

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0001		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/25/2009 TIME 15:15

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: GRAHAM HOSPITAL ASSOCIATION 14-0001 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 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	-1,200,076	42,528	0	
5	HOSPITAL-BASED SNF	0	270,828	-1,131	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
9	RHC	0	0	232,170	0	
9 .01	RHC II	0	0	0	0	
9 .02	RHC III	0	0	0	0	
9 .03	RHC IV	0	0	0	0	
100	TOTAL	0	-929,248	273,567	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 210 WEST WALNUT P. O. BOX:
 1.01 CITY: CANTON STATE: IL ZIP CODE: 61520- COUNTY: FULTON

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	GRAHAM HOSPITAL ASSOCIATION	14-0001	2.01	3	4	5	6
06.00 HOSPITAL-BASED SNF	GRAHAM HOSPITAL ASSOCIATION ECF	14-5572		7/19/1966	N	P	N
09.00 HOSPITAL-BASED HHA	GRAHAM HOSPITAL HOME HEALTH AGENCY	14-7142		6/1/1979	N	P	N
12.00 HOSP-BASED HOSPI CE	GRAHAM HOSPITAL HOSPI CE	14-1558		7/28/1993			
14.00 HOSPITAL-BASED RHC	COLEMAN CLINIC	14-3493		1/1/2008	N	O	N
14.01 HOSPITAL-BASED RHC 2	FARMINGTON CLINIC	14-3494		1/1/2008	N	O	N
14.02 HOSPITAL-BASED RHC 3	CANTON CLINIC	14-3492		1/1/2008	N	O	N
14.03 HOSPITAL-BASED RHC 4	CUBA CLINIC	14-3497		2/10/2009	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2008 TO: 6/30/2009

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 99914

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 \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. Y

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/1/2008 ENDING: 6/30/2009
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 2 14 99914

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

	%	Y/N
28.03 STAFFING	48.57%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	3.72%	N
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/ 8/2009

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 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	26,268,518		26,268,518	1,262,615.22	20.80	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,013,777		1,013,777	9,385.71	108.01	
4 PHYSICIAN - PART A	43,182		43,182	251.00	172.04	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,802,423		1,802,423	16,720.77	107.80	
5.01 NON-PHYSICIAN - PART B	1,765,942		1,765,942	119,737.82	14.75	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,206,002	-32,927	1,173,075	66,796.82	17.56	
8.01 EXCLUDED AREA SALARIES	2,139,624	480,451	2,620,075	129,500.21	20.23	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	31,067		31,067	513.75	60.47	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	4,631,618		4,631,618			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	916,270		916,270			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	129,774		129,774			CMS 339
18 PHYSICIAN PART A	4,568		4,568			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	533,137		533,137			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)	207,139		207,139			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	161,633		161,633	10,202.75	15.84	
22 ADMINISTRATIVE & GENERAL	3,216,048	425,931	3,641,979	205,362.82	17.73	
22.01 A & G UNDER CONTRACT	120,273		120,273	799.28	150.48	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,007,196	-768	1,006,428	58,337.43	17.25	
25 LAUNDRY & LINEN SERVICE	24,906		24,906	2,472.77	10.07	
26 HOUSEKEEPING	530,607	53,532	584,139	57,684.96	10.13	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	630,507	-347,914	282,593	24,398.28	11.58	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		347,914	347,914	30,037.86	11.58	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	587,342		587,342	21,164.28	27.75	
31 CENTRAL SERVICE AND SUPPLY	35,988		35,988	3,155.75	11.40	
32 PHARMACY	559,471		559,471	24,721.73	22.63	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	505,717		505,717	39,356.33	12.85	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	21,806,649		21,806,649	1,117,570.20	19.51	
2 EXCLUDED AREA SALARIES	3,345,626	447,524	3,793,150	196,297.03	19.32	
3 SUBTOTAL SALARIES	18,461,023	-447,524	18,013,499	921,273.17	19.55	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	31,067		31,067	513.75	60.47	
5 SUBTOTAL WAGE-RELATED COSTS	4,636,186		4,636,186		25.74	
6 TOTAL	23,128,276	-447,524	22,680,752	921,786.92	24.61	
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	7,379,688	478,695	7,858,383	477,694.24	16.45	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,179	259	1,181
2 UNDUPLICATED CENSUS COUNT		181.00	22.48	102.37
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	3,619
2 UNDUPLICATED CENSUS COUNT	305.85

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)	.74		.74
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	2.28		2.28
6 DIRECTING NURSING SERVICE	4.30		4.30
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.49		.49
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.11		.11
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.04	.04
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.36		.36
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.74		1.74
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?	1	0	
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		

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	1,968	379	50	23
22 SKILLED NURSING VISIT CHARGES	293,063	56,850	7,438	3,450
23 PHYSICAL THERAPY VISITS	293	0	0	3
24 PHYSICAL THERAPY VISIT CHARGES	47,435	0	0	489
25 OCCUPATIONAL THERAPY VISITS	69	0	0	2
26 OCCUPATIONAL THERAPY VISIT CHARGES	11,144	0	0	326
27 SPEECH PATHOLOGY VISITS	7	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,141	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	38	3	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	7,828	621	0	207
31 HOME HEALTH AIDE VISITS	252	35	2	0
32 HOME HEALTH AIDE VISIT CHARGES	23,694	3,290	188	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,627	417	52	29
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	384,305	60,761	7,626	4,472
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	191	0	20	3
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	7	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	26,029	14,296	3,786	246

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,420
22 SKILLED NURSING VISIT CHARGES	0	0	360,801
23 PHYSICAL THERAPY VISITS	0	0	296
24 PHYSICAL THERAPY VISIT CHARGES	0	0	47,924
25 OCCUPATIONAL THERAPY VISITS	0	0	71
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	11,470
27 SPEECH PATHOLOGY VISITS	0	0	7
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,141
29 MEDICAL SOCIAL SERVICE VISITS	0	0	42
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	8,656
31 HOME HEALTH AIDE VISITS	0	0	289
32 HOME HEALTH AIDE VISIT CHARGES	0	0	27,172
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,125
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	457,164
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	214
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	7
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	44,357

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0001
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/25/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		4				
5	RVB						
6	RVA		8				
6.01	RVX						
6.02	RVL		7				
7	RHC		73				
8	RHB		104				
9	RHA		194				
9.01	RHX						
9.02	RHL						
10	RMC		44				
11	RMB		296				
12	RMA		919				
12.01	RMX		380				
12.02	RML		2,243				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		163				
16	SE2		274				
17	SE1		14				
18	SSC						
19	SSB						
20	SSA		260				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		6				
26	CA1		22				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		5,011				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0001
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/25/2009
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	SERVICES BASE RATE 3a	PRIOR TO RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES BASE RATE 4a	ON OR AFTER RATE 4	OCTOBER 1ST DAYS 4.01
1	RUC		478.65			497.80		
2	RUB		442.78			460.49		
3	RUA		424.23			441.19		
3.01	RUX		555.34			577.55		
3.02	RUL		493.49			513.24		
4	RVC		378.00	378.00	4	393.12		
5	RVB		360.68			375.12		
6	RVA		327.29			340.39	340.39	8
6.01	RVX		416.34			433.00		
6.02	RVL		390.37			405.99	405.99	7
7	RHC		323.91	323.91	19	336.86	336.86	54
8	RHB		310.31	310.31	12	322.72	322.72	92
9	RHA		289.28	289.28	47	300.84	300.84	147
9.01	RHX		348.65			362.60		
9.02	RHL		342.47			356.16		
10	RMC		296.13	296.13	9	307.99	307.99	35
11	RMB		288.72	288.72	55	300.27	300.27	241
12	RMA		282.53	282.53	284	293.84	293.84	635
12.01	RMX		392.62	392.62	74	408.32	408.32	306
12.02	RML		361.69	361.69	547	376.16	376.16	1,696
13	RLB		256.66			266.93		
14	RLA		220.79			229.62		
14.01	RLX		277.69			288.79		
15	SE3		311.09	311.09	41	323.53	323.53	122
16	SE2		265.33	265.33	50	275.94	275.94	224
17	SE1		236.87			246.34	246.34	14
18	SSC		233.17			242.48		
19	SSB		220.79			229.62		
20	SSA		217.09	217.09	64	225.77	225.77	196
21	CC2		231.93			241.20		
22	CC1		212.13			220.62		
23	CB2		202.24			210.32		
24	CB1		193.58			201.32		
25	CA2		192.34	192.34	3	200.03	200.03	3
26	CA1		179.97			187.17	187.17	22
27	IB2		172.55			179.45		
28	IB1		170.08			176.88		
29	IA2		156.47			162.73		
30	IA1		150.28			156.29		
31	BB2		171.32			178.17		
32	BB1		166.37			173.02		
33	BA2		155.24			161.44		
34	BA1		145.34			151.15		
35	PE2		186.16			193.60		
36	PE1		182.45			189.75		
37	PD2		177.50			184.60		
38	PD1		175.03			182.03		
39	PC2		168.85			175.59		
40	PC1		166.37			173.02		
41	PB2		149.05			155.01		
42	PB1		147.81			153.72		
43	PA2		146.57			152.43		
44	PA1		142.87			148.58		
45	Default		142.87			148.58		
46	TOTAL				1,209			3,802

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		O 4 2 OCT. 1ST	S W I N G B E D S N F D A Y S	T O T A L
			SERV PRIOR TO	OCT. 1ST			
			RATE	DAYS	RATE	DAYS	
			4.02	4.03	4.04	4.05	4.06
1	RUC		1,091.32		1,134.98		
2	RUB		1,009.54		1,049.92		
3	RUA		967.24		1,005.91		
3.01	RUX		1,266.18		1,316.81		
3.02	RUL		1,125.16		1,170.19		
4	RVC		861.84		896.31		1,512
5	RVB		822.35		855.27		
6	RVA		746.22		776.09		2,723
6.01	RVX		949.26		987.24		
6.02	RVL		890.04		925.66		2,842
7	RHC		738.51		768.04		24,344
8	RHB		707.51		735.80		33,414
9	RHA		659.56		685.92		57,819
9.01	RHX		794.92		826.73		
9.02	RHL		780.83		812.04		
10	RMC		675.18		702.22		13,445
11	RMB		658.28		684.62		88,245
12	RMA		644.17		669.96		266,827
12.01	RMX		895.17		930.97		154,000
12.02	RML		824.65		857.64		835,811
13	RLB		585.18		608.60		
14	RLA		503.40		523.53		
14.01	RLX		633.13		658.44		
15	SE3		709.29		737.65		52,226
16	SE2		604.95		629.14		75,078
17	SE1		540.06		561.66		3,449
18	SSC		531.63		552.85		
19	SSB		503.40		523.53		
20	SSA		494.97		514.76		58,145
21	CC2		528.80		549.94		
22	CC1		483.66		503.01		
23	CB2		461.11		479.53		
24	CB1		441.36		459.01		
25	CA2		438.54		456.07		1,177
26	CA1		410.33		426.75		4,118
27	IB2		393.41		409.15		
28	IB1		387.78		403.29		
29	IA2		356.75		371.02		
30	IA1		342.64		356.34		
31	BB2		390.61		406.23		
32	BB1		379.32		394.49		
33	BA2		353.95		368.08		
34	BA1		331.38		344.62		
35	PE2		424.44		441.41		
36	PE1		415.99		432.63		
37	PD2		404.70		420.89		
38	PD1		399.07		415.03		
39	PC2		384.98		400.35		
40	PC1		379.32		394.49		
41	PB2		339.83		353.42		
42	PB1		337.01		350.48		
43	PA2		334.18		347.54		
44	PA1		325.74		338.76		
45	Default		325.74		338.76		
46	TOTAL						1,675,175

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

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

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.
 [] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES ON OR AFTER 1/1/2006

GROUP(1) 1	M3PI REVENUE CODE	SERVICES BASE RATE 3a	PRIOR TO RATE 3	OCTOBER 1ST DAYS 3. 01	SERVICES BASE RATE 4a	ON OR AFTER RATE 4	OCTOBER 1ST DAYS 4. 01
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC			4			
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						14
7	RHC			19			54
8	RHB			12			92
9	RHA			47			143
9 .01	RHX						
9 .02	RHL						
10	RMC			9			35
11	RMB			55			246
12	RMA			284			678
12 .01	RMX			74			318
12 .02	RML			547			1,782
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3			41			125
16	SE2			50			222
17	SE1						14
18	SSC						
19	SSB						
20	SSA			64			226
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2			3			3
26	CA1						22
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

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

Worksheet S-2 reference data:
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 Wage Index Factor (before 10/01): 0.8335
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 SNF Facility Specific Rate : 0.00
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 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0001
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/25/2009
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S		C O D E O 4 2		S W I N G B E D S N F D A Y S	T O T A L
			S E R V P R I O R T O	O C T. 1 S T	S E R V O N / A F T E E R	O C T. 1 S T		
	1	2	4.02	4.03	4.04	4.05	4.06	5
1	RUC							
2	RUB							
3	RUA							
3 .01	RUX							
3 .02	RUL							
4	RVC							
5	RVB							
6	RVA							
6 .01	RVX							
6 .02	RVL							
7	RHC							
8	RHB							
9	RHA							
9 .01	RHX							
9 .02	RHL							
10	RMC							
11	RMB							
12	RMA							
12 .01	RMX							
12 .02	RML							
13	RLB							
14	RLA							
14 .01	RLX							
15	SE3							
16	SE2							
17	SE1							
18	SSC							
19	SSB							
20	SSA							
21	CC2							
22	CC1							
23	CB2							
24	CB1							
25	CA2							
26	CA1							
27	IB2							
28	IB1							
29	IA2							
30	IA1							
31	BB2							
32	BB1							
33	BA2							
34	BA1							
35	PE2							
36	PE1							
37	PD2							
38	PD1							
39	PC2							
40	PC1							
41	PB2							
42	PB1							
43	PA2							
44	PA1							
45	Default							
46	TOTAL							

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8335
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 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 2001 NORTH MAIN STREET
 1.01 CITY: LEWISTOWN STATE: IL ZIP CODE: 61542 COUNTY: FULTON
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

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	830	1500	730	1730	730	1730	730	1730	730	1730	730	1730	830	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. Y 3

15 PROVIDER NAME: FARMINGTON CLINIC PROVIDER NUMBER: 143494
 15.01 PROVIDER NAME: CANTON CLINIC PROVIDER NUMBER: 143492
 15.02 PROVIDER NAME: CUBA CLINIC PROVIDER NUMBER: 143497

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. 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.

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET S-9
14-1558		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	4,309	175		
3 INPATIENT RESPIRE CARE	5	5		
4 GENERAL INPATIENT CARE	6		21	90
5 TOTAL HOSPICE DAYS	4,320	180	21	90

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	219	4,703
3 INPATIENT RESPIRE CARE		10
4 GENERAL INPATIENT CARE	111	117
5 TOTAL HOSPICE DAYS	330	4,830

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	80	7		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	54.00	25.71		
9 UNDUPLICATED CENSUS COUNT				

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		87
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		55.52
9 UNDUPLICATED CENSUS COUNT		

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .351432

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)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 19,387,238

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	6,813,296
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,006,755
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,408,102
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	6,813,296

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0001

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,932,745	3,932,745	-1,454,517	2,478,228
3.01	0301 NEW CAP REL COSTS-CARDIAC REHAB				30,975	30,975
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2,090,360	2,090,360
5	0500 EMPLOYEE BENEFITS	161,633	6,489,745	6,651,378	137,164	6,788,542
6	0600 ADMINISTRATIVE & GENERAL	3,216,048	4,547,972	7,764,020	1,333,646	9,097,666
8	0800 OPERATION OF PLANT	1,007,196	1,573,064	2,580,260	-2,790	2,577,470
9	0900 LAUNDRY & LINEN SERVICE	24,906	274,733	299,639	-12	299,627
10	1000 HOUSEKEEPING	530,607	83,774	614,381	53,521	667,902
11	1100 DIETARY	630,507	652,858	1,283,365	-708,496	574,869
12	1200 CAFETERIA				708,162	708,162
14	1400 NURSING ADMINISTRATION	587,342	24,990	612,332	-216	612,116
15	1500 CENTRAL SERVICES & SUPPLY	35,988	419,704	455,692	-26,299	429,393
16	1600 PHARMACY	559,471	1,339,022	1,898,493	-1,249,371	649,122
17	1700 MEDICAL RECORDS & LIBRARY	505,717	74,535	580,252	5	580,257
21	2100 NURSING SCHOOL	808,983	179,094	988,077	-207	987,870
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,338,439	296,035	2,634,474	-2,773	2,631,701
26	2600 INTENSIVE CARE UNIT	471,955	73,694	545,649	-744	544,905
33	3300 NURSERY	235,809	8,220	244,029	-80	243,949
34	3400 SKILLED NURSING FACILITY	1,206,002	57,111	1,263,113	-33,285	1,229,828
35	3500 NURSING FACILITY	586,249	15,796	602,045	-20,605	581,440
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,606,565	3,536,907	5,143,472	-29,550	5,113,922
39	3900 DELIVERY ROOM & LABOR ROOM	62,138		62,138		62,138
40	4000 ANESTHESIOLOGY	1,013,777	149,282	1,163,059	-1,070	1,161,989
41	4100 RADIOLOGY-DIAGNOSTIC	811,360	1,629,521	2,440,881	110,339	2,551,220
44	4400 LABORATORY	1,249,268	1,391,719	2,640,987	831,746	3,472,733
49	4900 RESPIRATORY THERAPY	382,232	45,991	428,223	-1,334	426,889
50	5000 PHYSICAL THERAPY	749,357	45,920	795,277	-76	795,201
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,599	3,599
56	5600 DRUGS CHARGED TO PATIENTS				1,660,219	1,660,219
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 CARDIAC REHAB	251,637	40,178	291,815	-1,808	290,007
61	6100 EMERGENCY	2,553,602	169,044	2,722,646	-5,239	2,717,407
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC	3,503,915	8,731,397	12,235,312	-4,304,724	7,930,588
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED	433,423	715,036	1,148,459	15,004	1,163,463
71	7100 HOME HEALTH AGENCY	512,947	2,974	515,921	74,806	590,727
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		767,360	767,360	-767,360	
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	149,044	314,250	463,294	-176,168	287,126
95	9500 SUBTOTALS	26,186,117	37,582,671	63,768,788	-1,737,178	62,031,610
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	14,846	11,851	26,697	1,506,222	1,532,919
99	9900 NONPAID WORKERS					
99.01	9901 NONPAID WORKERS					
99.02	9902 FOUNDATION		183	183		183
100	10000 PHYSICIANS CLINIC					
100.01	10001 PROCTOR CHEMICAL DEPENDENCY					
100.02	10002 ST. FRANCIS RENAL DIALYSIS					
100.03	10003 RUCHFORD POB				10,041	10,041
100.04	10004 GRAHAM POB				205,642	205,642
100.05	10005 FARMINGTON POB				5,939	5,939
100.06	10006 LEWISTON POB				8,759	8,759
100.07	10007 OTHER RENTAL PROPERTY					
100.08	10008 KELLEY HOME	67,555	30,192	97,747	575	98,322
101	TOTAL	26,268,518	37,624,897	63,893,415	-0-	63,893,415

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 11/25/2009
I 14-0001	I FROM 7/ 1/2008	I WORKSHEET A
I	I TO 6/30/2009	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	203,122	2,681,350
3.01	0301 NEW CAP REL COSTS-CARDIAC REHAB		30,975
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-4,095	2,086,265
5	0500 EMPLOYEE BENEFITS	-2,044,609	4,743,933
6	0600 ADMINISTRATIVE & GENERAL	-622,306	8,475,360
8	0800 OPERATION OF PLANT	-3,735	2,573,735
9	0900 LAUNDRY & LINEN SERVICE		299,627
10	1000 HOUSEKEEPING	-5,460	662,442
11	1100 DIETARY	-46,621	528,248
12	1200 CAFETERIA	-369,590	338,572
14	1400 NURSING ADMINISTRATION	-2,281	609,835
15	1500 CENTRAL SERVICES & SUPPLY	-1,057	428,336
16	1600 PHARMACY	-370,030	279,092
17	1700 MEDICAL RECORDS & LIBRARY	-18,798	561,459
21	2100 NURSING SCHOOL	-507,392	480,478
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-77,343	2,554,358
26	2600 INTENSIVE CARE UNIT		544,905
33	3300 NURSERY		243,949
34	3400 SKILLED NURSING FACILITY	16,670	1,246,498
35	3500 NURSING FACILITY	12,045	593,485
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		5,113,922
39	3900 DELIVERY ROOM & LABOR ROOM		62,138
40	4000 ANESTHESIOLOGY	-1,059,115	102,874
41	4100 RADIOLOGY-DIAGNOSTIC	-88,383	2,462,837
44	4400 LABORATORY	-174,064	3,298,669
49	4900 RESPIRATORY THERAPY		426,889
50	5000 PHYSICAL THERAPY		795,201
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,599
56	5600 DRUGS CHARGED TO PATIENTS		1,660,219
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 CARDIAC REHAB	-3,227	286,780
61	6100 EMERGENCY	-1,485,321	1,232,086
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC	-244	7,930,344
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED	-48,593	1,114,870
71	7100 HOME HEALTH AGENCY	-352	590,375
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-39,260	247,866
95	SUBTOTALS	-6,740,039	55,291,571
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		1,532,919
99	9900 NONPAID WORKERS		
99.01	9901 NONPAID WORKERS		
99.02	9902 FOUNDATION		183
100	7950 PHYSICIANS CLINIC		
100.01	7951 PROCTOR CHEMICAL DEPENDENCY		
100.02	7952 ST. FRANCIS RENAL DIALYSIS		
100.03	7953 RUCHFORD POB		10,041
100.04	7954 GRAHAM POB		205,642
100.05	7955 FARMINGTON POB		5,939
100.06	7956 LEWISTON POB		8,759
100.07	7957 OTHER RENTAL PROPERTY		
100.08	7958 KELLEY HOME		98,322
101	TOTAL	-6,740,039	57,153,376

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 NOT A CMS WORKSHEET

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-CARDIAC REHAB	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
21	NURSING SCHOOL	2100	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CARDIAC REHAB	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	NONPAID WORKERS	9901	NONPAID WORKERS
99.02	FOUNDATION	9902	NONPAID WORKERS
100	PHYSICIANS CLINIC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PROCTOR CHEMICAL DEPENDENCY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	ST. FRANCIS RENAL DIALYSIS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RUCHFORD POB	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	GRAHAM POB	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	FARMINGTON POB	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LEWISTON POB	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	OTHER RENTAL PROPERTY	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	KELLEY HOME	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS DRUG EXPENSE	A	DRUGS CHARGED TO PATIENTS	56		1,660,219
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21 TO RECLASS INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		767,360
22 TO RECLASS TELEPHONE COSTS	C	ADMINISTRATIVE & GENERAL	6		60,369
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 TO RECLASS TELEPHONE COSTS	C				
2 TO RECLASS HOSPICE EXPENSE	E	LABORATORY	44		224
3		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,599
4		HOME HEALTH AGENCY	71		80,034
5 TO RECLASS POSTAGE AND SHIPPING COST	F	ADMINISTRATIVE & GENERAL	6		29,478
6		MEDICAL RECORDS & LIBRARY	17		28
7		PHYSICAL THERAPY	50		20
8		HOME HEALTH AGENCY	71		10
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 TO RECLASS CAFETERIA COSTS	G	CAFETERIA	12	347,914	360,248
28 TO RECLASS MAINTENANCE LABOR	H	GRAHAM POB	100.04	768	
29 TO RECLASS MARKETING EXPENSE	I	ADMINISTRATIVE & GENERAL	6		3,711
30					
31					
32					
33					
34					
35 TO RECLASS OFFSITE CAPITAL COSTS	J	DURABLE MEDICAL EQUIP-RENTED	66		36,241

RECLASSIFICATIONS

PROVIDER NO: 140001	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/25/2009 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 TO RECLASS OFFSITE CAPITAL COSTS	J	RUCHFORD POB	100.03	9,539
2		GRAHAM POB	100.04	201,220
3		FARMINGTON POB	100.05	5,819
4		LEWISTON POB	100.06	8,639
5		KELLEY HOME	100.08	338
6		HOSPICE	93	5,390
7		HOME HEALTH AGENCY	71	5,390
8 TO RECLASS PROPERTY INSURANCE	K	OTHER CAPITAL RELATED COSTS	90	49,818
9		RUCHFORD POB	100.03	502
10		GRAHAM POB	100.04	3,654
11		FARMINGTON POB	100.05	120
12		LEWISTON POB	100.06	120
13		KELLEY HOME	100.08	256
14 TO RECLASS DEPRECIATION EXPENSE	L	NEW CAP REL COSTS-CARDIAC REHAB	3.01	30,653
15		NEW CAP REL COSTS-MVBLE EQUIP	4	1,952,839
16 TO RECLASS RHC EXPENSE	M	ADMINISTRATIVE & GENERAL	6	425,931
17		RADIOLOGY-DIAGNOSTIC	41	99,005
18		LABORATORY	44	371,749
19		PHYSICIANS' PRIVATE OFFICES	98	500,288
20		NEW CAP REL COSTS-MVBLE EQUIP	4	122,216
21 TO RECLASS EXECUTIVE BENEFIT EXPENSE	N	EMPLOYEE BENEFITS	5	116,136
22 TO RECLASS EMPLOYEE BENEFIT AUDIT PL	O	EMPLOYEE BENEFITS	5	21,028
23 TO RECLASS NURSING HOUSEKEEPING EXPE	P	HOUSEKEEPING	10	53,532
24				
36 TOTAL RECLASSIFICATIONS				1,799,187
				8,025,191

(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:
140001

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 TO RECLASS DRUG EXPENSE	A	CENTRAL SERVICES & SUPPLY	15			26,219	
2		PHARMACY	16			1,248,846	
3		NURSING SCHOOL	21			58	
4		ADULTS & PEDIATRICS	25			2,538	
5		INTENSIVE CARE UNIT	26			432	
6		NURSERY	33			2	
7		SKILLED NURSING FACILITY	34			307	
8		OPERATING ROOM	37			25,659	
9		ANESTHESIOLOGY	40			362	
10		RADIOLOGY-DIAGNOSTIC	41			5,265	
11		LABORATORY	44			1,036	
12		RESPIRATORY THERAPY	49			1,067	
13		PHYSICAL THERAPY	50			96	
14		PHYSICIANS' PRIVATE OFFICES	98			14	
15		CARDIAC REHAB	60.01			550	
16		EMERGENCY	61			3,573	
17		RHC	63.50			239,370	
18		DURABLE MEDICAL EQUIP-RENTED	66			6,988	
19		HOME HEALTH AGENCY	71			784	
20		HOSPICE	93			97,053	
21 TO RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	88			767,360	11
22 TO RECLASS TELEPHONE COSTS	C	OPERATION OF PLANT	8			1,262	
23		DIETARY	11			261	
24		NURSING ADMINISTRATION	14			208	
25		PHARMACY	16			184	
26		MEDICAL RECORDS & LIBRARY	17			23	
27		NURSING SCHOOL	21			133	
28		OPERATING ROOM	37			423	
29		ANESTHESIOLOGY	40			444	
30		RADIOLOGY-DIAGNOSTIC	41			373	
31		LABORATORY	44			283	
32		RESPIRATORY THERAPY	49			91	
33		EMERGENCY	61			84	
34		RHC	63.50			34,341	
35		DURABLE MEDICAL EQUIP-RENTED	66			12,415	
1 TO RECLASS TELEPHONE COSTS	C	HOME HEALTH AGENCY	71			9,844	
2 TO RECLASS HOSPICE EXPENSE	E	HOSPICE	93			83,857	
3							
4							
5 TO RECLASS POSTAGE AND SHIPPING COST	F	OPERATION OF PLANT	8			760	
6		LAUNDRY & LINEN SERVICE	9			12	
7		HOUSEKEEPING	10			11	
8		DIETARY	11			73	
9		NURSING ADMINISTRATION	14			8	
10		CENTRAL SERVICES & SUPPLY	15			80	
11		PHARMACY	16			341	
12		NURSING SCHOOL	21			16	
13		ADULTS & PEDIATRICS	25			235	
14		INTENSIVE CARE UNIT	26			312	
15		NURSERY	33			78	
16		SKILLED NURSING FACILITY	34			51	
17		OPERATING ROOM	37			2,750	
18		ANESTHESIOLOGY	40			264	
19		RADIOLOGY-DIAGNOSTIC	41			23	
20		LABORATORY	44			147	
21		RESPIRATORY THERAPY	49			176	
22		EMERGENCY	61			685	
23		RHC	63.50			21,849	
24		DURABLE MEDICAL EQUIP-RENTED	66			1,587	
25		HOSPICE	93			59	
26		KELLEY HOME	100.08			19	
27 TO RECLASS CAFETERIA COSTS	G	DIETARY	11		347,914	360,248	
28 TO RECLASS MAINTENANCE LABOR	H	OPERATION OF PLANT	8		768		
29 TO RECLASS MARKETING EXPENSE	I	OPERATING ROOM	37			718	
30		CARDIAC REHAB	60.01			1,258	
31		EMERGENCY	61			897	
32		RHC	63.50			2	
33		DURABLE MEDICAL EQUIP-RENTED	66			247	
34		HOSPICE	93			589	
35 TO RECLASS OFFSITE CAPITAL COSTS	J	NEW CAP REL COSTS-BLDG & FIXT	3			272,576	9

RECLASSIFICATIONS

PROVIDER NO:
140001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE				A-7 REF
			LINE NO	SALARY	OTHER		
1 TO RECLASS OFFSITE CAPITAL COSTS	J	6	7	8	9	10	
2							
3							
4							
5							
6							
7							
8 TO RECLASS PROPERTY INSURANCE	K	ADMINISTRATIVE & GENERAL	6		54,470	12	
9							
10							
11							
12							
13							
14 TO RECLASS DEPRECIATION EXPENSE	L	NEW CAP REL COSTS-BLDG & FIXT	3		1,983,492	9	
15						9	
16 TO RECLASS RHC EXPENSE	M	RHC	63.50	1,396,973	2,612,189		
17							
18							
19							
20							
21 TO RECLASS EXECUTIVE BENEFIT EXPENSE	N	ADMINISTRATIVE & GENERAL	6		116,136	9	
22 TO RECLASS EMPLOYEE BENEFIT AUDIT PL	O	ADMINISTRATIVE & GENERAL	6		21,028		
23 TO RECLASS NURSING HOUSEKEEPING EXPE	P	SKILLED NURSING FACILITY	34	32,927			
24		NURSING FACILITY	35	20,605			
36 TOTAL RECLASSIFICATIONS				1,799,187	8,025,191		

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RECLASSIFICATIONS

PROVIDER NO:
140001

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS DRUG EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,660,219	CENTRAL SERVICES & SUPPLY	15	26,219	
2.00			0	PHARMACY	16	1,248,846	
3.00			0	NURSING SCHOOL	21	58	
4.00			0	ADULTS & PEDIATRICS	25	2,538	
5.00			0	INTENSIVE CARE UNIT	26	432	
6.00			0	NURSERY	33	2	
7.00			0	SKILLED NURSING FACILITY	34	307	
8.00			0	OPERATING ROOM	37	25,659	
9.00			0	ANESTHESIOLOGY	40	362	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	5,265	
11.00			0	LABORATORY	44	1,036	
12.00			0	RESPIRATORY THERAPY	49	1,067	
13.00			0	PHYSICAL THERAPY	50	96	
14.00			0	PHYSICIANS' PRIVATE OFFICES	98	14	
15.00			0	CARDIAC REHAB	60.01	550	
16.00			0	EMERGENCY	61	3,573	
17.00			0	RHC	63.50	239,370	
18.00			0	DURABLE MEDICAL EQUIP-RENTED	66	6,988	
19.00			0	HOME HEALTH AGENCY	71	784	
20.00			0	HOSPICE	93	97,053	
TOTAL RECLASSIFICATIONS FOR CODE A			1,660,219	1,660,219			

RECLASS CODE: B
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	767,360	INTEREST EXPENSE	88	767,360	
TOTAL RECLASSIFICATIONS FOR CODE B			767,360	767,360			

RECLASS CODE: C
EXPLANATION : TO RECLASS TELEPHONE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	60,369	OPERATION OF PLANT	8	1,262	
2.00			0	DIETARY	11	261	
3.00			0	NURSING ADMINISTRATION	14	208	
4.00			0	PHARMACY	16	184	
5.00			0	MEDICAL RECORDS & LIBRARY	17	23	
6.00			0	NURSING SCHOOL	21	133	
7.00			0	OPERATING ROOM	37	423	
8.00			0	ANESTHESIOLOGY	40	444	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	373	
10.00			0	LABORATORY	44	283	
11.00			0	RESPIRATORY THERAPY	49	91	
12.00			0	EMERGENCY	61	84	
13.00			0	RHC	63.50	34,341	
14.00			0	DURABLE MEDICAL EQUIP-RENTED	66	12,415	
15.00			0	HOME HEALTH AGENCY	71	9,844	
TOTAL RECLASSIFICATIONS FOR CODE C			60,369	60,369			

RECLASS CODE: E
EXPLANATION : TO RECLASS HOSPICE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	224	HOSPICE	93	83,857	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,599			0	
3.00	HOME HEALTH AGENCY	71	80,034			0	
TOTAL RECLASSIFICATIONS FOR CODE E			83,857	83,857			

RECLASS CODE: F
EXPLANATION : TO RECLASS POSTAGE AND SHIPPING COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	29,478	OPERATION OF PLANT	8	760	
2.00	MEDICAL RECORDS & LIBRARY	17	28	LAUNDRY & LINEN SERVICE	9	12	
3.00	PHYSICAL THERAPY	50	20	HOUSEKEEPING	10	11	
4.00	HOME HEALTH AGENCY	71	10	DIETARY	11	73	

RECLASSIFICATIONS

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RECLASS CODE: F
EXPLANATION : TO RECLASS POSTAGE AND SHIPPING COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
5.00			0	NURSING ADMINISTRATION	14	8	
6.00			0	CENTRAL SERVICES & SUPPLY	15	80	
7.00			0	PHARMACY	16	341	
8.00			0	NURSING SCHOOL	21	16	
9.00			0	ADULTS & PEDIATRICS	25	235	
10.00			0	INTENSIVE CARE UNIT	26	312	
11.00			0	NURSERY	33	78	
12.00			0	SKILLED NURSING FACILITY	34	51	
13.00			0	OPERATING ROOM	37	2,750	
14.00			0	ANESTHESIOLOGY	40	264	
15.00			0	RADIOLOGY-DIAGNOSTIC	41	23	
16.00			0	LABORATORY	44	147	
17.00			0	RESPIRATORY THERAPY	49	176	
18.00			0	EMERGENCY	61	685	
19.00			0	RHC	63.50	21,849	
20.00			0	DURABLE MEDICAL EQUIP-RENTED	66	1,587	
21.00			0	HOSPICE	93	59	
22.00			0	KELLEY HOME	100.08	19	
TOTAL RECLASSIFICATIONS FOR CODE F			29,536				29,536

RECLASS CODE: G
EXPLANATION : TO RECLASS CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	708,162	DIETARY	11	708,162	
TOTAL RECLASSIFICATIONS FOR CODE G			708,162				708,162

RECLASS CODE: H
EXPLANATION : TO RECLASS MAINTENANCE LABOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	GRAHAM POB	100.04	768	OPERATION OF PLANT	8	768	
TOTAL RECLASSIFICATIONS FOR CODE H			768				768

RECLASS CODE: I
EXPLANATION : TO RECLASS MARKETING EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	3,711	OPERATING ROOM	37	718	
2.00			0	CARDIAC REHAB	60.01	1,258	
3.00			0	EMERGENCY	61	897	
4.00			0	RHC	63.50	2	
5.00			0	DURABLE MEDICAL EQUIP-RENTED	66	247	
6.00			0	HOSPICE	93	589	
TOTAL RECLASSIFICATIONS FOR CODE I			3,711				3,711

RECLASS CODE: J
EXPLANATION : TO RECLASS OFFSITE CAPITAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DURABLE MEDICAL EQUIP-RENTED	66	36,241	NEW CAP REL COSTS-BLDG & FIXT	3	272,576	
2.00	RUCHFORD POB	100.03	9,539			0	
3.00	GRAHAM POB	100.04	201,220			0	
4.00	FARMINGTON POB	100.05	5,819			0	
5.00	LEWISTON POB	100.06	8,639			0	
6.00	KELLEY HOME	100.08	338			0	
7.00	HOSPICE	93	5,390			0	
8.00	HOME HEALTH AGENCY	71	5,390			0	
TOTAL RECLASSIFICATIONS FOR CODE J			272,576				272,576

RECLASS CODE: K
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	49,818	ADMINISTRATIVE & GENERAL	6	54,470	

RECLASSIFICATIONS

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RECLASS CODE: K
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	RUCHFORD POB	100.03	502			0	
3.00	GRAHAM POB	100.04	3,654			0	
4.00	FARMINGTON POB	100.05	120			0	
5.00	LEWISTON POB	100.06	120			0	
6.00	KELLEY HOME	100.08	256			0	
TOTAL RECLASSIFICATIONS FOR CODE K			54,470				54,470

RECLASS CODE: L
EXPLANATION : TO RECLASS DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-CARDIAC REHA	3.01	30,653	NEW CAP REL COSTS-BLDG & FIXT	3	1,983,492	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,952,839			0	
TOTAL RECLASSIFICATIONS FOR CODE L			1,983,492				1,983,492

RECLASS CODE: M
EXPLANATION : TO RECLASS RHC EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,431,722	RHC	63.50	4,009,162	
2.00	RADIOLOGY-DIAGNOSTIC	41	116,000			0	
3.00	LABORATORY	44	832,988			0	
4.00	PHYSICIANS' PRIVATE OFFICES	98	1,506,236			0	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	122,216			0	
TOTAL RECLASSIFICATIONS FOR CODE M			4,009,162				4,009,162

RECLASS CODE: N
EXPLANATION : TO RECLASS EXECUTIVE BENEFIT EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	116,136	ADMINISTRATIVE & GENERAL	6	116,136	
TOTAL RECLASSIFICATIONS FOR CODE N			116,136				116,136

RECLASS CODE: O
EXPLANATION : TO RECLASS EMPLOYEE BENEFIT AUDIT PL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	21,028	ADMINISTRATIVE & GENERAL	6	21,028	
TOTAL RECLASSIFICATIONS FOR CODE O			21,028				21,028

RECLASS CODE: P
EXPLANATION : TO RECLASS NURSING HOUSEKEEPING EXPE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOUSEKEEPING	10	53,532	SKILLED NURSING FACILITY	34	32,927	
2.00			0	NURSING FACILITY	35	20,605	
TOTAL RECLASSIFICATIONS FOR CODE P			53,532				53,532

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,680,691	245,291		245,291	63,395	1,862,587	
2 LAND IMPROVEMENTS	1,574,126					1,574,126	
3 BUILDINGS & FIXTURE	38,186,501	298,831		298,831	25,122	38,460,210	
4 BUILDING IMPROVEMENT	14,525,901	254,353		254,353	15,817	14,764,437	
5 FIXED EQUIPMENT	616,568	7,196		7,196		623,764	
6 MOVABLE EQUIPMENT	21,563,313	4,493,152		4,493,152	1,478,900	24,577,565	
7 SUBTOTAL	78,147,100	5,298,823		5,298,823	1,583,234	81,862,689	
8 RECONCILING ITEMS							
9 TOTAL	78,147,100	5,298,823		5,298,823	1,583,234	81,862,689	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-10,404	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-1,649	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,822,528			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-369,590	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-1,057	CENTRAL SERVICES & SUPPLY	15	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-358,323	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-18,798	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-507,392	NURSING SCHOOL	21	
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		**COST CENTER DELETED**	52	
37 CRNA SALARY EXPENSE	A	-1,013,777	ANESTHESIOLOGY	40	
38 CRNA BENEFIT EXPENSE	A	-35,035	EMPLOYEE BENEFITS	5	
39 CRNA CONTRACTED EXPENSE	A	-45,338	ANESTHESIOLOGY	40	
40 UNEMPLOYMENT CASH BASIS	A	-31,240	EMPLOYEE BENEFITS	5	
41 HME NON PATIENT SALES	B	-48,593	DURABLE MEDICAL EQUIP-REN	66	
42 PHOTOCOPY REIMBURSE	B	-7,931	ADMINISTRATIVE & GENERAL	6	
43 DIETARY CONSULTANT AND EMP PURCHASE	B	-24,170	DIETARY	11	
44 PHYSICIAN RECRUITMENT	A	-76,886	ADMINISTRATIVE & GENERAL	6	
45 NRSNG SVS CPR CLASS FEES	A	-2,281	NURSING ADMINISTRATION	14	
46 LAMAZE CLASS FEES	A	-160	ADULTS & PEDIATRICS	25	
47 MISCELLANEOUS LAB REVENUE	B	-24	LABORATORY	44	
48 PHONE SALARIES EXPENSE	A	-7,125	ADMINISTRATIVE & GENERAL	6	
49 PHONE BENEFIT EXPENSE	A	-1,800	EMPLOYEE BENEFITS	5	
49.01 PHONE OTHER EXPENSE	A	-703	ADMINISTRATIVE & GENERAL	6	
49.02 PHONE DEPRECIATION BSVK EXPENSE	A	-191	NEW CAP REL COSTS-BLDG &	3	9
49.03 PHONE DEPRECIATION M/M EXPENSE	A	-459	NEW CAP REL COSTS-MVBLE E	4	9
49.04 BIOTECH LAB OUTREACH	B	-3,735	OPERATION OF PLANT	8	
49.05 MEDICAL STAFF DUES	A	-6,700	ADMINISTRATIVE & GENERAL	6	
49.06 IL PROVIDER PARTICIPATION FEE	A	17,520	SKILLED NURSING FACILITY	34	
49.07 IL PROVIDER PARTICIPATION FEE	A	12,045	NURSING FACILITY	35	
49.08 REFUND/EXP REBATE	B	-11,707	PHARMACY	16	
49.09 REFUND/EXP REBATE	B	-22,451	DIETARY	11	
49.10 HOSPICE OTHER REVENUE	B	-39,260	HOSPICE	93	
49.11 HOUSEKEEPING OTHER REVENUE	B	-5,460	HOUSEKEEPING	10	
49.12 OTHER INCOME & PURCHASE GROUP	B	-73,459	ADMINISTRATIVE & GENERAL	6	
49.13 MISCELLANEOUS REVENUE	B	-10	ADMINISTRATIVE & GENERAL	6	
49.14 IHA & AHA DUES LOBBYING PORTION	A	-24,817	ADMINISTRATIVE & GENERAL	6	
49.15 IL HEALTHCARE ASSOCIATION LOBBYING	A	-850	SKILLED NURSING FACILITY	34	
49.16 IL HOMECARE COUNCIL LOBBYING	A	-352	HOME HEALTH AGENCY	71	
49.17 MARKETING DEPT SALARY EXPENSE	A	-101,039	ADMINISTRATIVE & GENERAL	6	
49.18 MARKETING DEPT BENEFIT EXPENSE	A	-16,506	EMPLOYEE BENEFITS	5	
49.19 MARKETING DEPT OTHER EXPENSE	A	-310,232	ADMINISTRATIVE & GENERAL	6	
49.20 MARKETING DEPRECIATION EXPENSE	A	-1,987	NEW CAP REL COSTS-MVBLE E	4	9
49.21 SELF INSURANCE COSTS	A	-1,819,600	EMPLOYEE BENEFITS	5	
49.22 MISCELLANEOUS INCOME	B	-5,626	RADIOLOGY-DIAGNOSTIC	41	
49.23 DONATION TO SPOON RIVER	A	-3,000	ADMINISTRATIVE & GENERAL	6	
49.24 RHC OTHER INCOME	B	-244	RHC	63.50	
49.25 ER PHYSICIAN BENEFITS	A	-37,526	EMPLOYEE BENEFITS	5	
49.26 LOSS ON REFINANCING OF DEBT	B	203,313	NEW CAP REL COSTS-BLDG &	3	14
49.27 LOAN FORGIVENESS EXPENSE	A	-102,902	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,740,039			

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 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 61	EMERGENCY/ AGGREGATE	1,504,605	1,461,423	43,182	159,800	251	19,284	964
2 44	PATHOLOGY/AGGREGATE	57,000	57,000					
3 44	EKG/ AGGREGATE	96,040	96,040					
4 41	MAMMOGRAM/ AGGREGATE	6,617	6,617					
5 41	ECHO/ AGGREGATE	76,140	76,140					
6 60 1	CARDIAC REHAB/ AGGREGATE	3,227	3,227					
7 25	OB/ AGGREGATE	77,183	77,183					
8 44	PATHOLOGY RHC/ AGGREGATE	21,000	21,000					
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,841,812	1,798,630	43,182		251	19,284	964

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0001

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/25/2009
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 61	EMERGENCY/ AGGREGATE					19,284	23,898	1,485,321
2 44	PATHOLOGY/AGGREGATE							57,000
3 44	EKG/ AGGREGATE							96,040
4 41	MAMMOGRAM/ AGGREGATE							6,617
5 41	ECHO/ AGGREGATE							76,140
6 60 1	CARDIAC REHAB/ AGGREGATE							3,227
7 25	OB/ AGGREGATE							77,183
8 44	PATHOLOGY RHC/ AGGREGATE							21,000
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					19,284	23,898	1,822,528

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-CARDIAC REHAB	6	DOLLAR VALUE	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTEs	ENTERED
14	NURSING ADMINISTRATION	13	FTEs	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-CARDIAC	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	5		
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	2,681,350	2,681,350					
004 NEW CAP REL COSTS-CARDIAC	30,975		30,975				
005 NEW CAP REL COSTS-MVBLE E	2,086,265			2,086,265			
006 EMPLOYEE BENEFITS	4,743,933	18,737		1,797	4,764,467		
008 ADMINISTRATIVE & GENERAL	8,475,360	310,312		502,038	715,731	10,003,441	10,003,441
009 OPERATION OF PLANT	2,573,735	394,722		19,714	203,843	3,192,014	677,224
010 LAUNDRY & LINEN SERVICE	299,627	42,802		60	5,044	347,533	73,733
011 HOUSEKEEPING	662,442	28,736		10,318	118,312	819,808	173,932
012 DIETARY	528,248	110,502		42,667	57,237	738,654	156,714
014 CAFETERIA	338,572	29,541			70,467	438,580	93,050
015 NURSING ADMINISTRATION	609,835	43,379		4,224	118,961	776,399	164,722
016 CENTRAL SERVICES & SUPPLY	428,336			1,828	7,289	437,453	92,811
017 PHARMACY	279,092	25,260		68,128	113,316	485,796	103,067
021 MEDICAL RECORDS & LIBRARY	561,459	55,633		69,890	102,428	789,410	167,483
025 NURSING SCHOOL	480,478	329,948		20,410	163,852	994,688	211,035
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,554,358	205,487		80,041	473,630	3,313,516	703,002
033 INTENSIVE CARE UNIT	544,905	39,715		10,266	95,590	690,476	146,493
034 NURSERY	243,949	11,516		4,128	47,761	307,354	65,209
035 SKILLED NURSING FACILITY	1,246,498	154,230		14,641	237,596	1,652,965	350,696
037 NURSING FACILITY	593,485	68,196		6,977	114,566	783,224	166,170
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	5,113,922	185,757		225,538	325,395	5,850,612	1,241,278
044 DELIVERY ROOM & LABOR ROOM	62,138	34,132		660	12,585	109,515	23,235
049 ANESTHESIOLOGY	102,874	13,435		14,851		131,160	27,827
050 RADIOLOGY-DIAGNOSTIC	2,462,837	136,983		494,123	184,386	3,278,329	695,537
055 LABORATORY	3,298,669	123,158		159,962	328,322	3,910,111	829,577
056 RESPIRATORY THERAPY	426,889	2,067		4,577	77,418	510,951	108,404
060 PHYSICAL THERAPY	795,201	45,030		18,602	151,776	1,010,609	214,413
066 MEDICAL SUPPLIES CHARGED	3,599					3,599	764
071 DRUGS CHARGED TO PATIENTS	1,660,219					1,660,219	352,235
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	286,780		30,975		50,967	368,722	78,229
061 EMERGENCY	1,232,086	123,480		105,595	221,211	1,682,372	356,935
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC	7,930,344			84,513	426,742	8,441,599	1,791,005
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN	1,114,870			44,918	87,786	1,247,574	264,688
093 HOME HEALTH AGENCY	590,375			21,912	103,893	716,180	151,946
095 SPEC PURPOSE COST CENTERS							
095 HOSPICE	247,866			127	30,188	278,181	59,019
096 SUBTOTALS	55,291,571	2,532,758	30,975	2,032,505	4,646,292	54,971,044	9,540,433
099 NONREIMBURS COST CENTERS							
099 01 GIFT, FLOWER, COFFEE SHOP		60,237		159		60,396	12,814
099 02 PHYSICIANS' PRIVATE OFFIC	1,532,919	5,463		4,866	104,336	1,647,584	349,555
100 NONPAID WORKERS							
100 01 NONPAID WORKERS							
100 02 FOUNDATION	183					183	39
100 03 PHYSICIANS CLINIC		32,534		3,997		36,531	7,750
100 04 PROCTOR CHEMICAL DEPENDEN		1,288				1,288	273
100 05 ST. FRANCIS RENAL DIALYSI		49,070				49,070	10,411
100 06 RUCHFORD POB	10,041			1,167		11,208	2,378
100 07 GRAHAM POB	205,642			43,233	156	249,031	52,835
100 08 FARMINGTON POB	5,939					5,939	1,260
100 09 LEWISTON POB	8,759					8,759	1,858
100 10 OTHER RENTAL PROPERTY							
100 11 KELLEY HOME	98,322			338	13,683	112,343	23,835
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	57,153,376	2,681,350	30,975	2,086,265	4,764,467	57,153,376	10,003,441

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-CARDIAC							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT	3,869,238						
010 LAUNDRY & LINEN SERVICE	84,600	505,866					
011 HOUSEKEEPING	56,798	7,391	1,057,929				
012 DIETARY	218,411			1,113,779			
014 CAFETERIA	58,390				590,020		
015 NURSING ADMINISTRATION	85,741		5,253		19,451	1,051,566	
016 CENTRAL SERVICES & SUPPLY					2,800		533,064
017 PHARMACY	49,927		14,544		21,859		
021 MEDICAL RECORDS & LIBRARY	109,961		12,542		34,590		
025 NURSING SCHOOL	652,157	130	33,447		37,296		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	406,154	137,686	303,199	393,624	97,253	816,249	
034 INTENSIVE CARE UNIT	78,498	18,945	41,022	33,159	16,315	136,929	
035 NURSERY	22,762	1,274			8,979	75,358	
037 SKILLED NURSING FACILITY	304,841	90,521	62,820	357,914	60,406		
039 NURSING FACILITY	134,792	63,202	55,744	329,082	36,064		
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	367,157	92,045	215,974		55,963		
044 DELIVERY ROOM & LABOR ROO	67,462				2,744	23,030	
049 ANESTHESIOLOGY	26,555						
050 RADIOLOGY-DIAGNOSTIC	270,752	20,028	56,531		33,806		
055 LABORATORY	243,427		39,486		56,131		
056 RESPIRATORY THERAPY	4,085	411	8,969		14,411		
060 PHYSICAL THERAPY	89,004	7,331	21,726		26,096		
061 MEDICAL SUPPLIES CHARGED							533,064
062 DRUGS CHARGED TO PATIENTS							
063 OUTPAT SERVICE COST CNTRS							
066 CLINIC							
060 01 CARDIAC REHAB					10,155		
061 EMERGENCY	244,064	60,564	133,286		54,656		
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
099 HOSPICE							
095 SUBTOTALS	3,575,538	499,528	1,004,543	1,113,779	588,975	1,051,566	533,064
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	119,061		6,611				
099 PHYSICIANS' PRIVATE OFFIC	10,797	3,640	29,766				
099 01 NONPAID WORKERS							
099 02 FOUNDATION							
100 PHYSICIANS CLINIC	64,306				1,045		
100 01 PROCTOR CHEMICAL DEPENDEN	2,547						
100 02 ST. FRANCIS RENAL DIALYSI	96,989	2,698	17,009				
100 03 RUCHFORD POB							
100 04 GRAHAM POB							
100 05 FARMINGTON POB							
100 06 LEWISTON POB							
100 07 OTHER RENTAL PROPERTY							
100 08 KELLEY HOME							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,869,238	505,866	1,057,929	1,113,779	590,020	1,051,566	533,064

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-CARDIAC						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	675,193					
021 MEDICAL RECORDS & LIBRARY		1,113,986				
025 NURSING SCHOOL			1,928,777			
026 INPAT ROUTINE SRVC CNTRS						
033 ADULTS & PEDIATRICS	1,032	334,736	866,998	7,373,449		7,373,449
034 INTENSIVE CARE UNIT	176	29,252	116,741	1,308,006		1,308,006
035 NURSERY	1	54,776		535,713		535,713
037 SKILLED NURSING FACILITY	125	40,191	415,838	3,336,317		3,336,317
039 NURSING FACILITY		36,950		1,605,228		1,605,228
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM	10,435	62,604	216,475	8,112,543		8,112,543
044 DELIVERY ROOM & LABOR ROO				225,986		225,986
049 ANESTHESIOLOGY	147			185,689		185,689
050 RADIOLOGY-DIAGNOSTIC	2,141	298,158		4,655,282		4,655,282
055 LABORATORY	421	117,445	19,604	5,216,202		5,216,202
056 RESPIRATORY THERAPY	434			647,665		647,665
060 PHYSICAL THERAPY	39		23,147	1,392,365		1,392,365
061 MEDICAL SUPPLIES CHARGED	10,663			548,090		548,090
062 DRUGS CHARGED TO PATIENTS	507,893			2,520,347		2,520,347
063 OUTPAT SERVICE COST CNTRS						
066 CLINIC						
061 01 CARDIAC REHAB	224		27,163	484,493		484,493
062 EMERGENCY	1,453	139,874	89,696	2,762,900		2,762,900
063 50 OBSERVATION BEDS (NON-DIS						
066 RHC	83,019			10,315,623		10,315,623
071 OTHER REIMBURS COST CNTRS						
093 DURABLE MEDICAL EQUIP-REN	2,842			1,515,104		1,515,104
095 HOME HEALTH AGENCY	319		59,522	927,967		927,967
096 SPEC PURPOSE COST CENTERS						
099 HOSPICE	39,470		29,761	406,431		406,431
099 01 SUBTOTALS	660,858	1,113,986	1,864,945	54,075,400		54,075,400
099 02 NONREIMBURS COST CENTERS						
100 GIFT, FLOWER, COFFEE SHOP				198,882		198,882
100 01 PHYSICIANS' PRIVATE OFFIC	14,335			2,055,677		2,055,677
100 02 NONPAID WORKERS						
100 03 FOUNDATION				222		222
100 04 PHYSICIANS CLINIC			63,832	173,464		173,464
100 01 PROCTOR CHEMICAL DEPENDEN				4,108		4,108
100 02 ST. FRANCIS RENAL DIALYSI				176,177		176,177
100 03 RUCHFORD POB				13,586		13,586
100 04 GRAHAM POB				301,866		301,866
100 05 FARMINGTON POB				7,199		7,199
100 06 LEWISTON POB				10,617		10,617
100 07 OTHER RENTAL PROPERTY						
100 08 KELLEY HOME				136,178		136,178
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	675,193	1,113,986	1,928,777	57,153,376		57,153,376

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-CARDIAC	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	4a	5	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-CARDIAC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		18,737		1,797	20,534	20,534	
006 ADMINISTRATIVE & GENERAL		310,312		502,038	812,350	3,083	815,433
008 OPERATION OF PLANT	9,415	394,722		19,714	423,851	879	55,203
009 LAUNDRY & LINEN SERVICE		42,802		60	42,862	22	6,010
010 HOUSEKEEPING		28,736		10,318	39,054	510	14,178
011 DIETARY	1,500	110,502		42,667	154,669	247	12,774
012 CAFETERIA		29,541			29,541	304	7,585
014 NURSING ADMINISTRATION		43,379		4,224	47,603	513	13,427
015 CENTRAL SERVICES & SUPPLY				1,828	1,828	31	7,565
016 PHARMACY	422	25,260		68,128	93,810	488	8,401
017 MEDICAL RECORDS & LIBRARY		55,633		69,890	125,523	441	13,652
021 NURSING SCHOOL		329,948		20,410	350,358	706	17,202
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		205,487		80,041	285,528	2,041	57,304
026 INTENSIVE CARE UNIT		39,715		10,266	49,981	412	11,941
033 NURSERY		11,516		4,128	15,644	206	5,315
034 SKILLED NURSING FACILITY		154,230		14,641	168,871	1,024	28,586
035 NURSING FACILITY		68,196		6,977	75,173	494	13,545
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		185,757		225,538	411,295	1,403	101,180
039 DELIVERY ROOM & LABOR ROO		34,132		660	34,792	54	1,894
040 ANESTHESIOLOGY	3,800	13,435		14,851	32,086		2,268
041 RADIOLOGY-DIAGNOSTIC	609,300	136,983		494,123	1,240,406	795	56,695
044 LABORATORY		123,158		159,962	283,120	1,415	67,621
049 RESPIRATORY THERAPY	4,663	2,067		4,577	11,307	334	8,836
050 PHYSICAL THERAPY		45,030		18,602	63,632	654	17,477
055 MEDICAL SUPPLIES CHARGED							62
056 DRUGS CHARGED TO PATIENTS							28,712
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB			30,975		30,975	220	6,377
061 EMERGENCY		123,480		105,595	229,075	953	29,095
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC	30,313			84,513	114,826	1,839	146,014
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	36,241			44,918	81,159	378	21,576
071 HOME HEALTH AGENCY	5,390			21,912	27,302	448	12,386
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	65,336			127	65,463	130	4,811
095 SUBTOTALS	766,380	2,532,758	30,975	2,032,505	5,362,618	20,024	777,692
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		60,237		159	60,396		1,044
098 PHYSICIANS' PRIVATE OFFIC		5,463		4,866	10,329	450	28,493
099 NONPAID WORKERS							
099 01 NONPAID WORKERS							
099 02 FOUNDATION							3
100 PHYSICIANS CLINIC		32,534		3,997	36,531		632
100 01 PROCTOR CHEMICAL DEPENDEN		1,288			1,288		22
100 02 ST. FRANCIS RENAL DIALYSI		49,070			49,070		849
100 03 RUCHFORD POB	9,539			1,167	10,706		194
100 04 GRAHAM POB	201,220			43,233	244,453	1	4,307
100 05 FARMINGTON POB	5,819				5,819		103
100 06 LEWISTON POB	8,639				8,639		151
100 07 OTHER RENTAL PROPERTY							
100 08 KELLEY HOME	338			338	676	59	1,943
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	991,935	2,681,350	30,975	2,086,265	5,790,525	20,534	815,433

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0001

FROM 7/ 1/2008

WORKSHEET B

TO 6/30/2009

PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-CARDIAC							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT	479,933						
010 LAUNDRY & LINEN SERVICE	10,494	59,388					
011 HOUSEKEEPING	7,045	868	61,655				
012 DIETARY	27,091			194,781			
014 CAFETERIA	7,243				44,673		
015 NURSING ADMINISTRATION	10,635		306		1,473	73,957	
016 CENTRAL SERVICES & SUPPLY					212		9,636
017 PHARMACY	6,193		848		1,655		
021 MEDICAL RECORDS & LIBRARY	13,639		731		2,619		
025 NURSING SCHOOL	80,892	15	1,949		2,824		
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	50,379	16,164	17,669	68,838	7,362	57,407	
033 INTENSIVE CARE UNIT	9,737	2,224	2,391	5,799	1,235	9,630	
034 NURSERY	2,823	150			680	5,300	
035 SKILLED NURSING FACILITY	37,812	10,627	3,661	62,593	4,574		
037 NURSING FACILITY	16,719	7,420	3,249	57,551	2,731		
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	45,542	10,806	12,587		4,237		
041 DELIVERY ROOM & LABOR ROO	8,368				208	1,620	
044 ANESTHESIOLOGY	3,294						
049 RADIOLOGY-DIAGNOSTIC	33,584	2,351	3,295		2,560		
050 LABORATORY	30,194		2,301		4,250		
055 RESPIRATORY THERAPY	507	48	523		1,091		
056 PHYSICAL THERAPY	11,040	861	1,266		1,976		
060 MEDICAL SUPPLIES CHARGED							9,636
060 01 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
063 CLINIC							
066 01 CARDIAC REHAB					769		
061 EMERGENCY	30,273	7,110	7,768		4,138		
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	443,504	58,644	58,544	194,781	44,594	73,957	9,636
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	14,768		385				
099 PHYSICIANS' PRIVATE OFFIC	1,339	427	1,735				
099 01 NONPAID WORKERS							
099 02 FOUNDATION							
100 PHYSICIANS CLINIC	7,976				79		
100 01 PROCTOR CHEMICAL DEPENDEN	316						
100 02 ST. FRANCIS RENAL DIALYSI	12,030	317	991				
100 03 RUCHFORD POB							
100 04 GRAHAM POB							
100 05 FARMINGTON POB							
100 06 LEWISTON POB							
100 07 OTHER RENTAL PROPERTY							
100 08 KELLEY HOME							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	479,933	59,388	61,655	194,781	44,673	73,957	9,636

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		16	17	21	25	26	27
003	GENERAL SERVICE COST CNTR						
003	01 NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-CARDIAC						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
016	PHARMACY	111,395					
017	MEDICAL RECORDS & LIBRARY		156,605				
021	NURSING SCHOOL	4		453,950			
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	170	47,057		609,919		609,919
026	INTENSIVE CARE UNIT	29	4,112		97,491		97,491
033	NURSERY		7,701		37,819		37,819
034	SKILLED NURSING FACILITY	21	5,650		323,419		323,419
035	NURSING FACILITY		5,194		182,076		182,076
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	1,722	8,801		597,573		597,573
039	DELIVERY ROOM & LABOR ROO				46,936		46,936
040	ANESTHESIOLOGY	24			37,672		37,672
041	RADIOLOGY-DIAGNOSTIC	353	41,915		1,381,954		1,381,954
044	LABORATORY	70	16,511		405,482		405,482
049	RESPIRATORY THERAPY	72			22,718		22,718
050	PHYSICAL THERAPY	6			96,912		96,912
055	MEDICAL SUPPLIES CHARGED	1,759			11,457		11,457
056	DRUGS CHARGED TO PATIENTS	83,792			112,504		112,504
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
060	01 CARDIAC REHAB	37			38,378		38,378
061	EMERGENCY	240	19,664		328,316		328,316
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC	13,697			276,376		276,376
066	OTHER REIMBURS COST CNTRS						
066	DURABLE MEDICAL EQUIP-REN	469			103,582		103,582
071	HOME HEALTH AGENCY	53			40,189		40,189
093	SPEC PURPOSE COST CENTERS						
093	HOSPICE	6,512			76,916		76,916
095	SUBTOTALS	109,030	156,605		4,827,689		4,827,689
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				76,593		76,593
098	PHYSICIANS' PRIVATE OFFIC	2,365			45,138		45,138
099	NONPAID WORKERS						
099	01 NONPAID WORKERS						
099	02 FOUNDATION				3		3
100	PHYSICIANS CLINIC				45,218		45,218
100	01 PROCTOR CHEMICAL DEPENDEN				1,626		1,626
100	02 ST. FRANCIS RENAL DIALYSI				63,257		63,257
100	03 RUCHFORD POB				10,900		10,900
100	04 GRAHAM POB				248,761		248,761
100	05 FARMINGTON POB				5,922		5,922
100	06 LEWISTON POB				8,790		8,790
100	07 OTHER RENTAL PROPERTY						
100	08 KELLEY HOME				2,678		2,678
101	CROSS FOOT ADJUSTMENTS			453,950	453,950		453,950
102	NEGATIVE COST CENTER						
103	TOTAL	111,395	156,605	453,950	5,790,525		5,790,525

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-CARDIAC (DOLLAR VALUE)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	S RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	3	3.01	4	5	6a.00	6
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	199,776					
003 01 NEW CAP REL COSTS-CAR		30,653				
004 NEW CAP REL COSTS-MVB			1,952,839			
005 EMPLOYEE BENEFITS	1,396		1,682	23,523,521		
006 ADMINISTRATIVE & GENE	23,120		469,931	3,533,815	-10,003,441	47,149,935
008 OPERATION OF PLANT	29,409		18,453	1,006,428		3,192,014
009 LAUNDRY & LINEN SERVI	3,189		56	24,906		347,533
010 HOUSEKEEPING	2,141		9,658	584,139		819,808
011 DIETARY	8,233		39,938	282,593		738,654
012 CAFETERIA	2,201			347,914		438,580
014 NURSING ADMINISTRATIO	3,232		3,954	587,342		776,399
015 CENTRAL SERVICES & SU			1,711	35,988		437,453
016 PHARMACY	1,882		63,771	559,471		485,796
017 MEDICAL RECORDS & LIB	4,145		65,420	505,717		789,410
021 NURSING SCHOOL	24,583		19,105	808,983		994,688
025 INPAT ROUTINE SRVC CN	15,310		74,922	2,338,439		3,313,516
026 ADULTS & PEDIATRICS	2,959		9,609	471,955		690,476
033 INTENSIVE CARE UNIT	858		3,864	235,809		307,354
034 NURSERY	11,491		13,705	1,173,075		1,652,965
035 SKILLED NURSING FACIL	5,081		6,531	565,644		783,224
037 NURSING FACILITY						
039 ANCILLARY SRVC COST C	13,840		211,114	1,606,565		5,850,612
040 OPERATING ROOM	2,543		618	62,138		109,515
041 DELIVERY ROOM & LABOR	1,001		13,901			131,160
044 ANESTHESIOLOGY	10,206		462,522	910,365		3,278,329
049 RADIOLOGY-DIAGNOSTIC	9,176		149,732	1,621,017		3,910,111
050 LABORATORY	154		4,284	382,232		510,951
055 RESPIRATORY THERAPY	3,355		17,412	749,357		1,010,609
056 PHYSICAL THERAPY						3,599
060 MEDICAL SUPPLIES CHAR						1,660,219
060 01 DRUGS CHARGED TO PATI		30,653		251,637		368,722
061 EMERGENCY	9,200		98,842	1,092,179		1,682,372
062 OBSERVATION BEDS (NON						
063 50 RHC			79,108	2,106,942		8,441,599
066 OTHER REIMBURS COST C						
071 DURABLE MEDICAL EQUIP			42,045	433,423		1,247,574
093 HOME HEALTH AGENCY			20,511	512,947		716,180
095 SPEC PURPOSE COST CEN						
095 HOSPICE			119	149,044		278,181
096 SUBTOTALS	188,705	30,653	1,902,518	22,940,064	-10,003,441	44,967,603
098 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	4,488		149			60,396
099 PHYSICIANS' PRIVATE O	407		4,555	515,134		1,647,584
099 01 NONPAID WORKERS						
099 02 FOUNDATION						183
100 PHYSICIANS CLINIC	2,424		3,741			36,531
100 01 PROCTOR CHEMICAL DEPE	96					1,288
100 02 ST. FRANCIS RENAL DIA	3,656					49,070
100 03 RUCHFORD POB			1,092			11,208
100 04 GRAHAM POB			40,468	768		249,031
100 05 FARMINGTON POB						5,939
100 06 LEWISTON POB						8,759
100 07 OTHER RENTAL PROPERTY						
100 08 KELLEY HOME			316	67,555		112,343
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,681,350	30,975	2,086,265	4,764,467		10,003,441
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	13.421782		1.068324			
105 (WRKSHT B, PT I)		1.010505		.202541		.212162
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED				20,534		815,433
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER				.000873		.017294

COST ALLOCATION - STATISTICAL BASIS

14-0001

FROM 7/ 1/2008

WORKSHEET B-1

TO 6/30/2009

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(FTEs)	(FTEs)	(COSTED EQUIP.)
	8	9	10	11	12	14	15
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-CAR							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	145,851						
009 LAUNDRY & LINEN SERVICE	3,189	1,311,466					
010 HOUSEKEEPING	2,141	19,162	29,606				
011 DIETARY	8,233			73,359			
012 CAFETERIA	2,201				31,608		
014 NURSING ADMINISTRATION	3,232		147		1,042	6,712	
015 CENTRAL SERVICES & SUPPLY					150		376,003
016 PHARMACY	1,882		407		1,171		
017 MEDICAL RECORDS & LIBRARY	4,145		351		1,853		
021 NURSING SCHOOL	24,583	338	936		1,998		
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	15,310	356,954	8,485	25,926	5,210	5,210	
026 INTENSIVE CARE UNIT	2,959	49,114	1,148	2,184	874	874	
033 NURSERY	858	3,302			481	481	
034 SKILLED NURSING FACILITY	11,491	234,676	1,758	23,574	3,236		
035 NURSING FACILITY	5,081	163,852	1,560	21,675	1,932		
ANCILLARY SRVC COST C							
037 OPERATING ROOM	13,840	238,628	6,044		2,998		
039 DELIVERY ROOM & LABOR	2,543				147		
040 ANESTHESIOLOGY	1,001					147	
041 RADIOLOGY-DIAGNOSTIC	10,206	51,922	1,582		1,811		
044 LABORATORY	9,176		1,105		3,007		
049 RESPIRATORY THERAPY	154	1,066	251		772		
050 PHYSICAL THERAPY	3,355	19,006	608		1,398		
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							376,003
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CENTER							
060 CLINIC							
060 01 CARDIAC REHAB					544		
061 EMERGENCY	9,200	157,014	3,730		2,928		
062 OBSERVATION BEDS (NON RHC)							
063 OTHER REIMBURS COST CENTER							
066 DURABLE MEDICAL EQUIPMENT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTER							
093 HOSPICE							
095 SUBTOTALS	134,780	1,295,034	28,112	73,359	31,552	6,712	376,003
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE	4,488		185				
098 PHYSICIANS' PRIVATE OFFICE	407	9,438	833				
099 NONPAID WORKERS							
099 01 NONPAID WORKERS							
099 02 FOUNDATION							
100 PHYSICIANS CLINIC	2,424				56		
100 01 PROCTOR CHEMICAL DEPARTMENT	96						
100 02 ST. FRANCIS RENAL DIALYSIS	3,656	6,994	476				
100 03 RUCHFORD POB							
100 04 GRAHAM POB							
100 05 FARMINGTON POB							
100 06 LEWISTON POB							
100 07 OTHER RENTAL PROPERTY							
100 08 KELLEY HOME							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,869,238	505,866	1,057,929	1,113,779	590,020	1,051,566	533,064
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	26.528704	.385726	35.733601	15.182582	18.666793	156.669547	1.417712
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	479,933	59,388	61,655	194,781	44,673	73,957	9,636
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	3.290571	.045284	2.082517	2.655175	1.413345	11.018623	.025627

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
14-0001

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUI S.	MEDICAL RECORDS & LIBRARY R(TIME)SPENT	NURSING SCHOOLS (ASSIGNED TIME)
GENERAL SERVICE COST	16	17	21
003 NEW CAP REL COSTS-BLD			
003 01 NEW CAP REL COSTS-CAR			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENE			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATIO			
015 CENTRAL SERVICES & SU			
016 PHARMACY	1,660,219		
017 MEDICAL RECORDS & LIB		68,739	
021 NURSING SCHOOL	58		816,595
INPAT ROUTINE SRVC CN			
ADULTS & PEDIATRICS	2,538	20,655	367,065
026 INTENSIVE CARE UNIT	432	1,805	49,425
033 NURSERY	2	3,380	
034 SKILLED NURSING FACIL	307	2,480	176,055
035 NURSING FACILITY		2,280	
ANCILLARY SRVC COST C			
OPERATING ROOM	25,659	3,863	91,650
039 DELIVERY ROOM & LABOR			
040 ANESTHESIOLOGY	362		
041 RADIOLOGY-DIAGNOSTIC	5,265	18,398	
044 LABORATORY	1,036	7,247	8,300
049 RESPIRATORY THERAPY	1,067		
050 PHYSICAL THERAPY	96		9,800
055 MEDICAL SUPPLIES CHAR	26,219		
056 DRUGS CHARGED TO PATI	1,248,846		
OUTPAT SERVICE COST C			
CLINIC			
060 01 CARDIAC REHAB	550		11,500
061 EMERGENCY	3,573	8,631	37,975
062 OBSERVATION BEDS (NON			
063 50 RHC	204,135		
OTHER REIMBURS COST C			
DURABLE MEDICAL EQUIP	6,988		
071 HOME HEALTH AGENCY	784		25,200
SPEC PURPOSE COST CEN			
HOSPICE	97,053		12,600
095 SUBTOTALS	1,624,970	68,739	789,570
NONREIMBURS COST CENT			
GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O	35,249		
099 NONPAID WORKERS			
099 01 NONPAID WORKERS			
099 02 FOUNDATION			
100 PHYSICIANS CLINIC			27,025
100 01 PROCTOR CHEMICAL DEPE			
100 02 ST. FRANCIS RENAL DIA			
100 03 RUCHFORD POB			
100 04 GRAHAM POB			
100 05 FARMINGTON POB			
100 06 LEWISTON POB			
100 07 OTHER RENTAL PROPERTY			
100 08 KELLEY HOME			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	675,193	1,113,986	1,928,777
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		16.206026	
(WRKSHT B, PT I)	.406689		2.361975
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	111,395	156,605	453,950
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		2.278255	
(WRKSHT B, PT III)	.067097		.555906

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	7,373,449		7,373,449		7,373,449
26	INTENSIVE CARE UNIT	1,308,006		1,308,006		1,308,006
33	NURSERY	535,713		535,713		535,713
34	SKILLED NURSING FACILITY	3,336,317		3,336,317		3,336,317
35	NURSING FACILITY	1,605,228		1,605,228		1,605,228
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,112,543		8,112,543		8,112,543
39	DELIVERY ROOM & LABOR ROO	225,986		225,986		225,986
40	ANESTHESIOLOGY	185,689		185,689		185,689
41	RADIOLOGY-DIAGNOSTIC	4,655,282		4,655,282		4,655,282
44	LABORATORY	5,216,202		5,216,202		5,216,202
49	RESPIRATORY THERAPY	647,665		647,665		647,665
50	PHYSICAL THERAPY	1,392,365		1,392,365		1,392,365
55	MEDICAL SUPPLIES CHARGED	548,090		548,090		548,090
56	DRUGS CHARGED TO PATIENTS	2,520,347		2,520,347		2,520,347
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 CARDIAC REHAB	484,493		484,493		484,493
61	EMERGENCY	2,762,900		2,762,900	23,898	2,786,798
62	OBSERVATION BEDS (NON-DIS	1,435,188		1,435,188		1,435,188
63	50 RHC	10,315,623		10,315,623		10,315,623
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	1,515,104		1,515,104		1,515,104
101	SUBTOTAL	54,176,190		54,176,190	23,898	54,200,088
102	LESS OBSERVATION BEDS	1,435,188		1,435,188		1,435,188
103	TOTAL	52,741,002		52,741,002	23,898	52,764,900

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0001

FROM 7/ 1/2008

WORKSHEET C

TO 6/30/2009

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,034,265		6,034,265			
26	INTENSIVE CARE UNIT	1,003,393		1,003,393			
33	NURSERY	341,673		341,673			
34	SKILLED NURSING FACILITY	2,470,889		2,470,889			
35	NURSING FACILITY	1,073,987		1,073,987			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,457,085	10,029,685	17,486,770	.463925	.463925	.463925
39	DELIVERY ROOM & LABOR ROO	329,188	105,489	434,677	.519894	.519894	.519894
40	ANESTHESIOLOGY	611,253	1,213,626	1,824,879	.101754	.101754	.101754
41	RADIOLOGY-DIAGNOSTIC	3,317,108	42,338,961	45,656,069	.101964	.101964	.101964
44	LABORATORY	4,079,403	15,047,377	19,126,780	.272717	.272717	.272717
49	RESPIRATORY THERAPY	1,714,975	485,393	2,200,368	.294344	.294344	.294344
50	PHYSICAL THERAPY	1,394,312	1,683,800	3,078,112	.452344	.452344	.452344
55	MEDICAL SUPPLIES CHARGED	2,228,172	8,128,626	10,356,798	.052921	.052921	.052921
56	DRUGS CHARGED TO PATIENTS	5,213,049	2,897,538	8,110,587	.310748	.310748	.310748
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB	111	316,190	316,301	1.531747	1.531747	1.531747
61	EMERGENCY	1,045,659	7,812,113	8,857,772	.311918	.311918	.314616
62	OBSERVATION BEDS (NON-DIS	306,667	1,071,897	1,378,564	1.041075	1.041075	1.041075
63	50 RHC		18,316,810	18,316,810	.563178	.563178	.563178
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		2,005,934	2,005,934	.755311	.755311	.755311
101	SUBTOTAL	38,621,189	111,453,439	150,074,628			
102	LESS OBSERVATION BEDS						
103	TOTAL	38,621,189	111,453,439	150,074,628			

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	8,112,543	597,573	7,514,970			8,112,543
39	DELIVERY ROOM & LABOR ROO	225,986	46,936	179,050			225,986
40	ANESTHESIOLOGY	185,689	37,672	148,017			185,689
41	RADIOLOGY-DIAGNOSTIC	4,655,282	1,381,954	3,273,328			4,655,282
44	LABORATORY	5,216,202	405,482	4,810,720			5,216,202
49	RESPIRATORY THERAPY	647,665	22,718	624,947			647,665
50	PHYSICAL THERAPY	1,392,365	96,912	1,295,453			1,392,365
55	MEDICAL SUPPLIES CHARGED	548,090	11,457	536,633			548,090
56	DRUGS CHARGED TO PATIENTS	2,520,347	112,504	2,407,843			2,520,347
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 CARDIAC REHAB	484,493	38,378	446,115			484,493
61	EMERGENCY	2,762,900	328,316	2,434,584			2,762,900
62	OBSERVATION BEDS (NON-DIS	1,435,188	118,716	1,316,472			1,435,188
63	50 RHC	10,315,623	276,376	10,039,247			10,315,623
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	1,515,104	103,582	1,411,522			1,515,104
101	SUBTOTAL	40,017,477	3,578,576	36,438,901			40,017,477
102	LESS OBSERVATION BEDS	1,435,188	118,716	1,316,472			1,435,188
103	TOTAL	38,582,289	3,459,860	35,122,429			38,582,289

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	17,486,770	.463925	.463925
39	DELIVERY ROOM & LABOR ROO	434,677	.519894	.519894
40	ANESTHESIOLOGY	1,824,879	.101754	.101754
41	RADIOLOGY-DIAGNOSTIC	45,656,069	.101964	.101964
44	LABORATORY	19,126,780	.272717	.272717
49	RESPIRATORY THERAPY	2,200,368	.294344	.294344
50	PHYSICAL THERAPY	3,078,112	.452344	.452344
55	MEDICAL SUPPLIES CHARGED	10,356,798	.052921	.052921
56	DRUGS CHARGED TO PATIENTS	8,110,587	.310748	.310748
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 CARDIAC REHAB	316,301	1.531747	1.531747
61	EMERGENCY	8,857,772	.311918	.311918
62	OBSERVATION BEDS (NON-DIS	1,378,564	1.041075	1.041075
63	50 RHC	18,316,810	.563178	.563178
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	2,005,934	.755311	.755311
101	SUBTOTAL	139,150,421		
102	LESS OBSERVATION BEDS	1,378,564		
103	TOTAL	137,771,857		

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	8,112,543	597,573	7,514,970			8,112,543
39	DELIVERY ROOM & LABOR ROO	225,986	46,936	179,050			225,986
40	ANESTHESIOLOGY	185,689	37,672	148,017			185,689
41	RADIOLOGY-DIAGNOSTIC	4,655,282	1,381,954	3,273,328			4,655,282
44	LABORATORY	5,216,202	405,482	4,810,720			5,216,202
49	RESPIRATORY THERAPY	647,665	22,718	624,947			647,665
50	PHYSICAL THERAPY	1,392,365	96,912	1,295,453			1,392,365
55	MEDICAL SUPPLIES CHARGED	548,090	11,457	536,633			548,090
56	DRUGS CHARGED TO PATIENTS	2,520,347	112,504	2,407,843			2,520,347
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 CARDIAC REHAB	484,493	38,378	446,115			484,493
61	EMERGENCY	2,762,900	328,316	2,434,584			2,762,900
62	OBSERVATION BEDS (NON-DIS	1,435,188	118,716	1,316,472			1,435,188
63	50 RHC	10,315,623	276,376	10,039,247			10,315,623
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	1,515,104	103,582	1,411,522			1,515,104
101	SUBTOTAL	40,017,477	3,578,576	36,438,901			40,017,477
102	LESS OBSERVATION BEDS	1,435,188	118,716	1,316,472			1,435,188
103	TOTAL	38,582,289	3,459,860	35,122,429			38,582,289

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	17,486,770	.463925	.463925
39	DELIVERY ROOM & LABOR ROO	434,677	.519894	.519894
40	ANESTHESIOLOGY	1,824,879	.101754	.101754
41	RADIOLOGY-DIAGNOSTIC	45,656,069	.101964	.101964
44	LABORATORY	19,126,780	.272717	.272717
49	RESPIRATORY THERAPY	2,200,368	.294344	.294344
50	PHYSICAL THERAPY	3,078,112	.452344	.452344
55	MEDICAL SUPPLIES CHARGED	10,356,798	.052921	.052921
56	DRUGS CHARGED TO PATIENTS	8,110,587	.310748	.310748
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 CARDIAC REHAB	316,301	1.531747	1.531747
61	EMERGENCY	8,857,772	.311918	.311918
62	OBSERVATION BEDS (NON-DIS	1,378,564	1.041075	1.041075
63	50 RHC	18,316,810	.563178	.563178
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	2,005,934	.755311	.755311
101	SUBTOTAL	139,150,421		
102	LESS OBSERVATION BEDS	1,378,564		
103	TOTAL	137,771,857		

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				609,919		609,919
26	INTENSIVE CARE UNIT				97,491		97,491
33	NURSERY				37,819		37,819
101	TOTAL				745,229		745,229

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	8,585	3,731			71.04	265,050
26	INTENSIVE CARE UNIT	674	351			144.65	50,772
33	NURSERY	610				62.00	
101	TOTAL	9,869	4,082				315,822

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART II
14-0001		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.034173	126,326
39	DELIVERY ROOM & LABOR ROO	.107979	
40	ANESTHESIOLOGY	.020644	6,215
41	RADIOLOGY-DIAGNOSTIC	.030269	54,964
44	LABORATORY	.021200	64,999
49	RESPIRATORY THERAPY	.010325	7,646
50	PHYSICAL THERAPY	.031484	8,434
55	MEDICAL SUPPLIES CHARGED	.001106	728
56	DRUGS CHARGED TO PATIENTS	.013871	32,434
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CARDIAC REHAB	.121334	
61	EMERGENCY	.037065	17,173
62	OBSERVATION BEDS (NON-DIS	.086116	15,618
63	50 RHC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.051638	
101	TOTAL		334,537

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

PROVIDER NO: 14-0001
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/25/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		866,998		866,998	8,585	100.99
26	INTENSIVE CARE UNIT		116,741		116,741	674	173.21
33	NURSERY					610	
34	SKILLED NURSING FACILITY		415,838		415,838	7,841	53.03
35	NURSING FACILITY					7,225	
101	TOTAL		1,399,577		1,399,577	24,935	

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

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/ 1/2008	WORKSHEET D
	TO 6/30/2009	PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	3,731	376,794
26	INTENSIVE CARE UNIT	351	60,797
33	NURSERY		
34	SKILLED NURSING FACILITY	5,011	265,733
35	NURSING FACILITY		
101	TOTAL	9,093	703,324

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			216,475							
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
44	LABORATORY			19,604							
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY			23,147							
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
60	OUTPAT SERVICE COST CNTRS CLINIC										
60	01 CARDIAC REHAB			27,163							
61	EMERGENCY			89,696							
62	OBSERVATION BEDS (NON-DIS			168,755							
63	50 RHC										
66	OTHER REIMBURS COST CNTRS										
101	DURABLE MEDICAL EQUIP-REN TOTAL			544,840							

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	216,475	216,475	17,486,770	.012379	.012379	3,696,647	45,761
39	DELIVERY ROOM & LABOR ROO			434,677				
40	ANESTHESIOLOGY			1,824,879			301,054	
41	RADIOLOGY-DIAGNOSTIC			45,656,069			1,815,845	
44	LABORATORY	19,604	19,604	19,126,780	.001025	.001025	3,066,014	3,143
49	RESPIRATORY THERAPY			2,200,368			740,529	
50	PHYSICAL THERAPY	23,147	23,147	3,078,112	.007520	.007520	267,876	2,014
55	MEDICAL SUPPLIES CHARGED			10,356,798			658,035	
56	DRUGS CHARGED TO PATIENTS			8,110,587			2,338,245	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CARDIAC REHAB	27,163	27,163	316,301	.085877	.085877		
61	EMERGENCY	89,696	89,696	8,857,772	.010126	.010126	463,309	4,691
62	OBSERVATION BEDS (NON-DIS	168,755	168,755	1,378,564	.122414	.122414	181,365	22,202
63	50 RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			2,005,934				
101	TOTAL	544,840	544,840	120,833,611			13,528,919	77,811

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	1,571,935	1,571,935		19,459	19,459	
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	144,471	144,471				
41	RADIOLOGY-DIAGNOSTIC	3,586,587	3,586,587				
44	LABORATORY	770,248	770,248		790	790	
49	RESPIRATORY THERAPY	128,448	128,448				
50	PHYSICAL THERAPY	39	39				
55	MEDICAL SUPPLIES CHARGED	217,211	217,211				
56	DRUGS CHARGED TO PATIENTS	535,671	535,671				
60	OUTPAT SERVICE COST CNTRS CLINIC						
60	01 CARDIAC REHAB	41,165	41,165		3,535	3,535	
61	EMERGENCY	688,989	688,989		6,977	6,977	
62	OBSERVATION BEDS (NON-DIS	207,187	207,187		25,363	25,363	
63	50 RHC						
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN						
101	TOTAL	7,891,951	7,891,951		56,124	56,124	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/25/2009
 | 14-0001 | FROM 7/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2009 | PART II
 | 14-5572 | | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/25/2009
 | 14-0001 | FROM 7/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2009 | PART II
 | 14-5572 | | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CARDIAC REHAB		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	50 RHC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM				216,475							
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
44	LABORATORY				19,604							
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY				23,147							
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
60	OUTPAT SERVICE COST CNTRS CLINIC											
60	01 CARDIAC REHAB				27,163							
61	EMERGENCY				89,696							
62	OBSERVATION BEDS (NON-DIS											
63	50 RHC											
66	OTHER REIMBURS COST CNTRS											
101	DURABLE MEDICAL EQUIP-REN TOTAL				376,085							

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	216,475	216,475	17,486,770	.012379	.012379	10,593	131
39	DELIVERY ROOM & LABOR ROO			434,677				
40	ANESTHESIOLOGY			1,824,879			600	
41	RADIOLOGY-DIAGNOSTIC			45,656,069			26,065	
44	LABORATORY	19,604	19,604	19,126,780	.001025	.001025	53,948	55
49	RESPIRATORY THERAPY			2,200,368			441,350	
50	PHYSICAL THERAPY	23,147	23,147	3,078,112	.007520	.007520	652,834	4,909
55	MEDICAL SUPPLIES CHARGED			10,356,798			180,977	
56	DRUGS CHARGED TO PATIENTS			8,110,587			509,623	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CARDIAC REHAB	27,163	27,163	316,301	.085877	.085877		
61	EMERGENCY	89,696	89,696	8,857,772	.010126	.010126		
62	OBSERVATION BEDS (NON-DIS			1,378,564				
63	50 RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			2,005,934				
101	TOTAL	376,085	376,085	120,833,611			1,875,990	5,095

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

TITLE XVIII, PART B SKILLED NURSING FACILITY

Cost Center Description	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other
	5	6	7	8	9
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	11				1
56 DRUGS CHARGED TO PATIENTS	112				35
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CARDIAC REHAB					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED	123				36
102 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES	123				36

(A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems	MCRI F32	FOR GRAHAM HOSPITAL ASSOCIATION	IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST		PROVIDER NO: 14-0001	PERIOD: FROM 7/ 1/2008
		COMPONENT NO: 14-5572	TO 6/30/2009
TITLE XVIII, PART B			PREPARED 11/25/2009
	SKILLED NURSING FACILITY		WORKSHEET D
			PART VI
PART VI - VACCINE COST APPORTIONMENT			

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.310748
2	PROGRAM VACCINE CHARGES		1,565
3	PROGRAM COSTS		486

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	1,671
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	858.88
85	OBSERVATION BED COST	1,435,188

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	7,373,449		1,435,188	
87	NEW CAPITAL-RELATED COST	609,919	.082718	1,435,188	118,716
88	NON PHYSICIAN ANESTHETIST	7,373,449		1,435,188	
89	MEDICAL EDUCATION	866,998	.117584	1,435,188	168,755
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		2,819,747	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		545,805	
37	OPERATING ROOM	.463925	3,696,647	1,714,967
39	DELIVERY ROOM & LABOR ROOM	.519894		
40	ANESTHESIOLOGY	.101754	301,054	30,633
41	RADIOLOGY-DIAGNOSTIC	.101964	1,815,845	185,151
44	LABORATORY	.272717	3,066,014	836,154
49	RESPIRATORY THERAPY	.294344	740,529	217,970
50	PHYSICAL THERAPY	.452344	267,876	121,172
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.052921	658,035	34,824
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.310748	2,338,245	726,605
60	CLINIC			
60	01 CARDIAC REHAB	1.531747		
61	EMERGENCY	.314616	463,309	145,764
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.041075	181,365	188,815
63	50 RHC OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.755311		
101	TOTAL		13,528,919	4,202,055
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		13,528,919	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	1,353,250	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	4,059,751	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	13,648	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	45.40	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.07
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		19.69
4.02 SUM OF LINES 4 AND 4.01		23.76
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.82
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		477,427
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
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)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	5,904,076	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	6,615,228	
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)	6,615,228	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		448,162
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		437,591
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		77,811
16 TOTAL		7,578,792
17 PRIMARY PAYER PAYMENTS		1,848
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		7,576,944
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		695,216
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		11,583
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		21,936
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		15,355
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	6,885,500	
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	6,885,500	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	8,085,576	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-1,200,076	
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)	3,395	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,973,039	1,973,039
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,641,970	1,641,970
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.862	.862
1.04	LINE 1.01 TIMES LINE 1.03.	1,700,760	1,700,760
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	96.54	96.54
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		49,972
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	112,248	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	3,395	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	10,925	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	10,925	

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)	10,925	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	7,530	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,395	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,446,160	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	876,730	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,572,825	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	2,572,825	
24	PRIMARY PAYER PAYMENTS	71	
25	SUBTOTAL	2,572,754	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	33,399	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	23,379	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	2,596,133	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	2,596,133	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	2,553,605	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	42,528	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	522
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	522
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	1,688
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,688
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)	1,688
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,166
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	522
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	30
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	492
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	492
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	492
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	492
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	492
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,623
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-1,131
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7,932,312		2,448,325
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	3/27/2009	224,070	2/3/2009	32,734
ADJUSTMENTS TO PROVIDER .02	6/19/2009	127,616	3/27/2009	30,270
ADJUSTMENTS TO PROVIDER .03			6/19/2009	42,276
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	2/3/2009	198,422		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		153,264		105,280
4 TOTAL INTERIM PAYMENTS		8,085,576		2,553,605
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1,200,076		42,528
7 TOTAL MEDICARE PROGRAM LIABILITY		6,885,500		2,596,133

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

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

Health Financial Systems MCRI F32 FOR GRAHAM HOSPITAL ASSOCIATION IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

		PROVIDER NO:		PERIOD:		PREPARED 11/25/2009
CALCULATION OF REIMBURSEMENT SETTLEMENT		14-0001		FROM 7/ 1/2008		WORKSHEET E-3
		COMPONENT NO:		TO 6/30/2009		PART III
		14-5572				

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,128,475			
2	TEMPORARY INVESTMENTS	2,280,329			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	10,152,435			
5	OTHER RECEIVABLES	194,419			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,863,250			
8	PREPAID EXPENSES	1,054,475			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	17,673,383			
FIXED ASSETS					
12	LAND	1,862,587			
12.01	LAND IMPROVEMENTS	1,574,126			
13.01	LESS ACCUMULATED DEPRECIATION	-1,159,533			
14	BUILDINGS	41,910,701			
14.01	LESS ACCUMULATED DEPRECIATION	-18,119,474			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	15,388,201			
16.01	LESS ACCUMULATED DEPRECIATION	-12,049,141			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	21,127,074			
18.01	LESS ACCUMULATED DEPRECIATION	-14,278,658			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	36,255,883			
OTHER ASSETS					
22	INVESTMENTS	56,112,538			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,826,102			
26	TOTAL OTHER ASSETS	57,938,640			
27	TOTAL ASSETS	111,867,906			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,393,342			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	635,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	850,000			
35 OTHER CURRENT LIABILITIES	3,425,559			
36 TOTAL CURRENT LIABILITIES	7,303,901			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	30,450,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	4,270,577			
42 TOTAL LONG-TERM LIABILITIES	34,720,577			
43 TOTAL LIABILITIES	42,024,478			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	69,843,428			
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	69,843,428			
52 TOTAL LIABILITIES AND FUND BALANCES	111,867,906			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		74,392,829		
2 OF PERIOD				
3 NET INCOME (LOSS)		-2,866,069		
4 TOTAL		71,526,760		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		71,526,760		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 CHANGE IN TEMPORARILY RES		90,233		
14 CHANGE IN BENEFICIAL INTE		1,593,099		
15				
16				
17				
18 TOTAL DEDUCTIONS		1,683,332		
19 FUND BALANCE AT END OF		69,843,428		
PERIOD PER BALANCE SHEET				

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	142,159,919
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	74,723,776
3	NET PATIENT REVENUES	67,436,143
4	LESS: TOTAL OPERATING EXPENSES	69,578,745
5	NET INCOME FROM SERVICE TO PATIENTS	-2,142,602
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	70,114
7	INCOME FROM INVESTMENTS	1,234,067
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	34,158
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	369,590
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	1,057
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	358,323
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	18,798
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	616,111
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	148,503
23	GOVERNMENTAL APPROPRIATIONS	
24	NET ASSETS RELEASED FROM RESTRICTION	167,668
24.01	LAB OUTREACH	387,551
24.02	KELLY HOME	36,576
24.03	OTHER HOSPITAL REVENUE	443,573
25	TOTAL OTHER INCOME	3,886,089
26	TOTAL OTHER EXPENSES	1,743,487
27	UNREALIZED LOSSES ON SECURITIES	478,962
28	LOSS ON DISPOSAL OF ASSETS	64,780
29	CHANGE IN FMV OF SWAP OPTIONM	898,788
29.01	LOSS ON REFINANCING OF DEBT	203,313
29.02	INVESTMENT REALIZED LOSSES	2,963,713
30	TOTAL OTHER EXPENSES	4,609,556
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2,866,069

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						
	160,020			440	-46,070	114,390
HHA REIMBURSABLE SERVICES						
6	247,754		29,787	3,665		281,206
7	41,477		3,632			45,109
8	6,463		1,011			7,474
9			156	1,134		1,290
10	15,392		428			15,820
11	41,841		3,866			45,707
12					4,141	4,141
13					784	784
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	512,947		38,880	5,239	-41,145	515,921

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	70,200	184,590	-352	184,238
HHA REIMBURSABLE SERVICES				
6	5,390	286,596		286,596
7		45,109		45,109
8		7,474		7,474
9		1,290		1,290
10		15,820		15,820
11		45,707		45,707
12		4,141		4,141
13	-784			
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	74,806	590,727	-352	590,375

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		184,238				184,238	184,238
HHA REIMBURSABLE SERVICES							
6		286,596				286,596	130,010
7		45,109				45,109	20,463
8		7,474				7,474	3,390
9		1,290				1,290	585
10		15,820				15,820	7,177
11		45,707				45,707	20,734
12		4,141				4,141	1,879
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		590,375				590,375	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		416,606					
7		65,572					
8		10,864					
9		1,875					
10		22,997					
11		66,441					
12		6,020					
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		590,375					

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-184,238	406,137
6	SKILLED NURSING CARE					286,596	
7	PHYSICAL THERAPY					45,109	
8	OCCUPATIONAL THERAPY					7,474	
9	SPEECH PATHOLOGY					1,290	
10	MEDICAL SOCIAL SERVICES					15,820	
11	HOME HEALTH AIDE					45,707	
12	SUPPLIES					4,141	
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-184,238	
25	COST TO BE ALLOCATED					184,238	
26	UNIT COST MULTIPLIER					.453635	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-CARDIA 3.01	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A
1 ADMIN & GENERAL				21,912	32,411	54,323
2 SKILLED NURSING CARE	416,606				50,179	466,785
3 PHYSICAL THERAPY	65,572				8,401	73,973
4 OCCUPATIONAL THERAPY	10,864				1,309	12,173
5 SPEECH PATHOLOGY	1,875					1,875
6 MEDICAL SOCIAL SERVICES	22,997				3,118	26,115
7 HOME HEALTH AIDE	66,441				8,475	74,916
8 SUPPLIES	6,020					6,020
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	590,375			21,912	103,893	716,180
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	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	11,525					
2 SKILLED NURSING CARE	99,034					
3 PHYSICAL THERAPY	15,694					
4 OCCUPATIONAL THERAPY	2,583					
5 SPEECH PATHOLOGY	398					
6 MEDICAL SOCIAL SERVICES	5,541					
7 HOME HEALTH AIDE	15,894					
8 SUPPLIES	1,277					
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)	151,946					
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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17	NURSING SCHOOL 21	SUBTOTAL 25
1 ADMIN & GENERAL			319			66,167
2 SKILLED NURSING CARE					59,522	625,341
3 PHYSICAL THERAPY						89,667
4 OCCUPATIONAL THERAPY						14,756
5 SPEECH PATHOLOGY						2,273
6 MEDICAL SOCIAL SERVICES						31,656
7 HOME HEALTH AIDE						90,810
8 SUPPLIES						7,297
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)			319		59,522	927,967
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	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		66,167		
2 SKILLED NURSING CARE		625,341	48,013	673,354
3 PHYSICAL THERAPY		89,667	6,884	96,551
4 OCCUPATIONAL THERAPY		14,756	1,133	15,889
5 SPEECH PATHOLOGY		2,273	175	2,448
6 MEDICAL SOCIAL SERVICES		31,656	2,430	34,086
7 HOME HEALTH AIDE		90,810	6,972	97,782
8 SUPPLIES		7,297	560	7,857
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)		927,967	66,167	927,967
21 UNIT COST MULTIPLIER			0.076778	

(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-CARDIA (DOLLAR VALUE) 3.01	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1	ADMIN & GENERAL		20,511	160,020		54,323
2	SKILLED NURSING CARE			247,754		466,785
3	PHYSICAL THERAPY			41,477		73,973
4	OCCUPATIONAL THERAPY			6,463		12,173
5	SPEECH PATHOLOGY					1,875
6	MEDICAL SOCIAL SERVICES			15,392		26,115
7	HOME HEALTH AIDE			41,841		74,916
8	SUPPLIES					6,020
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)		20,511	512,947		716,180
21	COST TO BE ALLOCATED		21,912	103,893		151,946
22	UNIT COST MULTIPLIER		1.068305	0.202541		0.212162

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA S (FTEs) 12	NURSING ADMINISTRATION (FTEs) 14
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					

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL
	(COSTED EQUI S.) 15	(COSTED EQUI S.) 16	(TIME SPENT) 17	(ASSIGNED TIME) 21
1 ADMIN & GENERAL		784		
2 SKILLED NURSING CARE				25,200
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)		784		25,200
21 COST TO BE ALLOCATED		319		59,522
22 UNIT COST MULTIPLIER		0.406888		2.361984

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	673,354	2	673,354	3,977	169.31	1,374
2 PHYSICAL THERAPY	3	96,551		96,551	485	199.07	204
3 OCCUPATIONAL THERAPY	4	15,889		15,889	135	117.70	35
4 SPEECH PATHOLOGY	5	2,448		2,448	21	116.57	5
5 MEDICAL SOCIAL SERVICES	6	34,086		34,086	57	598.00	22
6 HOME HEALTH AIDE SERVICE	7	97,782		97,782	516	189.50	186
7 TOTAL		920,110		920,110	5,191		1,826

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	1,046		232,632	177,098	409,730
2 PHYSICAL THERAPY	92		40,610	18,314	58,924
3 OCCUPATIONAL THERAPY	36		4,120	4,237	8,357
4 SPEECH PATHOLOGY	2		583	233	816
5 MEDICAL SOCIAL SERVICES	20		13,156	11,960	25,116
6 HOME HEALTH AIDE SERVICES	103		35,247	19,519	54,766
7 TOTAL	1,299		326,348	231,361	557,709

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		9914					
9 PHYSICAL THERAPY		9914					
10 OCCUPATIONAL THERAPY		9914					
11 SPEECH PATHOLOGY		9914					
12 MEDICAL SOCIAL SERVICES		9914					
13 HOME HEALTH AIDE SERVICE		9914					
14 TOTAL							

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

PROVIDER NO: 14-0001
 HHA NO: 14-7142
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

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	7,857		7,857	44,357	.177131	26,790
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	17,567		4,745	3,112
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	
17 PER BENE COST LIMITATION (FRM FI)	9914	
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	.452344			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.052921			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.310748			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 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY		199.07	2.01	3	3.01		
2 OCCUPATIONAL THERAPY		117.70					
3 SPEECH PATHOLOGY		116.57					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII I HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	185,251	134,714
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	16,330	6,671
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	1,281	3,463
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	1,668	824
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	204,530	145,672
13 EXCESS REASONABLE COST		
14 SUBTOTAL	204,530	145,672
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	204,530	145,672
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	204,530	145,672
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	204,530	145,672
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	204,530	145,672
25 INTERIM PAYMENTS	204,530	145,672
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1558		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	149,044			120,810
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	149,044			120,810

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1558		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	193,440	463,294	-176,168	287,126
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	193,440	463,294	-176,168	287,126

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1558		

HOSPICE 1

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

	GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.		
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3	PLANT OPERATION AND MAINTENANCE		
4	TRANSPORTATION - STAFF		
5	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL		
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPIRE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE	-39,260	247,866
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30	BEREAVEMENT PROGRAM COSTS		
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)	-39,260	247,866

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	14-0001	PERIOD:	FROM 7/1/2008	PREPARED 11/25/2009
HOSPICE NO:	14-1558	TO	6/30/2009	WORKSHEET K-1

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE	24,554		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	24,554		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-1
14-1558		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				124,490
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				124,490

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-1
14-1558		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	149,044
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	149,044

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-3
14-1558		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-3
14-1558		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				120,810
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				120,810

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-3
14-1558		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	120,810
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	120,810

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

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
HOSPICE GENERAL SERVICE COST	14-0001	FROM 7/ 1/2008	WORKSHEET K-4
	HOSPICE NO:	TO 6/30/2009	PART I
	14-1558		

HOSPICE 1

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

0	1	2	3
---	---	---	---

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE	247,866		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	247,866		

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
HOSPICE GENERAL SERVICE COST	14-0001	FROM 7/ 1/2008	WORKSHEET K-4
	HOSPICE NO:	TO 6/30/2009	PART I
	14-1558		

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			247,866	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			247,866	

COST ALLOCATION -		PROVIDER NO:		PERIOD:		PREPARED 11/25/2009
HOSPICE GENERAL SERVICE COST		14-0001		FROM 7/ 1/2008		WORKSHEET K-4
		HOSPICE NO:		TO 6/30/2009		PART I
		14-1558				

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	247,866
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	247,866

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1558		PART 11

HOSPICE 1

CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET)	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATION & MAINT. (SQUARE FEET)	TRANSPORTATION (MILEAGE)
1	2	3	4

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

.000000	.000000	.000000	.000000
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COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1558		PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
5	6A	6

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	247,866
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	247,866
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39		
40		
41		
42	FUNDRAISING	
43	OTHER PROGRAM COSTS	
44	COST TO BE ALLOCATED (PER WKST K-4, PART I)	
45	UNIT COST MULTIPLIER	.000000

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-CARDIAC REHAB	NEW CAP REL COSTS-MVBLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	247,866			127
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		247,866			127
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5	5A	6	8
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	30,188	278,181	59,019	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	30,188	278,181	59,019	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

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

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-CARDIAC REHAB (DOLLAR VALUE)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES) 5
1.00 ADMINISTRATIVE AND GENERAL	3	3.01	4	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			119	149,044
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			119	149,044
30.00 TOTAL COST TO BE ALLOCATED			127	30,188
31.00 UNIT COST MULTIPLIER	.000000	.000000	1.067227	.202544

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		278,181		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6A	6	8	9
29.00 TOTAL (SUM OF LINE 1 THRU 28)		278,181		
30.00 TOTAL COST TO BE ALLOCATED		59,019		
31.00 UNIT COST MULTIPLIER		.212160	.000000	.000000
HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(HOURS OF SERVICE)	(MEALS SERVED)	(FTEs)	(FTEs)
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL
	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(ASSIGNED TIME)
	15	16	17	21
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		97,053		12,600
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		97,053		12,600
30.00 TOTAL COST TO BE ALLOCATED		39,470		29,761
31.00 UNIT COST MULTIPLIER	.000000	.406685	.000000	2.361984

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.452344	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.310748	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.272717	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.052921	
8	EMERGENCY	61	.311918	
9	RADIOLOGY-DIAGNOSTIC	41	.101964	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2008	11/25/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-6
14-1558		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				406,431
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				4,830
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				84.15
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	4,320			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	363,528			
6 UNDUPLICATED MEDICAID DAYS		180		
7 AGGREGATE MEDICAID COST		15,147		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	21			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	1,767			
10 UNDUPLICATED NF DAYS		90		
11 AGGREGATE NF COST		7,574		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			330	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			27,770	

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	446,689
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	1,473
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	21.14
	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	448,162
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2008	11/25/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET M-2
14-3493		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	11.40	62,065	4,200	47,880
2	PHYSICIAN ASSISTANTS	1.10	9,938	2,100	2,310
3	NURSE PRACTITIONERS	2.10	1,854	2,100	4,410
4	SUBTOTAL (SUM OF LINES 1-3)	14.60	73,857		54,600
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	14.60	73,857		
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)	7,140,903			
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)	7,140,903			
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)	789,441			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	2,385,279			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	3,174,720			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	3,174,720			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	3,174,720			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	10,315,623			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	73,857			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	73,857			
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.

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	10,315,623
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	55,944
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	10,259,679
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	73,857
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	73,857
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	138.91

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1
	1	2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	138.91
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	5,967
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	828,876
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	1,657,752
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	127,307
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	1,530,445
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	1,224,356
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	26,651
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	1,251,007
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	1,251,007
25	INTERIM PAYMENTS	1,018,837
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	232,170
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2	

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

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/ 1/2008	WORKSHEET M-4
COMPONENT NO:	TO 6/30/2009	
14-3493		

TITLE XVII I

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	1,515,400	1,515,400
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000670	.005881
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	1,015	8,912
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	7,106	21,694
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	8,121	30,606
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	7,140,903	7,140,903
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	3,174,720	3,174,720
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001137	.004286
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	3,610	13,607
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	11,731	44,213
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	225	1,974
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	52.14	22.40
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	152	836
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	7,925	18,726
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		55,944
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		26,651

