

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	26-0025	I	FROM 10/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 3/31/2009 TIME 15:27

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:  
 HANNIBAL REGIONAL HOSPITAL 26-0025

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	-540,627	-931	4,664,742
2	SUBPROVIDER	0	27,230	0	202,750
7	HOSPITAL-BASED HHA	0	0	-2	0
9	RHC	0	0	523	0
9 .01	RHC II	0	0	434	0
9 .02	RHC III	0	0	1,295	0
100	TOTAL	0	-513,397	1,319	4,867,492

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: HIGHWAY 36, 6000 HOSPITAL DRIVE      P. O. BOX:  
 1.01 CITY: HANNIBAL      STATE: MO      ZIP CODE: 63401-      COUNTY: MARION

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	HANNIBAL REGIONAL HOSPITAL	26-0025	2.01	3	4	5	6
03.00 SUBPROVIDER	HANNIBAL REGIONAL PSYCH UNIT	26-S025		10/ 1/1983	N	P	O
09.00 HOSPITAL-BASED HHA	HANN REG HOME HEALTH AGENCY	26-7282		4/10/1990	N	O	N
14.00 HOSPITAL-BASED RHC	HANN REG HOSP DBA SHELBI NA	26-8512		6/11/1997	N	O	O
14.01 HOSPITAL-BASED RHC 2	HANN REG HOSP DBA LAGRANGE	26-3984		4/ 3/1992	N	O	O
14.02 HOSPITAL-BASED RHC 3	HANN REG HOSP DBA MONROE CI TY	26-8513		6/11/1997	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 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

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?      Y

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

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

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy)

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).      / /

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 II.

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

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

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR 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)









HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 26-0025  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/31/2009  
 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	41,180,756		41,180,756	1,595,279.00	25.81	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	527,197		527,197	2,019.00	261.12	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	9,309,767		9,309,767	60,267.00	154.48	
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	5,300,543		5,300,543	189,144.00	28.02	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	934,849		934,849	12,913.00	72.40	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	906,568		906,568	3,730.00	243.05	
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)	7,632,754		7,632,754			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,550,309		1,550,309			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	154,457		154,457			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	2,727,563		2,727,563			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	593,177		593,177	23,431.00	25.32	
22 ADMINISTRATIVE & GENERAL	5,696,336		5,696,336	240,108.00	23.72	
22.01 A & G UNDER CONTRACT	80,000		80,000	320.00	250.00	
23 MAINTENANCE & REPAIRS	219,519		219,519	19,071.00	11.51	
24 OPERATION OF PLANT	499,306		499,306	26,999.00	18.49	
25 LAUNDRY & LINEN SERVICE	14,691		14,691	1,522.00	9.65	
26 HOUSEKEEPING	509,251		509,251	51,151.00	9.96	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	725,544		725,544	58,841.00	12.33	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	742,325		742,325	24,484.00	30.32	
31 CENTRAL SERVICE AND SUPPLY	67,804		67,804	4,215.00	16.09	
32 PHARMACY	1,106,619		1,106,619	39,881.00	27.75	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	651,215		651,215	39,192.00	16.62	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	31,950,989		31,950,989	1,535,332.00	20.81	
2 EXCLUDED AREA SALARIES	5,300,543		5,300,543	189,144.00	28.02	
3 SUBTOTAL SALARIES	26,650,446		26,650,446	1,346,188.00	19.80	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,841,417		1,841,417	16,643.00	110.64	
5 SUBTOTAL WAGE-RELATED COSTS	7,787,211		7,787,211		29.22	
6 TOTAL	36,279,074		36,279,074	1,362,831.00	26.62	
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	10,905,787		10,905,787	529,215.00	20.61	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	674	0	68
2 UNDUPLICATED CENSUS COUNT		293.00		161.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	742			
2 UNDUPLICATED CENSUS COUNT	454.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK				
	40.00			
HHA NO. OF FTE EMPLOYEES (2080 HRS)				
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				
5 OTHER ADMINISTRATIVE PERSONEL	3.17		3.17	
6 DIRECTING NURSING SERVICE	8.85		8.85	
7 NURSING SUPERVISOR				
8 PHYSICAL THERAPY SERVICE	1.44		1.44	
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE	.44		.44	
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE	.35		.35	
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE				
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	1.34		1.34	
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?	2	4		
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).	9914	50031		
20.01	9926	99914		
20.02		99925		
20.03		99926		

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	2,774	73	52	30
22 SKILLED NURSING VISIT CHARGES	374,490	9,855	7,020	4,050
23 PHYSICAL THERAPY VISITS	1,410	1	2	8
24 PHYSICAL THERAPY VISIT CHARGES	204,450	145	290	1,160
25 OCCUPATIONAL THERAPY VISITS	315	0	13	2
26 OCCUPATIONAL THERAPY VISIT CHARGES	45,675	0	145	145
27 SPEECH PATHOLOGY VISITS	89	1	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	12,905	145	0	0
29 MEDICAL SOCIAL SERVICE VISITS	30	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	4,350	0	0	0
31 HOME HEALTH AIDE VISITS	592	16	1	0
32 HOME HEALTH AIDE VISIT CHARGES	38,480	1,040	65	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	5,210	91	68	40
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	680,350	11,185	7,520	5,355
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	321	0	19	5
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	36,929	496	2,557	739

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPI SODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	224	3, 153
22 SKILLED NURSING VISIT CHARGES	0	30, 240	425, 655
23 PHYSICAL THERAPY VISITS	0	90	1, 511
24 PHYSICAL THERAPY VISIT CHARGES	0	13, 050	219, 095
25 OCCUPATIONAL THERAPY VISITS	0	24	354
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	3, 480	49, 445
27 SPEECH PATHOLOGY VISITS	0	5	95
28 SPEECH PATHOLOGY VISIT CHARGES	0	725	13, 775
29 MEDICAL SOCIAL SERVICE VISITS	0	0	30
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	4, 350
31 HOME HEALTH AIDE VISITS	0	39	648
32 HOME HEALTH AIDE VISIT CHARGES	0	2, 535	42, 120
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	382	5, 791
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	50, 030	754, 440
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	0	14	359
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	2, 786	43, 507

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 400 S. CENTER ST  
 1.01 CITY: SHELBI NA STATE: MO ZIP CODE: 63468 COUNTY: SHELBY  
 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:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT CHARLES A. LICHTY, M. D. PHYSICIAN NAME BILLING NUMBER E05005  
 10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD CHARLES A. LICHTY PHYSICIAN NAME HOURS OF SUPERVISION 60.00  
 11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1700	800	1700	800	1700	800	1200

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

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N  
 14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.  
 15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVII I TITLE XIX  
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS. N  
 17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS. N

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 120 N. MAIN ST  
 1.01 CITY: LAGRANGE STATE: MO ZIP CODE: 63448 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:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT LORNA STOOKEY  
 9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT CHARLES LICHTY

PHYSICIAN NAME  
 BILLING NUMBER  
 H30050  
 E05005

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD LORNA STOOKEY  
 10.01 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD CHARLES LICHTY

PHYSICIAN NAME  
 HOURS OF SUPERVISION  
 15.00  
 10.00

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			800	1700	800	1700	800	1700	800	1700	800	1700		

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER:

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

RHC 3

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 905 C., HWYS 24 & 36 EAST  
 1.01 CITY: MONROE CITY STATE: MO ZIP CODE: 63456 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:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT  
 PHYSICIAN NAME: DALE ZIMMERMAN, D.O. BILLING NUMBER: F25590  
 10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD  
 PHYSICIAN NAME: DALE ZIMMERMAN, D.O. HOURS OF SUPERVISION: 60.00  
 11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1700	800	1700	800	1700		

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

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N  
 14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.  
 15 PROVIDER NAME: PROVIDER NUMBER:  
 TITLE V TITLE XVII I TITLE XIX  
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMN 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS. N  
 17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS. N

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2007	3/31/2009
	TO 9/30/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	4,155,949
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4,155,949
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.375794
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	12,183,473
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,578,476
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,941,565
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,232,804
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,578,476

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0025

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

PREPARED 3/31/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP REL COSTS- NEW BLDG				2,186,934	2,186,934
3.02	0302 NEW CAP REL COSTS-OLD BLDG				576,667	576,667
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				3,487,076	3,487,076
5	0500 EMPLOYEE BENEFITS	593,177	8,212,613	8,805,790		8,805,790
6	0600 ADMINISTRATIVE & GENERAL	5,696,336	11,535,654	17,231,990	-6,505,092	10,726,898
7	0700 MAINTENANCE & REPAIRS	219,519	302,357	521,876	-37,488	484,388
7.01	0701 MAINTENANCE & REPAIRS- OLD BLDG				37,488	37,488
8	0800 OPERATION OF PLANT	499,306	1,258,388	1,757,694	-460,339	1,297,355
8.01	0801 OPERATION OF PLANT-OLD BLDG				460,339	460,339
9	0900 LAUNDRY & LINEN SERVICE	14,691	258,233	272,924		272,924
10	1000 HOUSEKEEPING	509,251	159,098	668,349		668,349
11	1100 DIETARY	725,544	654,245	1,379,789		1,379,789
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	742,325	137,106	879,431	57,707	937,138
15	1500 CENTRAL SERVICES & SUPPLY	67,804	118,151	185,955	20,650	206,605
16	1600 PHARMACY	1,106,619	465,704	1,572,323		1,572,323
17	1700 MEDICAL RECORDS & LIBRARY	651,215	283,954	935,169		935,169
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	4,859,558	1,415,774	6,275,332	25,820	6,301,152
26	2600 INTENSIVE CARE UNIT	1,280,100	366,266	1,646,366		1,646,366
31	3100 SUBPROVIDER	1,104,472	291,288	1,395,760		1,395,760
33	3300 NURSERY	96,497	93,130	189,627		189,627
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	818,414	2,902,099	3,720,513	109,742	3,830,255
38	3800 RECOVERY ROOM	585,696	90,651	676,347		676,347
39	3900 DELIVERY ROOM & LABOR ROOM	436,182	118,320	554,502		554,502
40	4000 ANESTHESIOLOGY	2,591,011	426,067	3,017,078		3,017,078
41	4100 RADIOLOGY-DIAGNOSTIC	1,227,688	1,197,295	2,424,983	132,881	2,557,864
43	4300 RADIOISOTOPE	170,607	328,441	499,048	60,162	559,210
44	4400 LABORATORY	1,156,490	1,934,620	3,091,110	-63,087	3,028,023
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	105,569	624,252	729,821		729,821
49	4900 RESPIRATORY THERAPY	654,665	206,246	860,911		860,911
50	5000 PHYSICAL THERAPY	1,682,636	482,535	2,165,171		2,165,171
52	5200 SPEECH PATHOLOGY	230,324	38,426	268,750		268,750
53	5300 ELECTROCARDIOLOGY	2,385,312	1,515,816	3,901,128		3,901,128
54	5400 ELECTROENCEPHALOGRAPHY	50,484	11,383	61,867		61,867
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,661,333	3,661,333		3,661,333
56	5600 DRUGS CHARGED TO PATIENTS		2,524,173	2,524,173		2,524,173
59	3480 CANCER CENTER	659,822	528,498	1,188,320	-89,460	1,098,860
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	4,220,247	501,794	4,722,041		4,722,041
61.01	6101 OUTPATIENT PSYCH	741,541	124,870	866,411		866,411
61.02	6102 WOUND CARE	12,385	4,808	17,193		17,193
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC - SHELBYNA	400,314	143,277	543,591		543,591
63.51	6311 RURAL HEALTH CLINIC- LAGRANGE	168,039	54,824	222,863		222,863
63.52	6312 RURAL HEALTH CLINIC - MONROE CITY	520,845	187,979	708,824		708,824
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	754,155	243,145	997,300		997,300
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	37,738,840	43,402,813	81,141,653	-0-	81,141,653
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	2,673,765	573,642	3,247,407		3,247,407
99	9900 NONPAID WORKERS					
100	7950 RENTAL					
100.01	7951 CHILD DEVELOPMENT CENTER	768,151	278,664	1,046,815		1,046,815
100.02	7952 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	41,180,756	44,255,119	85,435,875	-0-	85,435,875

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 3/31/2009  
I 26-0025 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		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		
3.01	0301 NEW CAP REL COSTS- NEW BLDG	-13,150	2,173,784
3.02	0302 NEW CAP REL COSTS-OLD BLDG	18,295	594,962
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-614	3,486,462
5	0500 EMPLOYEE BENEFITS	-1,624,157	7,181,633
6	0600 ADMINISTRATIVE & GENERAL	3,193,077	13,919,975
7	0700 MAINTENANCE & REPAIRS		484,388
7.01	0701 MAINTENANCE & REPAIRS- OLD BLDG		37,488
8	0800 OPERATION OF PLANT		1,297,355
8.01	0801 OPERATION OF PLANT-OLD BLDG		460,339
9	0900 LAUNDRY & LINEN SERVICE		272,924
10	1000 HOUSEKEEPING		668,349
11	1100 DIETARY	-412,759	967,030
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	1,301	938,439
15	1500 CENTRAL SERVICES & SUPPLY	7,140	213,745
16	1600 PHARMACY	-4,689	1,567,634
17	1700 MEDICAL RECORDS & LIBRARY	-48,807	886,362
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-486,559	5,814,593
26	2600 INTENSIVE CARE UNIT	-118,133	1,528,233
31	3100 SUBPROVIDER	-431,780	963,980
33	3300 NURSERY		189,627
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-36	3,830,219
38	3800 RECOVERY ROOM		676,347
39	3900 DELIVERY ROOM & LABOR ROOM	-4,081	550,421
40	4000 ANESTHESIOLOGY	-2,027,067	990,011
41	4100 RADIOLOGY-DIAGNOSTIC	479,418	3,037,282
43	4300 RADIOISOTOPE	-11,847	547,363
44	4400 LABORATORY	-177,842	2,850,181
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		729,821
49	4900 RESPIRATORY THERAPY		860,911
50	5000 PHYSICAL THERAPY	-283,660	1,881,511
52	5200 SPEECH PATHOLOGY	-100,256	168,494
53	5300 ELECTROCARDIOLOGY	-2,270,947	1,630,181
54	5400 ELECTROENCEPHALOGRAPHY	-12,552	49,315
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,661,333
56	5600 DRUGS CHARGED TO PATIENTS		2,524,173
59	3480 CANCER CENTER	41,909	1,140,769
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-2,305,140	2,416,901
61.01	6101 OUTPATIENT PSYCH	-216,874	649,537
61.02	6102 WOUND CARE		17,193
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC - SHELBYNA	-135,471	408,120
63.51	6311 RURAL HEALTH CLINIC- LAGRANGE	-4,122	218,741
63.52	6312 RURAL HEALTH CLINIC - MONROE CITY	-180,910	527,914
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		997,300
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-7,130,313	74,011,340
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		3,247,407
99	9900 NONPAID WORKERS		
100	7950 RENTAL		
100.01	7951 CHILD DEVELOPMENT CENTER		1,046,815
100.02	7952 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-7,130,313	78,305,562

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 3/31/2009  
 I 26-0025 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 9/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS- NEW BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-OLD BLDG	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	MAINTENANCE & REPAIRS- OLD BLDG	0701	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT-OLD BLDG	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIO SOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CANCER CENTER	3480	ONCOLOGY
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
61.01	OUTPATIENT PSYCH	6101	EMERGENCY
61.02	WOUND CARE	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC - SHELBYNA	6310	RURAL HEALTH CLINIC #####
63.51	RURAL HEALTH CLINIC- LAGRANGE	6311	RURAL HEALTH CLINIC #####
63.52	RURAL HEALTH CLINIC - MONROE CITY	6312	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	RENTAL	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CHILD DEVELOPMENT CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
260025

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

PREPARED 3/31/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS ADMISSION KITS	B	ADULTS & PEDIATRICS	25		25,820
2 TO RECLASS INTEREST EXPENSE ON BONDS	F	NEW CAP REL COSTS- NEW BLDG	3.01		1,011,138
3 TO RECLASS CAPITAL LEASE EXPENSES	G	ADMINISTRATIVE & GENERAL	6		254
4		NURSING ADMINISTRATION	14		57,707
5		CENTRAL SERVICES & SUPPLY	15		46,470
6		OPERATING ROOM	37		109,742
7		RADIOLOGY-DIAGNOSTIC	41		132,881
8		RADIOISOTOPE	43		60,162
9 OLD BUILDING COSTS	H	MAINTENANCE & REPAIRS- OLD BLDG	7.01		37,488
10		OPERATION OF PLANT-OLD BLDG	8.01		460,339
11 PROPERTY INSURANCE	I	NEW CAP REL COSTS-MVBLE EQUIP	4		67,502
12 DEPRECIATION	J	NEW CAP REL COSTS- NEW BLDG	3.01		1,175,796
13		NEW CAP REL COSTS-OLD BLDG	3.02		576,667
14		NEW CAP REL COSTS-MVBLE EQUIP	4		3,586,306
36 TOTAL RECLASSIFICATIONS					7,348,272

(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:  
260025

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

PREPARED 3/31/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 TO RECLASS ADMISSION KITS	B	CENTRAL SERVICES & SUPPLY	15		25,820	
2 TO RECLASS INTEREST EXPENSE ON BONDS	F	ADMINISTRATIVE & GENERAL	6		1,011,138	9
3 TO RECLASS CAPITAL LEASE EXPENSES	G	NEW CAP REL COSTS-MVBLE EQUIP	4		166,732	9
4		ADMINISTRATIVE & GENERAL	6		87,937	9
5		LABORATORY	44		63,087	
6		CANCER CENTER	59		89,460	
7						
8						
9 OLD BUILDING COSTS	H	MAINTENANCE & REPAIRS	7		37,488	
10		OPERATION OF PLANT	8		460,339	
11 PROPERTY INSURANCE	I	ADMINISTRATIVE & GENERAL	6		67,502	9
12 DEPRECIATION	J	ADMINISTRATIVE & GENERAL	6		5,338,769	9
13						9
14						9
36 TOTAL RECLASSIFICATIONS					7,348,272	

(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:  
260025

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

PREPARED 3/31/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: B  
EXPLANATION : TO RECLASS ADMISSION KITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	25,820	CENTRAL SERVICES & SUPPLY	15	25,820	
TOTAL RECLASSIFICATIONS FOR CODE B			25,820				25,820

RECLASS CODE: F  
EXPLANATION : TO RECLASS INTEREST EXPENSE ON BONDS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS- NEW BLDG	3.01	1,011,138	ADMINISTRATIVE & GENERAL	6	1,011,138	
TOTAL RECLASSIFICATIONS FOR CODE F			1,011,138				1,011,138

RECLASS CODE: G  
EXPLANATION : TO RECLASS CAPITAL LEASE EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	254	NEW CAP REL COSTS-MVBLE EQUIP	4	166,732	
2.00	NURSING ADMINISTRATION	14	57,707	ADMINISTRATIVE & GENERAL	6	87,937	
3.00	CENTRAL SERVICES & SUPPLY	15	46,470	LABORATORY	44	63,087	
4.00	OPERATING ROOM	37	109,742	CANCER CENTER	59	89,460	
5.00	RADIOLOGY-DIAGNOSTIC	41	132,881			0	
6.00	RADIOISOTOPE	43	60,126			0	
TOTAL RECLASSIFICATIONS FOR CODE G			407,216				407,216

RECLASS CODE: H  
EXPLANATION : OLD BUILDING COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS- OLD BLD	7.01	37,488	MAINTENANCE & REPAIRS	7	37,488	
2.00	OPERATION OF PLANT-OLD BLDG	8.01	460,339	OPERATION OF PLANT	8	460,339	
TOTAL RECLASSIFICATIONS FOR CODE H			497,827				497,827

RECLASS CODE: I  
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	67,502	ADMINISTRATIVE & GENERAL	6	67,502	
TOTAL RECLASSIFICATIONS FOR CODE I			67,502				67,502

RECLASS CODE: J  
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS- NEW BLDG	3.01	1,175,796	ADMINISTRATIVE & GENERAL	6	5,338,769	
2.00	NEW CAP REL COSTS-OLD BLDG	3.02	576,667			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,586,306			0	
TOTAL RECLASSIFICATIONS FOR CODE J			5,338,769				5,338,769

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 IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,391,225	795,545		795,545		2,186,770	
2 LAND IMPROVEMENTS	4,977,941	28,151		28,151		5,006,092	212,850
3 BUILDINGS & FIXTURE	30,896,060	1,775,549		1,775,549		32,671,609	12,030,867
4 BUILDING IMPROVEMEN	3,081,217	212,247		212,247		3,293,464	1,161,578
5 FIXED EQUIPMENT	98,327					98,327	
6 MOVABLE EQUIPMENT	35,687,165	4,778,676		4,778,676	826,523	39,639,318	20,184,886
7 SUBTOTAL	76,131,935	7,590,168		7,590,168	826,523	82,895,580	33,590,181
8 RECONCILING ITEMS							
9 TOTAL	76,131,935	7,590,168		7,590,168	826,523	82,895,580	33,590,181

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS- N	40,241,886		40,241,886	.698879			
3 02	NEW CAP REL COSTS-OL	827,606		827,606	.014373			
4	NEW CAP REL COSTS-MV	28,488,491	11,977,350	16,511,141	.286748			
5	TOTAL	69,557,983	11,977,350	57,580,633	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS- N	2,173,784						2,173,784
3 02	NEW CAP REL COSTS-OL	594,962						594,962
4	NEW CAP REL COSTS-MV	3,486,462						3,486,462
5	TOTAL	6,255,208						6,255,208

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS- N							
3 02	NEW CAP REL COSTS-OL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

1	DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER	B	-13,150	NEW CAP REL COSTS- NEW BL	3.01	9
6	TRADE, QUANTITY AND TIME DISCOUNTS	B	-4,630	ADMINISTRATIVE & GENERAL	6	
7	REFUNDS AND REBATES OF EXPENSES	B	-30	ADMINISTRATIVE & GENERAL	6	
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE	A	-20,000	ADMINISTRATIVE & GENERAL	6	
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-9,000,979			
13	SALE OF SCRAP, WASTE, ETC.	B	-892	RADIOLOGY-DIAGNOSTIC	41	
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-412,759	DIETARY	11	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-100,551	ADMINISTRATIVE & GENERAL	6	
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-48,807	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	MISC INCOME	B	-10,269	ADMINISTRATIVE & GENERAL	6	
38	RECRUITMENT FEES	B	-256,648	ADMINISTRATIVE & GENERAL	6	
39	STAFF DEVELOPMENT	B	-13,934	ADMINISTRATIVE & GENERAL	6	
40	NON ALLOWED ADVERTISING COSTS	A	-710,131	ADMINISTRATIVE & GENERAL	6	
41	NURSERY PHOTOS	B	-1,761	ADMINISTRATIVE & GENERAL	6	
42	ULTRAFAST LAB TEST	B	-1,230	LABORATORY	44	
43	BOOK MEDICARE DEPRECIATION	A	-989	NEW CAP REL COSTS-MVBLE E	4	9
44	BOOK MEDICARE DEPRECIATION	A	375	NEW CAP REL COSTS-MVBLE E	4	9
45	A&G CAPITAL LEASE	A	51,787	ADMINISTRATIVE & GENERAL	6	
46	CS CAPITAL LEASES	A	7,140	CENTRAL SERVICES & SUPPLY	15	
47	ANESTHESIA CAPITAL LEASES					
48	X-RAY CAPITAL LEASES	A	480,310	RADIOLOGY-DIAGNOSTIC	41	
49	X-RAY CAPITAL LEASES	A	-11,847	RADIOISOTOPE	43	
49.01	LAB CAPITAL LEASES	A	139,671	LABORATORY	44	
49.02	EKG CAPITAL LEASES					
49.03	OLD BUILDING DEPRECIATION	A	18,295	NEW CAP REL COSTS-OLD BLD	3.02	9
49.04	MEDICAID/FRA	A	4,872,748	ADMINISTRATIVE & GENERAL	6	
49.05	LOBBYING EXPENSE	A	-17,186	ADMINISTRATIVE & GENERAL	6	
49.06	ALCOHOLIC BEVERAGE EXPENSE	A	-1,563	ADMINISTRATIVE & GENERAL	6	
49.07	EKG CONTRACT SERVICE	B	-11,352	ELECTROENCEPHALOGRAPHY	54	
49.08	O/T CONTRACT SERVICE	B	-46,866	PHYSICAL THERAPY	50	
49.09	P/T CONTRACT SERVICE	B	-33,859	PHYSICAL THERAPY	50	
49.10	PRHC CONTRACT SERVICE					
49.11	EMPLOYED PHYSICIAN BENEFITS	A	-1,624,157	EMPLOYEE BENEFITS	5	
49.12	DEVELOPMENT SALARIES	A	-236,178	ADMINISTRATIVE & GENERAL	6	
49.13	DEVELOPMENT EXPENSE	A	-111,340	ADMINISTRATIVE & GENERAL	6	
49.14	SPEECH CONTRACT SERVICE	B	-100,256	SPEECH PATHOLOGY	52	
49.15	DIABETES CENTER REVENUE					
49.16	HHA - CONSULTING					
49.17	RT CONSULTING					
49.18	OT CONSULTING					
49.19	CANCER CENTER CAPITAL LEASES	A	89,460	CANCER CENTER	59	
49.20	OPERATING ROOM CAPITAL LEASES	A	-36	OPERATING ROOM	37	
49.21	NURSING ADMIN CAPITAL LEASES	A	1,301	NURSING ADMINISTRATION	14	
50	TOTAL (SUM OF LINES 1 THRU 49)		-7,130,313			

(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:  
26-0025

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

PREPARED 3/31/2009  
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 6	ADMINISTRATIVE AND GENERA	298,557	226,007	72,550	159,800	668	51,320	2,566
2 25	ADULTS & PEDS	492,014	486,014	6,000	159,800	71	5,455	273
3 26	ICU	118,133	118,133					
4 31	PSYCH	474,724	299,563	175,161	138,700	644	42,944	2,147
5 40	ANESTHESIA	2,160,584	1,955,655	204,929	167,500	1,658	133,517	6,676
6 44	LABORATORY	406,783		406,783	208,000	905	90,500	4,525
7 50	PHYSICAL THERAPY	202,935	202,935					
8 53	EKG	2,317,735	2,031,065	286,670	159,800	609	46,788	2,339
9 54	EEG	1,200	1,200					
10 59	CANCER CENTER	70,445	10,445	60,000	159,800	298	22,894	1,145
11 61	EMERGENCY	2,373,977	2,182,882	191,095	159,800	896	68,837	3,442
12 61 1	OUTPATIENT PSYCH	216,874	216,874					
13 63 50	RHC SHELBI NA	135,471	135,471					
14 63 51	RHC LAGRANGE	4,122	4,122					
15 63 52	RHC MONROE	180,910	180,910					
16 16	PHARMACY	4,689	4,689					
17 39	DELIVERY ROOM	4,081	4,081					
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	9,463,234	8,060,046	1,403,188		5,749	462,255	23,113

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
26-0025

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

PREPARED 3/31/2009  
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 6	ADMINISTRATIVE AND GENERA					51,320	21,230	247,237
2 25	ADULTS & PEDI					5,455	545	486,559
3 26	ICU							118,133
4 31	PSYCH					42,944	132,217	431,780
5 40	ANESTHESIA					133,517	71,412	2,027,067
6 44	LABORATORY					90,500	316,283	316,283
7 50	PHYSICAL THERAPY							202,935
8 53	EKG					46,788	239,882	2,270,947
9 54	EEG							1,200
10 59	CANCER CENTER					22,894	37,106	47,551
11 61	EMERGENCY					68,837	122,258	2,305,140
12 61 1	OUTPATIENT PSYCH							216,874
13 63 50	RHC SHELBI NA							135,471
14 63 51	RHC LAGRANGE							4,122
15 63 52	RHC MONROE							180,910
16 16	PHARMACY							4,689
17 39	DELIVERY ROOM							4,081
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					462,255	940,933	9,000,979

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 3/31/2009  
 I 26-0025 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 9/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	NOT ENTERED
3.01	NEW CAP REL COSTS- NEW BLDG	31	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-OLD BLDG	32	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	31	SQUARE	FEET	ENTERED
7.01	MAINTENANCE & REPAIRS- OLD BLDG	32	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	31	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT-OLD BLDG	32	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-NEW BL	NEW CAP REL C OSTS-OLD BLD	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	3	3.01	3.02	4	5
						5a.00
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS-NEW BL	2,173,784		2,173,784			
003 02 NEW CAP REL COSTS-OLD BLD	594,962			594,962		
004 NEW CAP REL COSTS-MVBLE E	3,486,462				3,486,462	
005 EMPLOYEE BENEFITS	7,181,633		17,616	15,442	16,126	7,230,817
006 ADMINISTRATIVE & GENERAL	13,919,975		211,084	116,374	1,328,764	967,034
007 MAINTENANCE & REPAIRS	484,388			50,223	391	63,512
007 01 MAINTENANCE & REPAIRS-OL	37,488					37,488
008 OPERATION OF PLANT	1,297,355		159,132	21,860	30,653	94,483
008 01 OPERATION OF PLANT-OLD BL	460,339					460,339
009 LAUNDRY & LINEN SERVICE	272,924		3,393	23,560	685	9,987
010 HOUSEKEEPING	668,349		10,325		4,109	104,941
011 DIETARY	967,030		39,446		15,767	144,471
012 CAFETERIA			32,661	7,287		39,948
014 NURSING ADMINISTRATION	938,439		6,258	5,605	6,750	150,999
015 CENTRAL SERVICES & SUPPLY	213,745		25,286	11,209	20,392	15,419
016 PHARMACY	1,567,634		22,420	5,605	159,956	175,846
017 MEDICAL RECORDS & LIBRARY	886,362		14,329	9,716	33,051	125,765
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	5,814,593		371,596		80,373	967,818
026 INTENSIVE CARE UNIT	1,528,233		57,483		56,430	223,726
031 SUBPROVIDER	963,980		63,973		5,942	316,270
033 NURSERY	189,627		5,858		10,573	18,058
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	3,830,219		75,910	5,605	369,539	171,995
038 RECOVERY ROOM	676,347		77,038		2,561	105,298
039 DELIVERY ROOM & LABOR ROO	550,421				17,215	87,293
040 ANESTHESIOLOGY	990,011		1,264		14,984	454,626
041 RADIOLOGY-DIAGNOSTIC	3,037,282		81,168		52,808	249,288
043 RADIOISOTOPE	547,363		4,046		1,726	30,212
044 LABORATORY	2,850,181		56,503		201,579	230,700
046 WHOLE BLOOD & PACKED RED	729,821		1,054		6,309	20,300
049 RESPIRATORY THERAPY	860,911		12,432		31,766	131,073
050 PHYSICAL THERAPY	1,881,511		40,500		54,310	292,840
052 SPEECH PATHOLOGY	168,494				2,064	45,659
053 ELECTROCARDIOLOGY	1,630,181		29,416		108,436	334,298
054 ELECTROENCEPHALOGRAPHY	49,315		2,107		2,829	10,415
055 MEDICAL SUPPLIES CHARGED	3,661,333					3,661,333
056 DRUGS CHARGED TO PATIENTS	2,524,173					2,524,173
059 CANCER CENTER	1,140,769		187,537		698,719	141,905
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	2,416,901		67,640		41,382	772,455
061 01 OUTPATIENT PSYCH	649,537		18,417		8,514	78,182
061 02 WOUND CARE	17,193				392	17,585
062 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICE						
063 50 RURAL HEALTH CLINIC - SHE	408,120		33,714		6,398	78,952
063 51 RURAL HEALTH CLINIC- LAGR	218,741		30,343		1,206	31,367
063 52 RURAL HEALTH CLINIC - MON	527,914		33,630		34,244	96,365
071 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY	997,300		6,848	28,485	30,082	170,896
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	74,011,340		1,800,427	300,971	3,457,025	6,912,448
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP			4,741			4,741
098 PHYSICIANS' PRIVATE OFFIC	3,247,407		188,106		17,136	150,926
099 NONPAID WORKERS						
100 RENTAL				293,991		293,991
100 01 CHILD DEVELOPMENT CENTER	1,046,815		180,510		12,301	167,443
100 02 OTHER NONREIMBURSABLE COS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	78,305,562		2,173,784	594,962	3,486,462	7,230,817

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS- OL	OPERATION OF PLANT	OPERATION OF PLANT-OLD BL	LAUNDRY & LINEN SERVICE	LINEN HOUSEKEEPING
	6	7	7.01	8	8.01	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG &							
003 02 NEW CAP REL COSTS- NEW BLD							
004 NEW CAP REL COSTS-OLDBLD							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	16,543,231						
007 MAINTENANCE & REPAIRS	160,314	758,828					
007 01 MAINTENANCE & REPAIRS- OL	10,041		47,529				
008 OPERATION OF PLANT	429,498	62,082	2,516	2,097,579			
008 01 OPERATION OF PLANT-OLD BL	123,303				583,642		
009 LAUNDRY & LINEN SERVICE	83,181	1,324	2,712	3,984	35,162	436,912	
010 HOUSEKEEPING	210,994	4,028		12,127			1,014,873
011 DIETARY	312,508	15,389		46,329			22,589
012 CAFETERIA	10,700	12,742	839	38,360	10,875		18,703
014 NURSING ADMINISTRATION	296,795	2,442	645	7,350	8,365		3,584
015 CENTRAL SERVICES & SUPPLY	76,620	9,865	1,290	29,698	16,729		14,480
016 PHARMACY	517,348	8,747	645	26,332	8,365		12,839
017 MEDICAL RECORDS & LIBRARY	286,395	5,590	1,118	16,829	14,500		8,205
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,937,758	144,967		436,437		110,999	212,796
026 INTENSIVE CARE UNIT	499,779	22,426		67,513		25,823	32,918
031 SUBPROVIDER	361,646	24,958		75,136		12,246	36,634
033 NURSERY	60,030	2,285		6,880			3,355
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,192,821	29,615	645	89,156	8,365	121,524	43,470
038 RECOVERY ROOM	230,687	30,054		90,480			44,116
039 DELIVERY ROOM & LABOR ROO	175,425					59,495	
040 ANESTHESIOLOGY	391,302	493		1,485			724
041 RADIOLOGY-DIAGNOSTIC	916,204	31,666		95,330		31,834	46,481
043 RADIOISOTOPE	156,251	1,578		4,752			2,317
044 LABORATORY	894,351	22,043		66,363			32,357
046 WHOLE BLOOD & PACKED RED	202,894	411		1,237			603
049 RESPIRATORY THERAPY	277,544	4,850		14,601			7,119
050 PHYSICAL THERAPY	607,802	15,800		47,566		3,972	23,192
052 SPEECH PATHOLOGY	57,914						
053 ELECTROCARDIOLOGY	563,116	11,476		34,549			16,845
054 ELECTROENCEPHALOGRAPHY	17,321	822		2,475			1,207
055 MEDICAL SUPPLIES CHARGED	980,699						
056 DRUGS CHARGED TO PATIENTS	676,107						
059 CANCER CENTER	580,954	73,163		220,260			107,393
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	883,480	26,388		79,442		66,477	38,734
061 01 OUTPATIENT PSYCH	202,135	7,185		21,630			10,546
061 02 WOUND CARE	4,710						
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - SHE	141,208	13,153		39,597		295	19,307
063 51 RURAL HEALTH CLINIC- LAGR	75,443	11,838		35,638		185	17,376
063 52 RURAL HEALTH CLINIC - MON	185,395	13,120		39,498		740	19,258
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	330,426	2,672	3,279	8,043	42,512		3,922
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	15,121,099	613,172	13,689	1,659,077	144,873	433,590	801,070
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,270	1,850		5,568			2,715
098 PHYSICIANS' PRIVATE OFFIC	965,228	73,385		220,928		87	107,719
099 NONPAID WORKERS							
100 RENTAL	78,746		33,840		438,769		
100 01 CHILD DEVELOPMENT CENTER	376,888	70,421		212,006			103,369
100 02 OTHER NONREIMBURSABLE COS						3,235	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	16,543,231	758,828	47,529	2,097,579	583,642	436,912	1,014,873

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
		11	12	14	15	16	17	25
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS- NEW BL							
004	02 NEW CAP REL COSTS-OLD BLD							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007	01 MAINTENANCE & REPAIRS- OL							
008	OPERATION OF PLANT							
008	01 OPERATION OF PLANT-OLD BL							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY	1,563,529						
012	CAFETERIA	1,045,544	1,177,711					
014	NURSING ADMINISTRATION		24,560	1,451,792				
015	CENTRAL SERVICES & SUPPLY		4,226		438,959			
016	PHARMACY		40,000			2,545,737		
017	MEDICAL RECORDS & LIBRARY		39,309				1,441,169	
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	408,063	265,959	588,308			995,134	12,334,801
026	INTENSIVE CARE UNIT	46,302	58,096	128,489			113,461	2,860,679
031	SUBPROVIDER	63,620	36,464	80,639			23,478	2,064,986
033	NURSERY		5,272	11,659			81,896	395,493
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		38,180	84,470				6,061,514
038	RECOVERY ROOM		24,707	54,638				1,335,926
039	DELIVERY ROOM & LABOR ROO		15,376	34,002				939,227
040	ANESTHESIOLOGY		21,088					1,875,977
041	RADIOLOGY-DIAGNOSTIC		50,062	110,753				4,702,876
043	RADIOISOTOPE		5,900					754,145
044	LABORATORY		71,213					4,425,290
046	WHOLE BLOOD & PACKED RED		4,268					966,897
049	RESPIRATORY THERAPY		28,849					1,369,145
050	PHYSICAL THERAPY		63,200					3,030,693
052	SPEECH PATHOLOGY		8,912					283,043
053	ELECTROCARDIOLOGY		39,602					2,767,919
054	ELECTROENCEPHALOGRAPHY		1,862					88,353
055	MEDICAL SUPPLIES CHARGED				438,959			5,080,991
056	DRUGS CHARGED TO PATIENTS					2,545,737		5,746,017
059	CANCER CENTER		16,632	36,806				3,204,138
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		90,899	201,056			227,200	4,912,054
061	01 OUTPATIENT PSYCH		25,042	55,405				1,076,593
061	02 WOUND CARE		523					22,818
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC - SHE		17,448					758,192
063	51 RURAL HEALTH CLINIC- LAGR		7,761					429,898
063	52 RURAL HEALTH CLINIC - MON		19,038					969,202
071	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY		29,644	65,567				1,719,676
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,563,529	1,054,092	1,451,792	438,959	2,545,737	1,441,169	70,176,543
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							16,144
098	PHYSICIANS' PRIVATE OFFIC		52,657					5,023,579
099	NONPAID WORKERS							
100	RENTAL							845,346
100	01 CHILD DEVELOPMENT CENTER		70,962					2,240,715
100	02 OTHER NONREIMBURSABLE COS							3,235
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,563,529	1,177,711	1,451,792	438,959	2,545,737	1,441,169	78,305,562

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0025  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/31/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
003 01 NEW CAP REL COSTS-BLDG &		
003 02 NEW CAP REL COSTS- NEW BL		
004 NEW CAP REL COSTS-OLD BLD		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENERAL		
007 01 MAINTENANCE & REPAIRS		
008 MAINTENANCE & REPAIRS- OL		
008 01 OPERATION OF PLANT		
009 OPERATION OF PLANT-OLD BL		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
025 MEDICAL RECORDS & LIBRARY		
026 INPAT ROUTINE SRVC CNTRS		12,334,801
031 ADULTS & PEDIATRICS		2,860,679
033 INTENSIVE CARE UNIT		2,064,986
037 SUBPROVIDER		395,493
038 NURSERY		
039 ANCILLARY SRVC COST CNTRS		
040 OPERATING ROOM		6,061,514
041 RECOVERY ROOM		1,335,926
043 DELIVERY ROOM & LABOR ROO		939,227
044 ANESTHESIOLOGY		1,875,977
046 RADIOLOGY-DIAGNOSTIC		4,702,876
049 RADIOISOTOPE		754,145
050 LABORATORY		4,425,290
052 WHOLE BLOOD & PACKED RED		966,897
053 RESPIRATORY THERAPY		1,369,145
054 PHYSICAL THERAPY		3,030,693
055 SPEECH PATHOLOGY		283,043
056 ELECTROCARDIOLOGY		2,767,919
059 ELECTROENCEPHALOGRAPHY		88,353
061 MEDICAL SUPPLIES CHARGED		5,080,991
061 01 DRUGS CHARGED TO PATIENTS		5,746,017
061 02 CANCER CENTER		3,204,138
062 OUTPAT SERVICE COST CNTRS		
062 01 EMERGENCY		4,912,054
062 02 OUTPATIENT PSYCH		1,076,593
063 WOUND CARE		22,818
063 OBSERVATION BEDS (NON-DIS		
063 50 OTHER OUTPATIENT SERVICE		
063 51 RURAL HEALTH CLINIC - SHE		758,192
063 52 RURAL HEALTH CLINIC- LAGR		429,898
063 52 RURAL HEALTH CLINIC - MON		969,202
071 OTHER REIMBURS COST CNTRS		
071 HOME HEALTH AGENCY		1,719,676
095 SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		70,176,543
096 NONREIMBURS COST CENTERS		
098 GIFT, FLOWER, COFFEE SHOP		16,144
099 PHYSICIANS' PRIVATE OFFIC		5,023,579
100 NONPAID WORKERS		
100 RENTAL		845,346
100 01 CHILD DEVELOPMENT CENTER		2,240,715
100 02 OTHER NONREIMBURSABLE COS		3,235
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		78,305,562

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0025  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/31/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & OSTS-NEW BL	NEW CAP REL C OSTS-OLD BLD	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	
	0	3	3.01	3.02	4	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-NEW BL							
003 02 NEW CAP REL COSTS-OLD BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	890		17,616	15,442	16,126	50,074	50,074
006 ADMINISTRATIVE & GENERAL	522,267		211,084	116,374	1,328,764	2,178,489	6,699
007 MAINTENANCE & REPAIRS	3,332			50,223	391	53,946	440
007 01 MAINTENANCE & REPAIRS-OL	88					88	
008 OPERATION OF PLANT			159,132	21,860	30,653	211,645	654
008 01 OPERATION OF PLANT-OLD BL							
009 LAUNDRY & LINEN SERVICE	180		3,393	23,560	685	27,818	69
010 HOUSEKEEPING	7		10,325		4,109	14,441	727
011 DIETARY	670		39,446		15,767	55,883	1,001
012 CAFETERIA			32,661	7,287		39,948	
014 NURSING ADMINISTRATION	55,233		6,258	5,605	6,750	73,846	1,046
015 CENTRAL SERVICES & SUPPLY	10,686		25,286	11,209	20,392	67,573	107
016 PHARMACY	45,705		22,420	5,605	159,956	233,686	1,218
017 MEDICAL RECORDS & LIBRARY	466		14,329	9,716	33,051	57,562	871
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,061		371,596		80,373	454,030	6,690
026 INTENSIVE CARE UNIT	3,206		57,483		56,430	117,119	1,550
031 SUBPROVIDER	482		63,973		5,942	70,397	2,191
033 NURSERY			5,858		10,573	16,431	125
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	124,523		75,910	5,605	369,539	575,577	1,191
038 RECOVERY ROOM	82		77,038		2,561	79,681	729
039 DELIVERY ROOM & LABOR ROO					17,215	17,215	605
040 ANESTHESIOLOGY	38,263		1,264		14,984	54,511	3,149
041 RADIOLOGY-DIAGNOSTIC	636,794		81,168		52,808	770,770	1,727
043 RADIOISOTOPE	31,334		4,046		1,726	37,106	209
044 LABORATORY	53,391		56,503		201,579	311,473	1,598
046 WHOLE BLOOD & PACKED RED			1,054		6,309	7,363	141
049 RESPIRATORY THERAPY	10,933		12,432		31,766	55,131	908
050 PHYSICAL THERAPY	2,351		40,500		54,310	97,161	2,028
052 SPEECH PATHOLOGY	385				2,064	2,449	316
053 ELECTROCARDIOLOGY	193,106		29,416		108,436	330,958	2,316
054 ELECTROENCEPHALOGRAPHY			2,107		2,829	4,936	72
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CANCER CENTER	62,040		187,537		698,719	948,296	983
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	302		67,640		41,382	109,324	5,351
061 01 OUTPATIENT PSYCH	307		18,417		8,514	27,238	542
061 02 WOUND CARE					392	392	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - SHE	326		33,714		6,398	40,438	547
063 51 RURAL HEALTH CLINIC- LAGR	265		30,343		1,206	31,814	217
063 52 RURAL HEALTH CLINIC - MON	208		33,630		34,244	68,082	668
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	1,106		6,848	28,485	30,082	66,521	1,184
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,800,989		1,800,427	300,971	3,457,025	7,359,412	47,869
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			4,741			4,741	
098 PHYSICIANS' PRIVATE OFFIC	1,228		188,106		17,136	206,470	1,045
099 NONPAID WORKERS							
100 RENTAL				293,991		293,991	
100 01 CHILD DEVELOPMENT CENTER	468		180,510		12,301	193,279	1,160
100 02 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,802,685		2,173,784	594,962	3,486,462	8,057,893	50,074

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
26-0025

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

PREPARED 3/31/2009  
WORKSHEET B  
PART III

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS- OL	OPERATION OF PLANT	OPERATION OF PLANT-OLD BL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		6	7	7.01	8	8.01	9	10
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-OLD BLD							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	2,185,188						
007	MAINTENANCE & REPAIRS	21,176	75,562					
007	01 MAINTENANCE & REPAIRS- OL	1,326		1,414				
008	OPERATION OF PLANT	56,733	6,182	75	275,289			
008	01 OPERATION OF PLANT-OLD BL	16,287				16,287		
009	LAUNDRY & LINEN SERVICE	10,988	132	81	523	981	40,592	
010	HOUSEKEEPING	27,870	401		1,592			45,031
011	DIETARY	41,280	1,532		6,080			1,002
012	CAFETERIA	1,413	1,269	25	5,034	303		830
014	NURSING ADMINISTRATION	39,204	243	19	965	233		159
015	CENTRAL SERVICES & SUPPLY	10,121	982	38	3,898	467		642
016	PHARMACY	68,337	871	19	3,456	233		570
017	MEDICAL RECORDS & LIBRARY	37,830	557	33	2,209	405		364
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	255,935	14,437		57,275		10,313	9,440
026	INTENSIVE CARE UNIT	66,016	2,233		8,861		2,399	1,461
031	SUBPROVIDER	47,770	2,485		9,861		1,138	1,626
033	NURSERY	7,929	228		903			149
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	157,561	2,949	19	11,701	233	11,290	1,929
038	RECOVERY ROOM	30,472	2,993		11,875			1,957
039	DELIVERY ROOM & LABOR ROO	23,172					5,527	
040	ANESTHESIOLOGY	51,688	49		195			32
041	RADIOLOGY-DIAGNOSTIC	121,022	3,153		12,511		2,958	2,062
043	RADIOISOTOPE	20,639	157		624			103
044	LABORATORY	118,136	2,195		8,710			1,436
046	WHOLE BLOOD & PACKED RED	26,801	41		162			27
049	RESPIRATORY THERAPY	36,661	483		1,916			316
050	PHYSICAL THERAPY	80,285	1,573		6,243		369	1,029
052	SPEECH PATHOLOGY	7,650						
053	ELECTROCARDIOLOGY	74,383	1,143		4,534			747
054	ELECTROENCEPHALOGRAPHY	2,288	82		325			54
055	MEDICAL SUPPLIES CHARGED	129,542						
056	DRUGS CHARGED TO PATIENTS	89,308						
059	CANCER CENTER	76,739	7,285		28,907			4,765
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	116,700	2,628		10,426		6,176	1,719
061	01 OUTPATIENT PSYCH	26,700	715		2,839			468
061	02 WOUND CARE	622						
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC - SHE	18,652	1,310		5,197		27	857
063	51 RURAL HEALTH CLINIC- LAGR	9,965	1,179		4,677		17	771
063	52 RURAL HEALTH CLINIC - MON	24,489	1,306		5,184		69	855
071	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	43,646	266	98	1,056	1,186		174
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,997,336	61,059	407	217,739	4,041	40,283	35,544
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	168	184		731			120
098	PHYSICIANS' PRIVATE OFFIC	127,498	7,307		28,995		8	4,780
099	NONPAID WORKERS							
100	RENTAL	10,402		1,007		12,246		
100	01 CHILD DEVELOPMENT CENTER	49,784	7,012		27,824			4,587
100	02 OTHER NONREIMBURSABLE COS						301	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	2,185,188	75,562	1,414	275,289	16,287	40,592	45,031

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0025  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/31/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS- NEW BL							
004 NEW CAP REL COSTS-OLD BLD							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS- OL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-OLD BL							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	106,778						
012 CAFETERIA	71,403	120,225					
014 NURSING ADMINISTRATION			118,222				
015 CENTRAL SERVICES & SUPPLY				84,259			
016 PHARMACY					312,473		
017 MEDICAL RECORDS & LIBRARY						103,844	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,868	27,151	47,907			71,704	982,750
026 INTENSIVE CARE UNIT	3,162	5,931	10,463			8,176	227,371
031 SUBPROVIDER	4,345	3,722	6,567			1,692	151,794
033 NURSERY		538	949			5,901	33,153
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		3,898	6,879				773,227
038 RECOVERY ROOM		2,522	4,449				134,678
039 DELIVERY ROOM & LABOR ROO		1,570	2,769				50,858
040 ANESTHESIOLOGY		2,153					111,777
041 RADIOLOGY-DIAGNOSTIC		5,111	9,019				928,333
043 RADIOISOTOPE		602					59,440
044 LABORATORY		7,270					450,818
046 WHOLE BLOOD & PACKED RED		436					34,971
049 RESPIRATORY THERAPY		2,945					98,360
050 PHYSICAL THERAPY		6,452					195,140
052 SPEECH PATHOLOGY		910					11,325
053 ELECTROCARDIOLOGY		4,043					418,124
054 ELECTROENCEPHALOGRAPHY		190					7,947
055 MEDICAL SUPPLIES CHARGED				84,259			213,801
056 DRUGS CHARGED TO PATIENTS					312,473		401,781
059 CANCER CENTER		1,698	2,997				1,071,670
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		9,279	16,372			16,371	294,346
061 01 OUTPATIENT PSYCH		2,556	4,512				65,570
061 02 WOUND CARE		53					1,067
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - SHE		1,781					68,809
063 51 RURAL HEALTH CLINIC- LAGR		792					49,432
063 52 RURAL HEALTH CLINIC - MON		1,943					102,596
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		3,026	5,339				122,496
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	106,778	107,606	118,222	84,259	312,473	103,844	7,061,634
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							5,944
098 PHYSICIANS' PRIVATE OFFIC		5,375					381,478
099 NONPAID WORKERS							
100 RENTAL							317,646
100 01 CHILD DEVELOPMENT CENTER		7,244					290,890
100 02 OTHER NONREIMBURSABLE COS							301
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	106,778	120,225	118,222	84,259	312,473	103,844	8,057,893

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003 GENERAL SERVICE COST CNTR		
003 01 NEW CAP REL COSTS-BLDG &		
003 02 NEW CAP REL COSTS- NEW BL		
004 NEW CAP REL COSTS-OLD BLD		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
007 ADMINSTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
007 01 MAINTENANCE & REPAIRS- OL		
008 OPERATION OF PLANT		
008 01 OPERATION OF PLANT-OLD BL		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		982,750
026 INTENSIVE CARE UNIT		227,371
031 SUBPROVIDER		151,794
033 NURSERY		33,153
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		773,227
038 RECOVERY ROOM		134,678
039 DELIVERY ROOM & LABOR ROO		50,858
040 ANESTHESIOLOGY		111,777
041 RADIOLOGY-DIAGNOSTIC		928,333
043 RADIOISOTOPE		59,440
044 LABORATORY		450,818
046 WHOLE BLOOD & PACKED RED		34,971
049 RESPIRATORY THERAPY		98,360
050 PHYSICAL THERAPY		195,140
052 SPEECH PATHOLOGY		11,325
053 ELECTROCARDIOLOGY		418,124
054 ELECTROENCEPHALOGRAPHY		7,947
055 MEDICAL SUPPLIES CHARGED		213,801
056 DRUGS CHARGED TO PATIENTS		401,781
059 CANCER CENTER		1,071,670
OUTPAT SERVICE COST CNTRS		
061 EMERGENCY		294,346
061 01 OUTPATIENT PSYCH		65,570
061 02 WOUND CARE		1,067
062 OBSERVATION BEDS (NON-DIS		
063 OTHER OUTPATIENT SERVICE		
063 50 RURAL HEALTH CLINIC - SHE		68,809
063 51 RURAL HEALTH CLINIC- LAGR		49,432
063 52 RURAL HEALTH CLINIC - MON		102,596
OTHER REIMBURS COST CNTRS		
071 HOME HEALTH AGENCY		122,496
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		7,061,634
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		5,944
098 PHYSICIANS' PRIVATE OFFIC		381,478
099 NONPAID WORKERS		
100 RENTAL		317,646
100 01 CHILD DEVELOPMENT CENTER		290,890
100 02 OTHER NONREIMBURSABLE COS		301
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		8,057,893

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & ( SQUARE FEET )	OSTS- NEW BL ( SQUARE FEET )	OSTS-OLD BLD ( SQUARE FEET )	OSTS-MVBLE E ( DOLLAR VALUE )	FITS ( GROSS SALARIES )	
	3	3.01	3.02	4	5	6a.00
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD						
003 02 NEW CAP REL COSTS-NE		206,324				
004 NEW CAP REL COSTS-OLD			97,981			
005 NEW CAP REL COSTS-MVB				2,472,446		
005 EMPLOYEE BENEFITS		1,672	2,543	11,436	33,980,598	
006 ADMINISTRATIVE & GENE		20,035	19,165	942,302	4,544,481	-16,543,231
007 MAINTENANCE & REPAIRS			8,271	277	298,467	
007 01 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT		15,104	3,600	21,738	444,012	
008 01 OPERATION OF PLANT-OL						
009 LAUNDRY & LINEN SERVI		322	3,880	486	46,934	
010 HOUSEKEEPING		980		2,914	493,161	
011 DIETARY		3,744		11,181	678,926	
012 CAFETERIA		3,100	1,200			
014 NURSING ADMINISTRATION		594	923	4,787	709,604	
015 CENTRAL SERVICES & SU		2,400	1,846	14,461	72,460	
016 PHARMACY		2,128	923	113,434	826,370	
017 MEDICAL RECORDS & LIB		1,360	1,600	23,438	591,019	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS		35,270		56,997	4,548,245	
026 INTENSIVE CARE UNIT		5,456		40,018	1,051,379	
031 SUBPROVIDER		6,072		4,214	1,486,280	
033 NURSERY		556		7,498	84,860	
ANCILLARY SRVC COST C						
037 OPERATING ROOM		7,205	923	262,061	808,276	
038 RECOVERY ROOM		7,312		1,816	494,839	
039 DELIVERY ROOM & LABOR				12,208	410,225	
040 ANESTHESIOLOGY		120		10,626	2,136,472	
041 RADIOLOGY-DIAGNOSTIC		7,704		37,449	1,171,507	
043 RADIOISOTOPE		384		1,224	141,979	
044 LABORATORY		5,363		142,951	1,084,153	
046 WHOLE BLOOD & PACKED		100		4,474	95,399	
049 RESPIRATORY THERAPY		1,180		22,527	615,964	
050 PHYSICAL THERAPY		3,844		38,514	1,376,173	
052 SPEECH PATHOLOGY				1,464	214,569	
053 ELECTROCARDIOLOGY		2,792		76,898	1,571,002	
054 ELECTROENCEPHALOGRAPH		200		2,006	48,943	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 CANCER CENTER		17,800		495,501	666,870	
OUTPAT SERVICE COST C						
061 EMERGENCY		6,420		29,346	3,630,079	
061 01 OUTPATIENT PSYCH		1,748		6,038	367,411	
061 02 WOUND CARE				278		
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC -		3,200		4,537	371,025	
063 51 RURAL HEALTH CLINIC-		2,880		855	147,404	
063 52 RURAL HEALTH CLINIC -		3,192		24,284	452,857	
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY		650	4,691	21,333	803,109	
SPEC PURPOSE COST CEN						
095 SUBTOTALS		170,887	49,565	2,451,571	32,484,454	-16,543,231
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE		450				
098 PHYSICIANS' PRIVATE O		17,854		12,152	709,260	
099 NONPAID WORKERS						
100 RENTAL			48,416			
100 01 CHILD DEVELOPMENT CEN		17,133		8,723	786,884	
100 02 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED		2,173,784	594,962	3,486,462	7,230,817	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER				6.072218	.212793	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		10.535779		1.410127		
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					50,074	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001474	
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS- OL	OPERATION OF PLANT	OPERATION OF PLANT-OLD BL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )
	6	7	7.01	8	8.01	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS- NE							
003 02 NEW CAP REL COSTS-OLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	61,762,331						
007 MAINTENANCE & REPAIRS	598,514	184,617					
007 01 MAINTENANCE & REPAIRS	37,488		68,002				
008 OPERATION OF PLANT	1,603,483	15,104	3,600	169,513			
008 01 OPERATION OF PLANT-OL	460,339				64,402		
009 LAUNDRY & LINEN SERVI	310,549	322	3,880	322	3,880	151,244	
010 HOUSEKEEPING	787,724	980		980			168,211
011 DIETARY	1,166,714	3,744		3,744			3,744
012 CAFETERIA	39,948	3,100	1,200	3,100	1,200		3,100
014 NURSING ADMINISTRATIO	1,108,051	594	923	594	923		594
015 CENTRAL SERVICES & SU	286,051	2,400	1,846	2,400	1,846		2,400
016 PHARMACY	1,931,461	2,128	923	2,128	923		2,128
017 MEDICAL RECORDS & LIB	1,069,223	1,360	1,600	1,360	1,600		1,360
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	7,234,380	35,270		35,270		38,424	35,270
026 INTENSIVE CARE UNIT	1,865,872	5,456		5,456		8,939	5,456
031 SUBPROVIDER	1,350,165	6,072		6,072		4,239	6,072
033 NURSERY	224,116	556		556			556
ANCILLARY SRVC COST C							
037 OPERATING ROOM	4,453,268	7,205	923	7,205	923	42,068	7,205
038 RECOVERY ROOM	861,244	7,312		7,312			7,312
039 DELIVERY ROOM & LABOR	654,929					20,595	
040 ANESTHESIOLOGY	1,460,885	120		120			120
041 RADIOLOGY-DIAGNOSTIC	3,420,546	7,704		7,704		11,020	7,704
043 RADIOISOTOPE	583,347	384		384			384
044 LABORATORY	3,338,963	5,363		5,363			5,363
046 WHOLE BLOOD & PACKED	757,484	100		100			100
049 RESPIRATORY THERAPY	1,036,182	1,180		1,180			1,180
050 PHYSICAL THERAPY	2,269,161	3,844		3,844		1,375	3,844
052 SPEECH PATHOLOGY	216,217						
053 ELECTROCARDIOLOGY	2,102,331	2,792		2,792			2,792
054 ELECTROENCEPHALOGRAPH	64,666	200		200			200
055 MEDICAL SUPPLIES CHAR	3,661,333						
056 DRUGS CHARGED TO PATI	2,524,173						
059 CANCER CENTER	2,168,930	17,800		17,800			17,800
OUTPAT SERVICE COST C							
061 EMERGENCY	3,298,378	6,420		6,420		23,012	6,420
061 01 OUTPATIENT PSYCH	754,650	1,748		1,748			1,748
061 02 WOUND CARE	17,585						
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 50 RURAL HEALTH CLINIC -	527,184	3,200		3,200		102	3,200
063 51 RURAL HEALTH CLINIC-	281,657	2,880		2,880		64	2,880
063 52 RURAL HEALTH CLINIC -	692,153	3,192		3,192		256	3,192
063 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	1,233,611	650	4,691	650	4,691		650
SPEC PURPOSE COST CEN							
095 SUBTOTALS	56,452,955	149,180	19,586	134,076	15,986	150,094	132,774
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	4,741	450		450			450
098 PHYSICIANS' PRIVATE O	3,603,575	17,854		17,854		30	17,854
099 NONPAID WORKERS							
100 RENTAL	293,991		48,416		48,416		
100 01 CHILDEVELOPMENT CEN	1,407,069	17,133		17,133			17,133
100 02 OTHER NONREIMBURSABLE						1,120	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	16,543,231	758,828	47,529	2,097,579	583,642	436,912	1,014,873
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		4.110282		12.374148		2.888789	
(WRKSHT B, PT I)	.267853		.698935		9.062483		6.033333
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	2,185,188	75,562	1,414	275,289	16,287	40,592	45,031
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.409291		1.623999		.268388	
(WRKSHT B, PT III)	.035381		.020794		.252896		.267705

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	( MEALS SERVED )	( MEALS SERVED )	( DIRECT NRSNG HRS )	( COSTED REQUIS. )	( COSTED REQUIS. )	( TIME SPENT )
	11	12	14	15	16	17
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS- NE						
003 02 NEW CAP REL COSTS-OLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENE						
007 MAINTENANCE & REPAIRS						
007 01 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT-OL						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY	226,347					
012 CAFETERIA	151,360	56,295				
014 NURSING ADMINISTRATION		1,174	654,344			
015 CENTRAL SERVICES & SU		202		3,661,333		
016 PHARMACY		1,912			2,524,173	
017 MEDICAL RECORDS & LIB		1,879				31,183
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	59,074	12,713	265,159			21,532
026 INTENSIVE CARE UNIT	6,703	2,777	57,912			2,455
031 SUBPROVIDER	9,210	1,743	36,345			508
033 NURSERY		252	5,255			1,772
ANCILLARY SRVC COST C						
037 OPERATING ROOM		1,825	38,072			
038 RECOVERY ROOM		1,181	24,626			
039 DELIVERY ROOM & LABOR		735	15,325			
040 ANESTHESIOLOGY		1,008				
041 RADIOLOGY-DIAGNOSTIC		2,393	49,918			
043 RADIOISOTOPE		282				
044 LABORATORY		3,404				
046 WHOLE BLOOD & PACKED		204				
049 RESPIRATORY THERAPY		1,379				
050 PHYSICAL THERAPY		3,021				
052 SPEECH PATHOLOGY		426				
053 ELECTROCARDIOLOGY		1,893				
054 ELECTROENCEPHALOGRAPH		89				
055 MEDICAL SUPPLIES CHAR				3,661,333		
056 DRUGS CHARGED TO PATI					2,524,173	
059 CANCER CENTER		795	16,589			
OUTPAT SERVICE COST C						
061 EMERGENCY		4,345	90,619			4,916
061 01 OUTPATIENT PSYCH		1,197	24,972			
061 02 WOUND CARE		25				
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC -		834				
063 51 RURAL HEALTH CLINIC-		371				
063 52 RURAL HEALTH CLINIC -		910				
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY		1,417	29,552			
SPEC PURPOSE COST CEN						
095 SUBTOTALS	226,347	50,386	654,344	3,661,333	2,524,173	31,183
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O		2,517				
099 NONPAID WORKERS						
100 RENTAL						
100 01 CHILD DEVELOPMENT CEN		3,392				
100 02 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,563,529	1,177,711	1,451,792	438,959	2,545,737	1,441,169
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		20.920348		.119890		46.216496
(WRKSHT B, PT I)	6.907664		2.218698		1.008543	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT I I)	106,778	120,225	118,222	84,259	312,473	103,844
107 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		2.135625		.023013		3.330148
(WRKSHT B, PT I I I)	.471745		.180673		.123792	

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	12,334,801		12,334,801	545	12,335,346
26	INTENSIVE CARE UNIT	2,860,679		2,860,679		2,860,679
31	SUBPROVIDER	2,064,986		2,064,986	132,217	2,197,203
33	NURSERY	395,493		395,493		395,493
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,061,514		6,061,514		6,061,514
38	RECOVERY ROOM	1,335,926		1,335,926		1,335,926
39	DELIVERY ROOM & LABOR ROO	939,227		939,227		939,227
40	ANESTHESIOLOGY	1,875,977		1,875,977	71,412	1,947,389
41	RADIOLOGY-DIAGNOSTIC	4,702,876		4,702,876		4,702,876
43	RADIOISOTOPE	754,145		754,145		754,145
44	LABORATORY	4,425,290		4,425,290	316,283	4,741,573
46	WHOLE BLOOD & PACKED RED	966,897		966,897		966,897
49	RESPIRATORY THERAPY	1,369,145		1,369,145		1,369,145
50	PHYSICAL THERAPY	3,030,693		3,030,693		3,030,693
52	SPEECH PATHOLOGY	283,043		283,043		283,043
53	ELECTROCARDIOLOGY	2,767,919		2,767,919	239,882	3,007,801
54	ELECTROENCEPHALOGRAPHY	88,353		88,353		88,353
55	MEDICAL SUPPLIES CHARGED	5,080,991		5,080,991		5,080,991
56	DRUGS CHARGED TO PATIENTS	5,746,017		5,746,017		5,746,017
59	CANCER CENTER	3,204,138		3,204,138	37,106	3,241,244
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	4,912,054		4,912,054	122,258	5,034,312
61 01	OUTPATIENT PSYCH	1,076,593		1,076,593		1,076,593
61 02	WOUND CARE	22,818		22,818		22,818
62	OBSERVATION BEDS (NON-DIS	59,825		59,825		59,825
63	OTHER OUTPATIENT SERVICE					
63 50	RURAL HEALTH CLINIC - SHE	758,192		758,192		758,192
63 51	RURAL HEALTH CLINIC- LAGR	429,898		429,898		429,898
63 52	RURAL HEALTH CLINIC - MON	969,202		969,202		969,202
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	68,516,692		68,516,692	919,703	69,436,395
102	LESS OBSERVATION BEDS	59,825		59,825		59,825
103	TOTAL	68,456,867		68,456,867	919,703	69,376,570

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	7,221,734		7,221,734			
26	INTENSIVE CARE UNIT	1,467,147		1,467,147			
31	SUBPROVIDER	1,347,569		1,347,569			
33	NURSERY	545,984		545,984			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,905,995	4,290,763	11,196,758	.541363	.541363	.541363
38	RECOVERY ROOM	978,740	1,013,251	1,991,991	.670649	.670649	.670649
39	DELIVERY ROOM & LABOR ROO	732,495	110,420	842,915	1.114261	1.114261	1.114261
40	ANESTHESIOLOGY	29,639	691,601	721,240	2.601044	2.601044	2.700057
41	RADIOLOGY-DIAGNOSTIC	7,082,791	13,461,117	20,543,908	.228918	.228918	.228918
43	RADIOISOTOPE	604,449	1,840,096	2,444,545	.308501	.308501	.308501
44	LABORATORY	11,778,670	11,498,867	23,277,537	.190110	.190110	.203697
46	WHOLE BLOOD & PACKED RED	915,166	500,864	1,416,030	.682822	.682822	.682822
49	RESPIRATORY THERAPY	1,904,929	158,405	2,063,334	.663560	.663560	.663560
50	PHYSICAL THERAPY	701,139	2,686,474	3,387,613	.894640	.894640	.894640
52	SPEECH PATHOLOGY	55,418	250,762	306,180	.924433	.924433	.924433
53	ELECTROCARDIOLOGY	5,076,579	6,259,517	11,336,096	.244169	.244169	.265330
54	ELECTROENCEPHALOGRAPHY	64,938	58,136	123,074	.717885	.717885	.717885
55	MEDICAL SUPPLIES CHARGED	40,199,098	14,062,344	54,261,442	.093639	.093639	.093639
56	DRUGS CHARGED TO PATIENTS	22,271,540	5,745,219	28,016,759	.205092	.205092	.205092
59	CANCER CENTER	90,964	4,530,627	4,621,591	.693298	.693298	.701326
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	867,229	1,459,617	2,326,846	2.111035	2.111035	2.163578
61 01	OUTPATIENT PSYCH		268,915	268,915	4.003469	4.003469	4.003469
61 02	WOUND CARE		8,956	8,956	2.547789	2.547789	2.547789
62	OBSERVATION BEDS (NON-DIS		38,601	38,601	1.549830	1.549830	1.549830
63	OTHER OUTPATIENT SERVICE						
63 50	RURAL HEALTH CLINIC - SHE		758,621	758,621	.999435	.999435	.999435
63 51	RURAL HEALTH CLINIC- LAGR		380,085	380,085	1.131058	1.131058	1.131058
63 52	RURAL HEALTH CLINIC - MON		1,250,376	1,250,376	.775128	.775128	.775128
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	110,842,213	71,323,634	182,165,847			
102	LESS OBSERVATION BEDS						
103	TOTAL	110,842,213	71,323,634	182,165,847			





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	6,061,514	773,227	5,288,287			6,061,514
38	RECOVERY ROOM	1,335,926	134,678	1,201,248			1,335,926
39	DELIVERY ROOM & LABOR ROO	939,227	50,858	888,369			939,227
40	ANESTHESIOLOGY	1,875,977	111,777	1,764,200			1,875,977
41	RADIOLOGY-DIAGNOSTIC	4,702,876	928,333	3,774,543			4,702,876
43	RADIOISOTOPE	754,145	59,440	694,705			754,145
44	LABORATORY	4,425,290	450,818	3,974,472			4,425,290
46	WHOLE BLOOD & PACKED RED	966,897	34,971	931,926			966,897
49	RESPIRATORY THERAPY	1,369,145	98,360	1,270,785			1,369,145
50	PHYSICAL THERAPY	3,030,693	195,140	2,835,553			3,030,693
52	SPEECH PATHOLOGY	283,043	11,325	271,718			283,043
53	ELECTROCARDIOLOGY	2,767,919	418,124	2,349,795			2,767,919
54	ELECTROENCEPHALOGRAPHY	88,353	7,947	80,406			88,353
55	MEDICAL SUPPLIES CHARGED	5,080,991	213,801	4,867,190			5,080,991
56	DRUGS CHARGED TO PATIENTS	5,746,017	401,781	5,344,236			5,746,017
59	CANCER CENTER	3,204,138	1,071,670	2,132,468			3,204,138
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,912,054	294,346	4,617,708			4,912,054
61	01 OUTPATIENT PSYCH	1,076,593	65,570	1,011,023			1,076,593
61	02 WOUND CARE	22,818	1,067	21,751			22,818
62	OBSERVATION BEDS (NON-DIS	59,825	4,766	55,059			59,825
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - SHE	758,192	68,809	689,383			758,192
63	51 RURAL HEALTH CLINIC- LAGR	429,898	49,432	380,466			429,898
63	52 RURAL HEALTH CLINIC - MON	969,202	102,596	866,606			969,202
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	50,860,733	5,548,836	45,311,897			50,860,733
102	LESS OBSERVATION BEDS	59,825	4,766	55,059			59,825
103	TOTAL	50,800,908	5,544,070	45,256,838			50,800,908

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	11,196,758	.541363	.541363
38	RECOVERY ROOM	1,991,991	.670649	.670649
39	DELIVERY ROOM & LABOR ROO	842,915	1.114261	1.114261
40	ANESTHESIOLOGY	721,240	2.601044	2.601044
41	RADIOLOGY-DIAGNOSTIC	20,543,908	.228918	.228918
43	RADIOISOTOPE	2,444,545	.308501	.308501
44	LABORATORY	23,277,537	.190110	.190110
46	WHOLE BLOOD & PACKED RED	1,416,030	.682822	.682822
49	RESPIRATORY THERAPY	2,063,334	.663560	.663560
50	PHYSICAL THERAPY	3,387,613	.894640	.894640
52	SPEECH PATHOLOGY	306,180	.924433	.924433
53	ELECTROCARDIOLOGY	11,336,096	.244169	.244169
54	ELECTROENCEPHALOGRAPHY	123,074	.717885	.717885
55	MEDICAL SUPPLIES CHARGED	54,261,442	.093639	.093639
56	DRUGS CHARGED TO PATIENTS	28,016,759	.205092	.205092
59	CANCER CENTER	4,621,591	.693298	.693298
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,326,846	2.111035	2.111035
61	01 OUTPATIENT PSYCH	268,915	4.003469	4.003469
61	02 WOUND CARE	8,956	2.547789	2.547789
62	OBSERVATION BEDS (NON-DIS	38,601	1.549830	1.549830
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC - SHE	758,621	.999435	.999435
63	51 RURAL HEALTH CLINIC- LAGR	380,085	1.131058	1.131058
63	52 RURAL HEALTH CLINIC - MON	1,250,376	.775128	.775128
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	171,583,413		
102	LESS OBSERVATION BEDS	38,601		
103	TOTAL	171,544,812		

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	6,061,514	773,227	5,288,287			6,061,514
38	RECOVERY ROOM	1,335,926	134,678	1,201,248			1,335,926
39	DELIVERY ROOM & LABOR ROO	939,227	50,858	888,369			939,227
40	ANESTHESIOLOGY	1,875,977	111,777	1,764,200			1,875,977
41	RADIOLOGY-DIAGNOSTIC	4,702,876	928,333	3,774,543			4,702,876
43	RADIOISOTOPE	754,145	59,440	694,705			754,145
44	LABORATORY	4,425,290	450,818	3,974,472			4,425,290
46	WHOLE BLOOD & PACKED RED	966,897	34,971	931,926			966,897
49	RESPIRATORY THERAPY	1,369,145	98,360	1,270,785			1,369,145
50	PHYSICAL THERAPY	3,030,693	195,140	2,835,553			3,030,693
52	SPEECH PATHOLOGY	283,043	11,325	271,718			283,043
53	ELECTROCARDIOLOGY	2,767,919	418,124	2,349,795			2,767,919
54	ELECTROENCEPHALOGRAPHY	88,353	7,947	80,406			88,353
55	MEDICAL SUPPLIES CHARGED	5,080,991	213,801	4,867,190			5,080,991
56	DRUGS CHARGED TO PATIENTS	5,746,017	401,781	5,344,236			5,746,017
59	CANCER CENTER	3,204,138	1,071,670	2,132,468			3,204,138
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,912,054	294,346	4,617,708			4,912,054
61	01 OUTPATIENT PSYCH	1,076,593	65,570	1,011,023			1,076,593
61	02 WOUND CARE	22,818	1,067	21,751			22,818
62	OBSERVATION BEDS (NON-DIS	59,825	4,766	55,059			59,825
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - SHE	758,192	68,809	689,383			758,192
63	51 RURAL HEALTH CLINIC- LAGR	429,898	49,432	380,466			429,898
63	52 RURAL HEALTH CLINIC - MON	969,202	102,596	866,606			969,202
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	50,860,733	5,548,836	45,311,897			50,860,733
102	LESS OBSERVATION BEDS	59,825	4,766	55,059			59,825
103	TOTAL	50,800,908	5,544,070	45,256,838			50,800,908

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	11,196,758	.541363	.541363
38	RECOVERY ROOM	1,991,991	.670649	.670649
39	DELIVERY ROOM & LABOR ROO	842,915	1.114261	1.114261
40	ANESTHESIOLOGY	721,240	2.601044	2.601044
41	RADIOLOGY-DIAGNOSTIC	20,543,908	.228918	.228918
43	RADIOISOTOPE	2,444,545	.308501	.308501
44	LABORATORY	23,277,537	.190110	.190110
46	WHOLE BLOOD & PACKED RED	1,416,030	.682822	.682822
49	RESPIRATORY THERAPY	2,063,334	.663560	.663560
50	PHYSICAL THERAPY	3,387,613	.894640	.894640
52	SPEECH PATHOLOGY	306,180	.924433	.924433
53	ELECTROCARDIOLOGY	11,336,096	.244169	.244169
54	ELECTROENCEPHALOGRAPHY	123,074	.717885	.717885
55	MEDICAL SUPPLIES CHARGED	54,261,442	.093639	.093639
56	DRUGS CHARGED TO PATIENTS	28,016,759	.205092	.205092
59	CANCER CENTER	4,621,591	.693298	.693298
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,326,846	2.111035	2.111035
61	01 OUTPATIENT PSYCH	268,915	4.003469	4.003469
61	02 WOUND CARE	8,956	2.547789	2.547789
62	OBSERVATION BEDS (NON-DIS	38,601	1.549830	1.549830
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC - SHE	758,621	.999435	.999435
63	51 RURAL HEALTH CLINIC- LAGR	380,085	1.131058	1.131058
63	52 RURAL HEALTH CLINIC - MON	1,250,376	.775128	.775128
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	171,583,413		
102	LESS OBSERVATION BEDS	38,601		
103	TOTAL	171,544,812		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				982,750		982,750
26	INTENSIVE CARE UNIT				227,371		227,371
31	SUBPROVIDER				151,794		151,794
33	NURSERY				33,153		33,153
101	TOTAL				1,395,068		1,395,068







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

PROVIDER NO:	PERIOD:	PREPARED 3/31/2009
26-0025	FROM 10/ 1/2007	WORKSHEET D
	TO 9/30/2008	PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					19,588	
26	INTENSIVE CARE UNIT					2,212	
31	SUBPROVIDER					3,039	
33	NURSERY					1,799	
101	TOTAL					26,638	

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

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2007	3/31/2009
	TO 9/30/2008	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	12,804	
26	INTENSIVE CARE UNIT	1,528	
31	SUBPROVIDER	1,181	
33	NURSERY		
101	TOTAL	15,513	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CANCER CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
61	01 OUTPATIENT PSYCH						
61	02 WOUND CARE						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - SHE						
63	51 RURAL HEALTH CLINIC- LAGR						
63	52 RURAL HEALTH CLINIC - MON						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			11,196,758			5,451,457	
38	RECOVERY ROOM			1,991,991			513,050	
39	DELIVERY ROOM & LABOR ROO			842,915				
40	ANESTHESIOLOGY			721,240			16,031	
41	RADIOLOGY-DIAGNOSTIC			20,543,908			3,742,228	
43	RADIOISOTOPE			2,444,545			390,578	
44	LABORATORY			23,277,537			6,486,510	
46	WHOLE BLOOD & PACKED RED			1,416,030			671,858	
49	RESPIRATORY THERAPY			2,063,334			1,278,233	
50	PHYSICAL THERAPY			3,387,613			589,665	
52	SPEECH PATHOLOGY			306,180			47,198	
53	ELECTROCARDIOLOGY			11,336,096			3,849,071	
54	ELECTROENCEPHALOGRAPHY			123,074			39,062	
55	MEDICAL SUPPLIES CHARGED			54,261,442			20,945,518	
56	DRUGS CHARGED TO PATIENTS			28,016,759			13,012,766	
59	CANCER CENTER			4,621,591			85,353	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			2,326,846			551,617	
61	01 OUTPATIENT PSYCH			268,915				
61	02 WOUND CARE			8,956				
62	OBSERVATION BEDS (NON-DIS			38,601				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC - SHE							
63	51 RURAL HEALTH CLINIC- LAGR							
63	52 RURAL HEALTH CLINIC - MON							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			169,194,331			57,670,195	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	634,800					
38	RECOVERY ROOM	224,263					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	75,797					
41	RADIOLOGY-DIAGNOSTIC	3,703,806					
43	RADIOISOTOPE	677,536					
44	LABORATORY	649,751					
46	WHOLE BLOOD & PACKED RED	202,272					
49	RESPIRATORY THERAPY	49,375					
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY	25,986					
53	ELECTROCARDIOLOGY	1,456,111					
54	ELECTROENCEPHALOGRAPHY	22,245					
55	MEDICAL SUPPLIES CHARGED	6,266,471					
56	DRUGS CHARGED TO PATIENTS	2,498,158					
59	CANCER CENTER	2,644,425					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	255,116					
61	01 OUTPATIENT PSYCH						
61	02 WOUND CARE						
62	OBSERVATION BEDS (NON-DIS	36,926					
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - SHE						
63	51 RURAL HEALTH CLINIC- LAGR						
63	52 RURAL HEALTH CLINIC - MON						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	19,423,038					









TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.205092
2	PROGRAM VACCINE CHARGES		27,313
3	PROGRAM COSTS		5,602







TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			11,196,758				
	OPERATING ROOM			1,991,991				
38	RECOVERY ROOM			842,915				
39	DELIVERY ROOM & LABOR ROO			721,240				
40	ANESTHESIOLOGY			20,543,908			5,859	
41	RADIOLOGY-DIAGNOSTIC			2,444,545			11,206	
43	RADIOISOTOPE			23,277,537				
44	LABORATORY			1,416,030				
46	WHOLE BLOOD & PACKED RED			2,063,334				
49	RESPIRATORY THERAPY			3,387,613			3,870	
50	PHYSICAL THERAPY			306,180				
52	SPEECH PATHOLOGY			11,336,096			972	
53	ELECTROCARDIOLOGY			123,074				
54	ELECTROENCEPHALOGRAPHY			54,261,442				
55	MEDICAL SUPPLIES CHARGED			28,016,759				
56	DRUGS CHARGED TO PATIENTS			4,621,591				
59	CANCER CENTER							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			2,326,846				
61	01 OUTPATIENT PSYCH			268,915				
61	02 WOUND CARE			8,956				
62	OBSERVATION BEDS (NON-DIS			38,601				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC - SHE							
63	51 RURAL HEALTH CLINIC- LAGR							
63	52 RURAL HEALTH CLINIC - MON							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			169,194,331			21,907	

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CANCER CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
61	01 OUTPATIENT PSYCH						
61	02 WOUND CARE						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - SHE						
63	51 RURAL HEALTH CLINIC- LAGR						
63	52 RURAL HEALTH CLINIC - MON						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

















TITLE XVIII PART A HOSPITAL PPS

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	95
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	629.74
85	OBSERVATION BED COST	59,825

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	12,335,346		59,825	
87	NEW CAPITAL-RELATED COST	982,750	.079669	59,825	4,766
88	NON PHYSICIAN ANESTHETIST	12,335,346		59,825	
89	MEDICAL EDUCATION	12,335,346		59,825	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				











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	95
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	629.71
85	OBSERVATION BED COST	59,822

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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







WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		6,055,928	
26	INTENSIVE CARE UNIT		1,060,295	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.541363	5,451,457	2,951,217
38	RECOVERY ROOM	.670649	513,050	344,076
39	DELIVERY ROOM & LABOR ROOM	1.114261		
40	ANESTHESIOLOGY	2.700057	16,031	43,285
41	RADIOLOGY-DIAGNOSTIC	.228918	3,742,228	856,663
43	RADIOISOTOPE	.308501	390,578	120,494
44	LABORATORY	.203697	6,486,510	1,321,283
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.682822	671,858	458,759
49	RESPIRATORY THERAPY	.663560	1,278,233	848,184
50	PHYSICAL THERAPY	.894640	589,665	527,538
52	SPEECH PATHOLOGY	.924433	47,198	43,631
53	ELECTROCARDIOLOGY	.265330	3,849,071	1,021,274
54	ELECTROENCEPHALOGRAPHY	.717885	39,062	28,042
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.093639	20,945,518	1,961,317
56	DRUGS CHARGED TO PATIENTS	.205092	13,012,766	2,668,814
59	CANCER CENTER	.701326	85,353	59,860
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2.163578	551,617	1,193,466
61 01	OUTPATIENT PSYCH	4.003469		
61 02	WOUND CARE	2.547789		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.549830		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC - SHELBI NA			
63 51	RURAL HEALTH CLINIC- LAGRANGE			
63 52	RURAL HEALTH CLINIC - MONROE CITY			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		57,670,195	14,447,903
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		57,670,195	

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			
31	SUBPROVIDER		558,382	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.541363		
38	RECOVERY ROOM	.670649		
39	DELIVERY ROOM & LABOR ROOM	1.114261		
40	ANESTHESIOLOGY	2.601044		
41	RADIOLOGY-DIAGNOSTIC	.228918	5,859	1,341
43	RADIOISOTOPE	.308501	11,206	3,457
44	LABORATORY	.190110		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.682822		
49	RESPIRATORY THERAPY	.663560		
50	PHYSICAL THERAPY	.894640	3,870	3,462
52	SPEECH PATHOLOGY	.924433		
53	ELECTROCARDIOLOGY	.244169	972	237
54	ELECTROENCEPHALOGRAPHY	.717885		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.093639		
56	DRUGS CHARGED TO PATIENTS	.205092		
59	CANCER CENTER	.693298		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2.111035		
61 01	OUTPATIENT PSYCH	4.003469		
61 02	WOUND CARE	2.547789		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.549830		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC - SHELBI NA			
63 51	RURAL HEALTH CLINIC- LAGRANGE			
63 52	RURAL HEALTH CLINIC - MONROE CITY			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		21,907	8,497
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		21,907	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,080,922	
26	INTENSIVE CARE UNIT		130,540	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.541363	1,377,293	745,615
38	RECOVERY ROOM	.670649	116,575	78,181
39	DELIVERY ROOM & LABOR ROOM	1.114261	393,694	438,678
40	ANESTHESIOLOGY	2.601044		
41	RADIOLOGY-DIAGNOSTIC	.228918	466,434	106,775
43	RADIOISOTOPE	.308501	28,761	8,873
44	LABORATORY	.190110	747,501	142,107
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.682822	75,854	51,795
49	RESPIRATORY THERAPY	.663560	187,387	124,343
50	PHYSICAL THERAPY	.894640	21,078	18,857
52	SPEECH PATHOLOGY	.924433	3,210	2,967
53	ELECTROCARDIOLOGY	.244169	358,687	87,580
54	ELECTROENCEPHALOGRAPHY	.717885	6,836	4,907
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.093639	1,447,374	135,531
56	DRUGS CHARGED TO PATIENTS	.205092	2,709,283	555,652
59	CANCER CENTER	.693298	1,001	694
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2.111035	126,096	266,193
61 01	OUTPATIENT PSYCH	4.003469		
61 02	WOUND CARE	2.547789		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.549830		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC - SHELBI NA	.999435		
63 51	RURAL HEALTH CLINIC- LAGRANGE	1.131058		
63 52	RURAL HEALTH CLINIC - MONROE CITY	.775128		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		8,067,064	2,768,748
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,067,064	

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			
31	SUBPROVIDER		518,840	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.541363		
38	RECOVERY ROOM	.670649		
39	DELIVERY ROOM & LABOR ROOM	1.114261		
40	ANESTHESIOLOGY	2.601044		
41	RADIOLOGY-DIAGNOSTIC	.228918	10,474	2,398
43	RADIOISOTOPE	.308501	4,158	1,283
44	LABORATORY	.190110	67,847	12,898
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.682822		
49	RESPIRATORY THERAPY	.663560	2,566	1,703
50	PHYSICAL THERAPY	.894640	222	199
52	SPEECH PATHOLOGY	.924433		
53	ELECTROCARDIOLOGY	.244169	1,394	340
54	ELECTROENCEPHALOGRAPHY	.717885		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.093639	12,987	1,216
56	DRUGS CHARGED TO PATIENTS	.205092	71,028	14,567
59	CANCER CENTER	.693298		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2.111035	17,880	37,745
61 01	OUTPATIENT PSYCH	4.003469		
61 02	WOUND CARE	2.547789		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.549830		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC - SHELBI NA	.999435		
63 51	RURAL HEALTH CLINIC- LAGRANGE	1.131058		
63 52	RURAL HEALTH CLINIC - MONROE CITY	.775128		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		188,556	72,349
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		188,556	



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	21,212,781	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	24,724,447	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	24,724,447	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,723,512	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	26,447,959	
17 PRIMARY PAYER PAYMENTS	21,840	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	26,426,119	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,296,230	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	35,267	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	551,649	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	386,154	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	513,874	
22 SUBTOTAL	24,480,776	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	24,480,776	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	25,021,403	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-540,627	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,602
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,966,331
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,065,286
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.880
1.04	LINE 1.01 TIMES LINE 1.03.	5,250,371
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	96.47
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)	5,602
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	27,313
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	27,313
	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)	27,313
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21,711
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,602
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,065,286
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	36,744
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,337,011
19	SUBTOTAL (SEE INSTRUCTIONS)	3,697,133
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	3,697,133
24	PRIMARY PAYER PAYMENTS	526
25	SUBTOTAL	3,696,607
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	32,238
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	22,567
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	3,719,174
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	3,719,174
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,720,105
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-931
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	





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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	814,662
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	203,666
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	637,083
1.09	NET IPF PPS OUTLIER PAYMENTS	134
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	8.303279
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15 / 1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	637,217
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	570,263
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	427,697
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	840,883
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39 / 1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	840,883
5	PRIMARY PAYER PAYMENTS	5,950
6	SUBTOTAL	834,933
7	DEDUCTIBLES	81,152
8	SUBTOTAL	753,781
9	COINSURANCE	6,198
10	SUBTOTAL	747,583
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	747,583
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	747,583
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	720,353
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	27,230
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)  
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE  
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		4,505,286	
2	MEDICAL AND OTHER SERVICES		4,029,084	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		8,534,370	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		8,534,370	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		933,245	
11	ANCILLARY SERVICE CHARGES		17,270,202	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		18,203,447	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18,203,447	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		9,669,077	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		8,534,370	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		8,534,370	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		8,534,370	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		8,534,370	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		8,534,370	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		8,534,370	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		8,534,370	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		3,869,628	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		4,664,742	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2007	3/31/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		744,375	
2	MEDICAL AND OTHER SERVICES		391,926	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		1,136,301	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		1,136,301	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		543,740	
11	ANCILLARY SERVICE CHARGES		286,461	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		830,201	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		830,201	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		306,100	
23	COST OF COVERED SERVICES		1,136,301	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		1,136,301	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,136,301	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		306,100	
35	SUBTOTAL		830,201	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		830,201	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		830,201	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		830,201	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		627,451	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		202,750	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2007	3/31/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E-3
26-S025		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER  
 TITLE V OR  
 TITLE XIX  
 1

TITLE XVIII  
 SNF PPS  
 2

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

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,768,818			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	10,655,213			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	2,459,460			
8 PREPAID EXPENSES	620,439			
9 OTHER CURRENT ASSETS	1,535,215			
10 DUE FROM OTHER FUNDS	799,208			
11 TOTAL CURRENT ASSETS	17,838,353			
FIXED ASSETS				
12 LAND	2,186,770			
12.01 LAND IMPROVEMENTS	5,006,092			
13.01 LESS ACCUMULATED DEPRECIATION	-3,075,863			
14 BUILDINGS	36,792,679			
14.01 LESS ACCUMULATED DEPRECIATION	-18,886,681			
15 LEASEHOLD IMPROVEMENTS	227,696			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	98,327			
16.01 LESS ACCUMULATED DEPRECIATION	-86,595			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	40,339,147			
18.01 LESS ACCUMULATED DEPRECIATION	-29,024,795			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE	23,169,337			
21 TOTAL FIXED ASSETS	56,746,114			
OTHER ASSETS				
22 INVESTMENTS	30,342,507			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	5,067,756			
26 TOTAL OTHER ASSETS	35,410,263			
27 TOTAL ASSETS	109,994,730			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	9,015,406			
29 SALARIES, WAGES & FEES PAYABLE	5,464,227			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,494,777			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	115,215			
36 TOTAL CURRENT LIABILITIES	17,089,625			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	30,782,461			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,813,452			
42 TOTAL LONG-TERM LIABILITIES	32,595,913			
43 TOTAL LIABILITIES	49,685,538			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	60,309,192			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	60,309,192			
52 TOTAL LIABILITIES AND FUND BALANCES	109,994,730			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1	FUND BALANCE AT BEGINNING		60,614,640	
	OF PERIOD			
2	NET INCOME (LOSS)		78,312	
3	TOTAL		60,692,952	
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
	CONTRIBUTIONS	289,663		
5				
6				
7				
8				
9				
10	TOTAL ADDITIONS		289,663	
11	SUBTOTAL		60,982,615	
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
12	INVESTMENT INCOME	3,854		
13	NET ASSETS RELEASED FROM	669,569		
14				
15				
16				
17				
18	TOTAL DEDUCTIONS		673,423	
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		60,309,192	

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	7,847,555		7,847,555
2 00 SUBPROVIDER	1,771,234		1,771,234
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,618,789		9,618,789
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,465,897		1,465,897
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,465,897		1,465,897
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	11,084,686		11,084,686
17 00 ANCILLARY SERVICES	101,594,769		101,594,769
18 00 OUTPATIENT SERVICES		66,362,646	66,362,646
18 50 RURAL HEALTH CLINIC - SHELBI NA		758,621	758,621
18 51 RURAL HEALTH CLINIC- LAGRANGE		380,085	380,085
18 52 RURAL HEALTH CLINIC - MONROE CITY		1,250,376	1,250,376
19 00 HOME HEALTH AGENCY		1,219,773	1,219,773
24 00 NURSERY	543,200	2,784	545,984
24 01 PHYSICIAN PRIVATE OFFICES		2,175,631	2,175,631
24 02 CANCER CENTER	90,964	4,530,627	4,621,591
25 00 TOTAL PATIENT REVENUES	113,313,619	76,680,543	189,994,162

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		85,435,875	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	5,195,184		
28 00 RECONCILIATION	4,673		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		5,199,857	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		90,635,732	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	189,994,162
2	LESS: ALLOWANCES AND DISCOUNTS ON	94,958,996
3	NET PATIENT REVENUES	95,035,166
4	LESS: TOTAL OPERATING EXPENSES	90,635,732
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	4,399,434
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	3,305,322
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	438,050
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	135,285
23	GOVERNMENTAL APPROPRIATIONS	
24	GAIN ON INVESTMENT	
24.01	MISCELLANEOUS INCOME	392,568
24.02	CHILDRENS DEVELOPMENT CENTER	557,177
25	TOTAL OTHER INCOME	4,828,402
26	TOTAL OTHER EXPENSES	9,227,836
27	GAIN ON INVESTMENT	9,149,524
28		
29		
30	TOTAL OTHER EXPENSES	9,149,524
31	NET INCOME (OR LOSS) FOR THE PERIO	78,312

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
5	167,972	54,532	21,692		93,898	338,094
HHA REIMBURSABLE SERVICES						
6	389,328		41,061			430,389
7	178,568			31,943		210,511
8	16,172					16,172
9	2,560					2,560
10						
11	-445					-445
12						
13					19	19
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	754,155	54,532	62,753	31,943	93,917	997,300

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
5		338,094		338,094
HHA REIMBURSABLE SERVICES				
6		430,389		430,389
7		210,511		210,511
8		16,172		16,172
9		2,560		2,560
10				
11		-445		-445
12				
13		19		19
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		997,300		997,300

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							
		338,094				338,094	338,094
HHA REIMBURSABLE SERVICES							
6		430,389				430,389	220,589
7		210,511				210,511	107,894
8		16,172				16,172	8,289
9		2,560				2,560	1,312
10							
11		-445				-445	
12							
13		19				19	10
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		997,300				997,300	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		650,978					
6		318,405					
7		24,461					
8		3,872					
9							
10							
11		-445					
12							
13		29					
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		997,300					

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 )	5
	1	2	3	4			
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX	100					
2	CAP-REL COST-MOV EQUIP		100				
3	PLANT OPER & MAINT			100			
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL	100	100	100		-338,094	659,651
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						430,389
7	PHYSICAL THERAPY						210,511
8	OCCUPATIONAL THERAPY						16,172
9	SPEECH PATHOLOGY						2,560
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE						
12	SUPPLIES						
13	DRUGS						19
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)	100	100	100		-338,094	659,651
25	COST TO BE ALLOCATED					-301,199	338,094
26	UNIT COST MULTIPLIER					-. 301199	. 512535

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS- NEW B 3.01	NEW CAP REL COSTS-OLD BL 3.02	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL			6,848	28,485	30,082	170,896
2 SKILLED NURSING CARE	650,978					
3 PHYSICAL THERAPY	318,405					
4 OCCUPATIONAL THERAPY	24,461					
5 SPEECH PATHOLOGY	3,872					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	-445					
8 SUPPLIES						
9 DRUGS	29					
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)	997,300		6,848	28,485	30,082	170,896
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	MAINTENANCE & REPAIRS- 0 7.01	OPERATION OF PLANT 8	OPERATION OF PLANT-OLD B 8.01
1 ADMIN & GENERAL	236,311	63,297	2,672	3,279	8,043	42,512
2 SKILLED NURSING CARE	650,978	174,365				
3 PHYSICAL THERAPY	318,405	85,286				
4 OCCUPATIONAL THERAPY	24,461	6,552				
5 SPEECH PATHOLOGY	3,872	1,037				
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	-445	-119				
8 SUPPLIES						
9 DRUGS	29	8				
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)	1,233,611	330,426	2,672	3,279	8,043	42,512
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL		3,922		29,644	65,567	
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)		3,922		29,644	65,567	
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	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			455,247		455,247	
2 SKILLED NURSING CARE			825,343		825,343	297,158
3 PHYSICAL THERAPY			403,691		403,691	145,346
4 OCCUPATIONAL THERAPY			31,013		31,013	11,166
5 SPEECH PATHOLOGY			4,909		4,909	1,767
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			-564		-564	-203
8 SUPPLIES						
9 DRUGS			37		37	13
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)			1,719,676		1,719,676	455,247
21 UNIT COST MULTIPLIER						0.360042

(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	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	1,122,501
3 PHYSICAL THERAPY	549,037
4 OCCUPATIONAL THERAPY	42,179
5 SPEECH PATHOLOGY	6,676
6 MEDICAL SOCIAL SERVICES	
7 HOME HEALTH AIDE	-767
8 SUPPLIES	
9 DRUGS	50
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)	1,719,676
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	NEW CAP REL COSTS-BLDG & ( SQUARE FEET ) 3	NEW CAP REL COSTS- NEW B ( SQUARE FEET ) 3.01	NEW CAP REL COSTS-OLD BL ( SQUARE FEET ) 3.02	NEW CAP REL COSTS-MVBLE ( DOLLAR VALUE ) 4	EMPLOYEE BEN EFITS ( GROSS SALARIES ) 5	RECONCILIATION 6A
1 ADMIN & GENERAL		650	4,691	21,333	803,109	
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)		650	4,691	21,333	803,109	
21 COST TO BE ALLOCATED		6,848	28,485	30,082	170,896	
22 UNIT COST MULTIPLIER		10.535385	6.072266	1.410116	0.212793	

HHA COST CENTER	ADMINISTRATIVE & GENERAL ( ACCUM. COST ) 6	MAINTENANCE & REPAIRS ( SQUARE FEET ) 7	MAINTENANCE & REPAIRS- 0 ( SQUARE FEET ) 7.01	OPERATION OF PLANT ( SQUARE FEET ) 8	OPERATION OF PLANT-OLD B ( SQUARE FEET ) 8.01	LAUNDRY & LINEN SERVICE ( POUNDS OF LAUNDRY ) 9
1 ADMIN & GENERAL	236,311	650	4,691	650	4,691	
2 SKILLED NURSING CARE	650,978					
3 PHYSICAL THERAPY	318,405					
4 OCCUPATIONAL THERAPY	24,461					
5 SPEECH PATHOLOGY	3,872					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	-445					
8 SUPPLIES						
9 DRUGS	29					
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)	1,233,611	650	4,691	650	4,691	
21 COST TO BE ALLOCATED	330,426	2,672	3,279	8,043	42,512	
22 UNIT COST MULTIPLIER	0.267853	4.110769	0.698998	12.373846	9.062460	

HHA 1

HHA COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	PHARMACY
	( SQUARE FEET )	( MEALS SERVED )	( MEALS SERVED )	( DIRECT NRSING HRS )	( COSTED REQUIS. )	( COSTED REQUIS. )
	10	11	12	14	15	16
1 ADMIN & GENERAL	650		1,417	29,552		
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)	650		1,417	29,552		
21 COST TO BE ALLOCATED	3,922		29,644	65,567		
22 UNIT COST MULTIPLIER	6.033846		20.920254	2.218699		

MEDICAL RECORDS & LIBRARY  
 ( TIME SPENT )  
 17

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

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM (FROM PART I) WKST H-5 PART I)	(FROM PART II)				PART A
1 SKILLED NURSING	2	1,122,501			1,122,501	5,137	218.51	2,091
2 PHYSICAL THERAPY	3	549,037	201,557		750,594	2,403	312.36	1,024
3 OCCUPATIONAL THERAPY	4	42,179			42,179	502	84.02	284
4 SPEECH PATHOLOGY	5	6,676			6,676	163	40.96	78
5 MEDICAL SOCIAL SERVICES	6					60		20
6 HOME HEALTH AIDE SERVICE	7	-767			-767	849	-.90	398
7 TOTAL		1,719,626	201,557		1,921,183	9,114		3,895

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	8	9	10	11
2 PHYSICAL THERAPY	1,062	487	456,904	232,058	688,962
3 OCCUPATIONAL THERAPY	70	17	319,857	152,119	471,976
4 SPEECH PATHOLOGY	17	10	23,862	5,881	29,743
5 MEDICAL SOCIAL SERVICES	10	250	3,195	696	3,891
6 HOME HEALTH AIDE SERVICES			-358	-225	-583
7 TOTAL	1,896		803,460	390,529	1,193,989

LIMITATION COST COMPUTATION	PATIENT SERVICES	PROGRAM COST LIMITS				PROGRAM VISITS	
		1	2	3	4	5	PART A
8 SKILLED NURSING		9914					6
8.01 SKILLED NURSING		9926					
8.02 SKILLED NURSING							
8.03 SKILLED NURSING							
9 PHYSICAL THERAPY		9914					
9.01 PHYSICAL THERAPY		9926					
9.02 PHYSICAL THERAPY							
9.03 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY		9914					
10.01 OCCUPATIONAL THERAPY		9926					
10.02 OCCUPATIONAL THERAPY							
10.03 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY		9914					
11.01 SPEECH PATHOLOGY		9926					
11.02 SPEECH PATHOLOGY							
11.03 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES		9914					
12.01 MEDICAL SOCIAL SERVICES		9926					
12.02 MEDICAL SOCIAL SERVICES							
12.03 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE		9914					
13.01 HOME HEALTH AIDE SERVICE		9926					
13.02 HOME HEALTH AIDE SERVICE							
13.03 HOME HEALTH AIDE SERVICE							
14 TOTAL							

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	8	9	10	11
8.01 SKILLED NURSING					
8.02 SKILLED NURSING					
8.03 SKILLED NURSING					
9 PHYSICAL THERAPY					
9.01 PHYSICAL THERAPY					
9.02 PHYSICAL THERAPY					
9.03 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
10.01 OCCUPATIONAL THERAPY					
10.02 OCCUPATIONAL THERAPY					
10.03 OCCUPATIONAL THERAPY					

PROVIDER NO:	PERIOD:	PREPARED 3/31/2009
26-0025	FROM 10/ 1/2007	WORKSHEET H-6
HHA NO:	TO 9/30/2008	PARTS I II & III
26-7282		HHA 1

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
	7	8	9	10	11	12
11	SPEECH PATHOLOGY					
11.01	SPEECH PATHOLOGY					
11.02	SPEECH PATHOLOGY					
11.03	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
12.01	MEDICAL SOCIAL SERVICES					
12.02	MEDICAL SOCIAL SERVICES					
12.03	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICE					
13.01	HOME HEALTH AIDE SERVICE					
13.02	HOME HEALTH AIDE SERVICE					
13.03	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		2,193	2,193	66,158	.033148	19,573
16 COST OF DRUGS	9.00	50		50			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	23,934		649	793
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	9914	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	9926	
16.02 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.03 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)	9914	
17.01 PER BENE COST LIMITATION (FRM FI)	9926	
17.02 PER BENE COST LIMITATION (FRM FI)		
17.03 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.894640	225,294	201,557	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52	.924433			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.093639	23,421	2,193	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.205092			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	3	312.36	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	84.02					
3 SPEECH PATHOLOGY	4	40.96					
4 TOTAL (SUM OF LINES 1-3)							





PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,674,783
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	48,729
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	59.30
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,723,512
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	137,403	137,403	
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	67,456	67,456	
4	VISITING NURSE			
5	OTHER NURSE	94,397	94,397	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	299,256	299,256	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT	18,086	18,086	
14	SUBTOTAL (SUM OF LINES 11-13)	18,086	18,086	
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	23,389	23,389	
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	23,389	23,389	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	299,256	41,475	340,731
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	101,058	101,802	202,860
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	101,058	101,802	202,860
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	400,314	143,277	543,591

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	137,403	-135,471	1,932
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	67,456		67,456
4	VISITING NURSE			
5	OTHER NURSE	94,397		94,397
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	299,256	-135,471	163,785
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT	18,086		18,086
14	SUBTOTAL (SUM OF LINES 11-13)	18,086		18,086
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	23,389		23,389
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	23,389		23,389
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	340,731	-135,471	205,260
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	202,860		202,860
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	202,860		202,860
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	543,591	-135,471	408,120



RHC 2

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	4,122	-4,122
2	PHYSICIAN ASSISTANT		
3	NURSE PRACTITIONER	84,906	84,906
4	VISITING NURSE	34,844	34,844
5	OTHER NURSE		
6	CLINICAL PSYCHOLOGIST		
7	CLINICAL SOCIAL WORKER		
8	LABORATORY TECHNICIAN		
9	OTHER FACILITY HEALTH CARE STAFF COSTS		
10	SUBTOTAL (SUM OF LINES 1-9)	123,872	-4,122
COSTS UNDER AGREEMENT			
11	PHYSICIAN SERVICES UNDER AGREEMENT		
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		
13	OTHER COSTS UNDER AGREEMENT	7,062	7,062
14	SUBTOTAL (SUM OF LINES 11-13)	7,062	7,062
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	3,484	3,484
20	ALLOWABLE GME COSTS		
21	SUBTOTAL (SUM OF LINES 15-20)	3,484	3,484
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	134,418	-4,122
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	88,445	88,445
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	88,445	88,445
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	222,863	-4,122

RHC 3

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	185,706	185,706	
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	97,168	97,168	
4	VISITING NURSE			
5	OTHER NURSE	135,679	135,679	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS	395	395	
10	SUBTOTAL (SUM OF LINES 1-9)	418,948	418,948	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT	29,636	29,636	
14	SUBTOTAL (SUM OF LINES 11-13)	29,636	29,636	
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	48,091	48,091	
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	48,091	48,091	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	418,948	496,675	
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	101,897	212,149	
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	101,897	212,149	
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	520,845	708,824	

RHC 3

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	185,706	-180,910	4,796
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	97,168		97,168
4 VISITING NURSE			
5 OTHER NURSE	135,679		135,679
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS	395		395
10 SUBTOTAL (SUM OF LINES 1-9)	418,948	-180,910	238,038
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT	29,636		29,636
14 SUBTOTAL (SUM OF LINES 11-13)	29,636		29,636
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	48,091		48,091
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	48,091		48,091
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	496,675	-180,910	315,765
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	212,149		212,149
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	212,149		212,149
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	708,824	-180,910	527,914

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2007	3/31/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET M-2
26-8512		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.91	3,060	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.92	4,895	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.83	7,955	1,932
5	VISITING NURSE			5,754
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.83	7,955	
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)	205,260		
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)	205,260		
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)	202,860		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	350,072		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	552,932		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	552,932		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	552,932		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	758,192		

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2007	3/31/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET M-2
26-8512		

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF  
COL. 2 OR  
COL. 4  
5

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

7,955

7,955

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

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2007	3/31/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET M-2
26-3984		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.03	29	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.94	3,416	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	.97	3,445	1,974
5	VISITING NURSE			2,100
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	.97	3,445	
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)	130,296		
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)	130,296		
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)	88,445		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	211,157		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	299,602		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	299,602		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	299,602		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	429,898		

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2007	3/31/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET M-2
26-3984		

RHC 2

VISITS AND PRODUCTIVITY

GREATER OF  
COL. 2 OR  
COL. 4  
5

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

3,445

3,445

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

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2007	3/31/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET M-2
26-8513		

RHC 3

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.86	6,603	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.59	2,078	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.45	8,681	1,239
5	VISITING NURSE			4,851
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.45	8,681	
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)	315,765		
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)	315,765		
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)	212,149		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	441,288		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	653,437		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	653,437		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	653,437		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	969,202		

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2007	3/31/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET M-2
26-8513		

RHC 3

VISITS AND PRODUCTIVITY

GREATER OF  
COL. 2 OR  
COL. 4  
5

POSITIONS		
1	PHYSICIANS	
2	PHYSICIAN ASSISTANTS	
3	NURSE PRACTITIONERS	
4	SUBTOTAL (SUM OF LINES 1-3)	8,681
5	VISITING NURSE	
6	CLINICAL PSYCHOLOGIST	
7	CLINICAL SOCIAL WORKER	
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	8,681
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.











RHC 3

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
	1	2
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		100,165
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		100,165
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.