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)		14,700		
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	11	12	13	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		9,849		9,596
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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)		9,849		9,596
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-1325  
 HOSPICE NO: 14-1557  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET K-5  
 PART I

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	339			10,146
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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)	339			10,146
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRINGES APPRVD 22	I&R SERVICES-OTHER PRGM COSTS APPRVD 23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-1325  
 HOSPICE NO: 14-1557  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET K-5  
 PART I

HOSPICE 1

HOSPICE COST CENTER	PARAMED ED PRGM- (SPECIFY)	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL
	24	25	26	27
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		58,408		58,408
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		6,294		6,294
5.00 NURSING CARE		119,571		119,571
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		82,339		82,339
10.00 SPIRITUAL COUNSELING		42,787		42,787
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER		24,806		24,806
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		52,870		52,870
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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)		387,075		387,075
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		58,408
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		6,294
5.00 NURSING CARE		119,571
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		82,339
10.00 SPIRITUAL COUNSELING		42,787
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOME MAKER		24,806
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		52,870
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32		
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)		387,075
30.00 UNIT COST MULTIPLIER	.000000	

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
14-1557		PART I

HOSPICE 1

ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
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HOSPICE COST CENTER

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

PROVIDER NO: 14-1325  
HOSPICE NO: 14-1557  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 2/27/2009  
WORKSHEET K-5  
PART II

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE			100	100
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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)			100	100
30.00 TOTAL COST TO BE ALLOCATED			4,644	1,875
31.00 UNIT COST MULTIPLIER	.000000	.000000	46.440000	18.750000

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	(GROSS SALARIES)		(ACCUMULATED COST)	(SQUARE FEET)
	5	6A	6	7
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	100		9,799	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			4,476	
5.00 NURSING CARE			85,038	
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			58,559	
10.00 SPIRITUAL COUNSELING			30,430	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			17,642	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			37,601	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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				

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
14-1557		PART 11

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5	6A	6	7
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	100		243,545	
30.00 TOTAL COST TO BE ALLOCATED	3,280		98,900	
31.00 UNIT COST MULTIPLIER	32.800000		.406085	.000000

  

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	100		100	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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)	100		100	
30.00 TOTAL COST TO BE ALLOCATED	14,700			
31.00 UNIT COST MULTIPLIER	147.000000	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
14-1557		PART 11

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA (GROSS SALARIES) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (NURSING FTE'S) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.) 15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	100		100	100
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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)	100		100	100
30.00 TOTAL COST TO BE ALLOCATED	9,849		9,596	339
31.00 UNIT COST MULTIPLIER	98.490000	.000000	95.960000	3.390000

HOSPICE COST CENTER	PHARMACY (COSTED REQUI S.) 16	MEDICAL RECORDS & LIBRARY (GROSS REVENUE) 17	SOCIAL SERVICE (TIME SPENT) 18	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 20
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE			100	
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				
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				

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
14-1557		PART II

HOSPICE 1

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	16	17	18	20
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			100	
30.00 TOTAL COST TO BE ALLOCATED			10,146	
31.00 UNIT COST MULTIPLIER	.000000	.000000	101.460000	.000000

  

HOSPICE COST CENTER	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRINGES & APPRVD (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM-(SPECIFY) (ASSIGNED TIME)
	21	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
14-1557		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3
1	PHYSICAL THERAPY	50	.672986	
2	OCCUPATIONAL THERAPY	51	.781471	
3	SPEECH PATHOLOGY	52	2.539221	
4	DRUGS CHARGED TO PATIENTS	56	.596952	
4.01	ONCOLOGY	56.01	.282452	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.232495	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.292305	
8	EMERGENCY	61	.685849	
9	RADIOLOGY-DIAGNOSTIC	41	.712406	
10	OTHER ANCI LLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-6
14-1557		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				387,075
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				2,487
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				155.64
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	2,040			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	317,506			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			447	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			69,571	

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

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

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-3445  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET M-1

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	703,911		703,911	
2				
3				
4				
5				
6				
7				
8				
9	543,544		543,544	
10	1,247,455		1,247,455	
COSTS UNDER AGREEMENT				
11				
12				
13				
14				
OTHER HEALTH CARE COSTS				
15				
16				
17				
18				
19		494,876	494,876	-155,953
20				
21		494,876	494,876	-155,953
22	1,247,455	494,876	1,742,331	-155,953
COSTS OTHER THAN RHC/FQHC SERVICES				
23				
24				
25				
26				
27				
28				
FACILITY OVERHEAD				
29				
30				
31				
32	1,247,455	494,876	1,742,331	-155,953

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

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-3445  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET M-1

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	703,911	-42,758	661,153
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER			
4 VISITING NURSE			
5 OTHER NURSE			
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS	543,544		543,544
10 SUBTOTAL (SUM OF LINES 1-9)	1,247,455	-42,758	1,204,697
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES			
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS	338,923		338,923
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	338,923		338,923
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,586,378	-42,758	1,543,620
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS			
30 ADMINISTRATIVE COSTS			
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)			
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,586,378	-42,758	1,543,620

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-3445  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET M-2

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1 PHYSICIANS	3.53	10,412	4,200	14,826
2 PHYSICIAN ASSISTANTS			2,100	
3 NURSE PRACTITIONERS	1.00	2,096	2,100	2,100
4 SUBTOTAL (SUM OF LINES 1-3)	4.53	12,508		16,926
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	4.53	12,508		
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)	1,543,620			
11 TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	1,543,620			
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)				
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	1,202,905			
16 TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	1,202,905			
17 ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16	1,202,905			
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	1,202,905			
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	2,746,525			
	GREATER OF COL. 2 OR COL. 4 5			
POSITIONS				
1 PHYSICIANS				
2 PHYSICIAN ASSISTANTS				
3 NURSE PRACTITIONERS				
4 SUBTOTAL (SUM OF LINES 1-3)	16,926			
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	16,926			
9 PHYSICIAN SERVICES UNDER AGREEMENTS				

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
FOR RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2007	2/27/2009
COMPONENT NO:	TO	WORKSHEET M-3
14-3445	9/30/2008	

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	2,746,525
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	2,746,525
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	16,926
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	16,926
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	162.27

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	74.29
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	162.27
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	415
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	67,342
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)*	269,206
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	21,223
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	247,983
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	198,386
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	198,386
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	198,386
25	INTERIM PAYMENTS	115,352
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	83,034
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER 1, SECTION 115.2	5,521

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

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

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

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-3445  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/27/2009  
 WORKSHEET M-5

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2 115,352
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER .01		
ADJUSTMENTS TO PROVIDER .02		
ADJUSTMENTS TO PROVIDER .03		
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROGRAM .50		
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
ADJUSTMENTS TO PROGRAM .99		
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		115,352
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
TENTATIVE TO PROGRAM .99		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		
SETTLEMENT TO PROVIDER .01		
SETTLEMENT TO PROGRAM .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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