

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0019	I	FROM 9/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 8/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 1/ 6/2010 TIME 13:43

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:
 SHELBY MEMORIAL HOSPITAL 14-0019

FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2008 AND ENDING 8/31/2009 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	77,508	-13,391		0
3	SWING BED - SNF	0	19,233	0		0
5	HOSPITAL-BASED SNF	0	0	0		0
7	HOSPITAL-BASED HHA	0	0	-70		0
9	RHC	0	0	44,780		0
100	TOTAL	0	96,741	31,319		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: 200 SOUTH CEDAR P. O. BOX:
 1.01 CITY: SHELBYVILLE STATE: IL ZIP CODE: 62565-1899 COUNTY: SHELBY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	14-0019	2.01	7/1/1966	4	5	6
04.00	SWING BED - SNF	14-U019		4/13/1993	N	P	N
06.00	HOSPITAL-BASED SNF	14-5565		11/7/1986	N	P	N
09.00	HOSPITAL-BASED HHA	14-7622		8/3/1995	N	P	N
14.00	HOSPITAL-BASED RHC	14-3446		6/5/1998	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 9/1/2008 TO: 8/31/2009

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. N

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)

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?

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 IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N 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 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: 9/1/2008 ENDING: 8/31/2009
 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 4/13/1993
 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. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
 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 100 0.8335 0.8386
 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	72.48%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07 OTHER	15.75%	Y
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? DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N
 30.01 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.02 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
 30.03 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 V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N Y N

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 11/10/2009

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0019
PERIOD: FROM 9/1/2008 TO 8/31/2009
PREPARED 1/6/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	30	10,950			2,223		445
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					1,878		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	30	10,950			4,101		445
12 TOTAL	30	10,950			4,101		445
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	15	5,475			417		
18 HOME HEALTH AGENCY					2,082		2,085
24 RURAL HEALTH CLINIC					1,553		
25 TOTAL	45						
26 OBSERVATION BED DAYS							33
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	DISSCHARGES / TITLE XVIII 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,082				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			1,878				
4 ADULTS & PED-SB NF			97				
5 TOTAL ADULTS AND PEDS			5,057				
12 TOTAL			5,057				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			5,463				
18 HOME HEALTH AGENCY			4,167				
24 RURAL HEALTH CLINIC			5,638				
25 TOTAL							
26 OBSERVATION BED DAYS	6	27	169	38	131		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			28				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISSCHARGES / TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					753	145	1,065
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		151.48			753	145	1,065
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		12.64					
18 HOME HEALTH AGENCY		12.27					
24 RURAL HEALTH CLINIC		7.68					
25 TOTAL		184.07					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0019
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 PREPARED 1/6/2010
 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	5,616,501		5,616,501	347,392.14	16.17	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	249,459		249,459	4,179.25	59.69	
5.01 NON-PHYSICIAN - PART B	145,381		145,381	11,787.11	12.33	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	380,227		380,227	25,825.06	14.72	
8.01 EXCLUDED AREA SALARIES	265,938	13,931	279,869	20,648.00	13.55	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	289,322		289,322	6,074.50	47.63	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	338,635		338,635	3,862.00	87.68	
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)	1,527,532		1,527,532			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	138,230		138,230			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	45,791		45,791			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)	54,062		54,062			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	44,710		44,710	2,039.00	21.93	
22 ADMINISTRATIVE & GENERAL	807,023		807,023	38,212.65	21.12	
22.01 A & G UNDER CONTRACT	98,243		98,243	613.25	160.20	
23 MAINTENANCE & REPAIRS	243,620		243,620	18,580.25	13.11	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	38,562		38,562	4,353.50	8.86	
26 HOUSEKEEPING	176,042	-13,931	162,111	17,019.58	9.52	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	198,855	-85,327	113,528	11,136.53	10.19	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		85,327	85,327	8,370.07	10.19	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	331,240		331,240	12,403.00	26.71	
31 CENTRAL SERVICE AND SUPPLY	86,115		86,115	5,598.25	15.38	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	188,869		188,869	15,994.09	11.81	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	5,319,904		5,319,904	332,039.03	16.02	
2 EXCLUDED AREA SALARIES	646,165	13,931	660,096	46,473.06	14.20	
3 SUBTOTAL SALARIES	4,673,739	-13,931	4,659,808	285,565.97	16.32	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	627,957		627,957	9,936.50	63.20	
5 SUBTOTAL WAGE-RELATED COSTS	1,527,532		1,527,532		32.78	
6 TOTAL	6,829,228	-13,931	6,815,297	295,502.47	23.06	
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	2,213,279	-13,931	2,199,348	134,320.17	16.37	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,107	64	170
2 UNDUPLICATED CENSUS COUNT		156.00	9.00	24.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	1,341
2 UNDUPLICATED CENSUS COUNT	189.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.95		.95
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	.85		.85
6 DIRECTING NURSING SERVICE	2.39		2.39
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.86		.86
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.19		.19
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.69		.69
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES

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		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	734	95	18	1
22 SKILLED NURSING VISIT CHARGES	96,846	25,935	2,386	133
23 PHYSICAL THERAPY VISITS	630	3	0	7
24 PHYSICAL THERAPY VISIT CHARGES	89,578	429	0	1,001
25 OCCUPATIONAL THERAPY VISITS	12	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	2,020	0	0	0
27 SPEECH PATHOLOGY VISITS	2	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	318	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	1	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	186	0	0	0
31 HOME HEALTH AIDE VISITS	524	53	2	0
32 HOME HEALTH AIDE VISIT CHARGES	35,908	3,657	138	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	1,903	151	20	8
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	224,856	30,021	2,524	1,134
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	97	0	8	1
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	1,374	500	0	0

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	848
22 SKILLED NURSING VISIT CHARGES	0	0	125,300
23 PHYSICAL THERAPY VISITS	0	0	640
24 PHYSICAL THERAPY VISIT CHARGES	0	0	91,008
25 OCCUPATIONAL THERAPY VISITS	0	0	12
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	2,020
27 SPEECH PATHOLOGY VISITS	0	0	2
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	318
29 MEDICAL SOCIAL SERVICE VISITS	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	186
31 HOME HEALTH AIDE VISITS	0	0	579
32 HOME HEALTH AIDE VISIT CHARGES	0	0	39,703
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	2,082
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	258,535
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	106
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	1,874

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0019
PERIOD: FROM 9/1/2008 TO 8/31/2009
PREPARED 1/6/2010
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	9/30/01 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						
5	RVB						
6	RVA						
6.01	RVX						
6.02	RVL						
7	RHC		63				
8	RHB		1				
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC		31				
11	RMB		43				
12	RMA						
12.01	RMX		149				
12.02	RML		121				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2		6				
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		3				
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		417				

(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: 14-0019
PERIOD: FROM 9/1/2008 TO 8/31/2009
PREPARED 1/6/2010
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs 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			5	
11	RMB				
12	RMA			108	
12 .01	RMX			263	
12 .02	RML			516	
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			364	
16	SE2			239	
17	SE1				
18	SSC			3	
19	SSB				
20	SSA			357	
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2			3	
26	CA1			15	
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			1	
43	PA2				
44	PA1			4	
45	Default				
46	TOTAL			1,878	

(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

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 200 SOUTH CEDAR
 1.01 CITY: SHELBYVILLE STATE: IL ZIP CODE: 62565 COUNTY: SHELBY
 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.) N

FACILITY HOURS OF OPERATIONS (1)

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

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

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N
 14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.
 15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVII I TITLE XIX
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.
 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.

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/ 1/2008	1/ 6/2010
	TO 8/31/2009	WORKSHEET S-10

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 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) .468144
- 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 2,836,118

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/ 1/2008	1/ 6/2010
	TO 8/31/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,327,712
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	602,884
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	282,237
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	1,327,712

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0019
PERIOD: FROM 9/1/2008 TO 8/31/2009
PREPARED 1/6/2010
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		1,167,075	1,167,075	-428,973	738,102
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				725,229	725,229
5	0500 EMPLOYEE BENEFITS	44,710	1,632,830	1,677,540	136,596	1,814,136
6	0600 ADMINISTRATIVE & GENERAL	807,023	1,520,338	2,327,361	-183,423	2,143,938
7	0700 MAINTENANCE & REPAIRS	243,620	58,726	302,346	-95	302,251
8	0800 OPERATION OF PLANT		351,793	351,793	-16,821	334,972
9	0900 LAUNDRY & LINEN SERVICE	38,562	17,834	56,396		56,396
10	1000 HOUSEKEEPING	176,042	18,808	194,850	-13,931	180,919
11	1100 DIETARY	198,855	263,725	462,580	-198,727	263,853
12	1200 CAFETERIA				198,489	198,489
14	1400 NURSING ADMINISTRATION	331,240	7,444	338,684		338,684
15	1500 CENTRAL SERVICES & SUPPLY	86,115	24,751	110,866	-8,119	102,747
17	1700 MEDICAL RECORDS & LIBRARY	188,869	32,071	220,940		220,940
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS		33,177	33,177		33,177
25	2500 ADULTS & PEDIATRICS	775,942	258,318	1,034,260		1,034,260
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	380,227	41,044	421,271	-150	421,121
37	3700 OPERATING ROOM	78,335	87,606	165,941	-40,670	125,271
40	4000 ANESTHESIOLOGY		1,685	1,685		1,685
41	4100 RADIOLOGY-DIAGNOSTIC	310,267	507,461	817,728		817,728
44	4400 LABORATORY	419,828	572,217	992,045		992,045
49	4900 RESPIRATORY THERAPY	160,380	62,575	222,955	-31,133	191,822
50	5000 PHYSICAL THERAPY	223,214	33,156	256,370	-52	256,318
50.01	5001 CARDIAC REHAB	23,834	788	24,622		24,622
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		23,820	23,820	29,318	53,138
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		1,070,741	1,070,741	2,902	1,073,643
60	6000 CLINIC	117,055	16,909	133,964	-3,611	130,353
61	6100 EMERGENCY	274,138	802,978	1,077,116		1,077,116
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	394,772	30,819	425,591	-3,683	421,908
66	6600 DURABLE MEDICAL EQUIP-RENTED	77,535	147,032	224,567	-8,131	216,436
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	265,938	79,536	345,474	-2,072	343,402
88	8800 INTEREST EXPENSE		197,814	197,814	-197,814	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	5,616,501	9,063,071	14,679,572	-44,871	14,634,701
96	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		3,802	3,802	44,871	48,673
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 FARM EXPENSE		11,808	11,808		11,808
100.02	7952 UNOCCUPIED SPACE					
101	TOTAL	5,616,501	9,078,681	14,695,182	-0-	14,695,182

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0019
PERIOD: FROM 9/1/2008 TO 8/31/2009
PREPARED 1/6/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-97,218	640,884
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		725,229
5	0500 EMPLOYEE BENEFITS	-342,823	1,471,313
6	0600 ADMINISTRATIVE & GENERAL	-317,577	1,826,361
7	0700 MAINTENANCE & REPAIRS		302,251
8	0800 OPERATION OF PLANT		334,972
9	0900 LAUNDRY & LINEN SERVICE		56,396
10	1000 HOUSEKEEPING		180,919
11	1100 DIETARY		263,853
12	1200 CAFETERIA	-45,403	153,086
14	1400 NURSING ADMINISTRATION		338,684
15	1500 CENTRAL SERVICES & SUPPLY		102,747
17	1700 MEDICAL RECORDS & LIBRARY	-9,474	211,466
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	-33,177	
25	2500 ADULTS & PEDIATRICS	-20,156	1,014,104
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	-2,440	418,681
37	3700 OPERATING ROOM		125,271
40	4000 ANESTHESIOLOGY		1,685
41	4100 RADIOLOGY-DIAGNOSTIC		817,728
44	4400 LABORATORY		992,045
49	4900 RESPIRATORY THERAPY	-26,707	165,115
50	5000 PHYSICAL THERAPY		256,318
50.01	5001 CARDIAC REHAB		24,622
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,133	51,005
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		1,073,643
60	6000 CLINIC	-68	130,285
61	6100 EMERGENCY	-471,522	605,594
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS		421,908
66	6600 DURABLE MEDICAL EQUIP-RENTED		216,436
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	-50,703	292,699
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,419,401	13,215,300
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		48,673
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 FARM EXPENSE		11,808
100.02	7952 UNOCCUPIED SPACE		
101	TOTAL	-1,419,401	13,275,781

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0019
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 PREPARED 1/6/2010
 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	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	CARDIAC REHAB	5001	PHYSICAL THERAPY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	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	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FARM EXPENSE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	UNOCCUPIED SPACE	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140019

PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

PREPARED 1/ 6/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL CENTER RECLASS	A	PHYSICIANS' PRIVATE OFFICES	98	13,931	
2 TO RECLASS FIRE INSURANCE RECLASS	B	OTHER CAPITAL RELATED COSTS	90		16,923
3		PHYSICIANS' PRIVATE OFFICES	98		1,242
4 TELEPHONE EXPENSE RECLASS	C	ADMINISTRATIVE & GENERAL	6		17,960
5					
6					
7					
8					
9					
10 EMPLOYEE BENEFIT EXPENSE RECLASS	D	EMPLOYEE BENEFITS	5		119,346
11 RENTAL EXPENSE RECLASS	E	NEW CAP REL COSTS-MVBLE EQUIP	4		53,361
12					
13					
14					
15					
16					
17					
18 MEDICAL CENTER UTILITIES RECLASS	F	PHYSICIANS' PRIVATE OFFICES	98		16,821
19 PHYSICIAN BUILDING DEPRECIATION RECL	G	PHYSICIANS' PRIVATE OFFICES	98		12,877
20					
21 DEPRECIATION EXPENSE RECLASS	H	NEW CAP REL COSTS-MVBLE EQUIP	4		654,087
22 PROPERTY INSURANCE RECLASS	I	OTHER CAPITAL RELATED COSTS	90		28,043
23 CAFETERIA EXPENSE RECLASS	J	CAFETERIA	12	85,327	113,162
24 PPO ADMINISTRATIVE FEES	L	ADMINISTRATIVE & GENERAL	6		18
25 ONCOLOGY PHARMACY COSTS RECLASS	M	DRUGS CHARGED TO PATIENTS	56		3,611
26 INTEREST EXPENSE RECLASS	N	NEW CAP REL COSTS-BLDG & FIXT	3		197,814
27 REAL ESTATE TAX RECLASS	O	OTHER CAPITAL RELATED COSTS	90		12,992
28 MEDICAL SUPPLIES RECLASS	P	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		29,318
29 PENSION AUDIT COSTS RECLASS	Q	EMPLOYEE BENEFITS	5		17,250
36 TOTAL RECLASSIFICATIONS				99,258	1,294,825

(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:
140019

PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

PREPARED 1/ 6/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 MEDICAL CENTER RECLASS	A	HOUSEKEEPING	10		13,931		
2 TO RECLASS FIRE INSURANCE RECLASS	B	ADMINISTRATIVE & GENERAL	6			18,165	12
3							
4 TELEPHONE EXPENSE RECLASS	C	CENTRAL SERVICES & SUPPLY	15			8,119	
5		PHYSICAL THERAPY	50			52	
6		DRUGS CHARGED TO PATIENTS	56			709	
7		RURAL HEALTH CLINIC	63.50			3,683	
8		DURABLE MEDICAL EQUIP-RENTED	66			3,325	
9		HOME HEALTH AGENCY	71			2,072	
10 EMPLOYEE BENEFIT EXPENSE RECLASS	D	ADMINISTRATIVE & GENERAL	6			119,346	
11 RENTAL EXPENSE RECLASS	E	ADMINISTRATIVE & GENERAL	6			5,605	10
12		MAINTENANCE & REPAIRS	7			95	
13		DIETARY	11			238	
14		SKILLED NURSING FACILITY	34			150	
15		OPERATING ROOM	37			40,670	
16		RESPIRATORY THERAPY	49			1,815	
17		DURABLE MEDICAL EQUIP-RENTED	66			4,788	
18 MEDICAL CENTER UTILITIES RECLASS	F	OPERATION OF PLANT	8			16,821	
19 PHYSICIAN BUILDING DEPRECIATION RECL	G	NEW CAP REL COSTS-BLDG & FIXT	3			10,018	9
20		NEW CAP REL COSTS-MVBLE EQUIP	4			2,859	9
21 DEPRECIATION EXPENSE RECLASS	H	NEW CAP REL COSTS-BLDG & FIXT	3			654,087	9
22 PROPERTY INSURANCE RECLASS	I	ADMINISTRATIVE & GENERAL	6			28,043	11
23 CAFETERIA EXPENSE RECLASS	J	DIETARY	11		85,327	113,162	
24 PPO ADMINISTRATIVE FEES	L	DURABLE MEDICAL EQUIP-RENTED	66			18	
25 ONCOLOGY PHARMACY COSTS RECLASS	M	CLINIC	60			3,611	
26 INTEREST EXPENSE RECLASS	N	INTEREST EXPENSE	88			197,814	11
27 REAL ESTATE TAX RECLASS	O	ADMINISTRATIVE & GENERAL	6			12,992	
28 MEDICAL SUPPLIES RECLASS	P	RESPIRATORY THERAPY	49			29,318	
29 PENSION AUDIT COSTS RECLASS	Q	ADMINISTRATIVE & GENERAL	6			17,250	
36 TOTAL RECLASSIFICATIONS					99,258	1,294,825	

(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:
140019

PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

PREPARED 1/ 6/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : MEDICAL CENTER RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	13,931	HOUSEKEEPING	10	13,931	
TOTAL RECLASSIFICATIONS FOR CODE A			13,931				13,931

RECLASS CODE: B
EXPLANATION : TO RECLASS FIRE INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	16,923	ADMINISTRATIVE & GENERAL	6	18,165	
2.00	PHYSICIANS' PRIVATE OFFICES	98	1,242			0	
TOTAL RECLASSIFICATIONS FOR CODE B			18,165				18,165

RECLASS CODE: C
EXPLANATION : TELEPHONE EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	17,960	CENTRAL SERVICES & SUPPLY	15	8,119	
2.00			0	PHYSICAL THERAPY	50	52	
3.00			0	DRUGS CHARGED TO PATIENTS	56	709	
4.00			0	RURAL HEALTH CLINIC	63.50	3,683	
5.00			0	DURABLE MEDICAL EQUIP-RENTED	66	3,325	
6.00			0	HOME HEALTH AGENCY	71	2,072	
TOTAL RECLASSIFICATIONS FOR CODE C			17,960				17,960

RECLASS CODE: D
EXPLANATION : EMPLOYEE BENEFIT EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	119,346	ADMINISTRATIVE & GENERAL	6	119,346	
TOTAL RECLASSIFICATIONS FOR CODE D			119,346				119,346

RECLASS CODE: E
EXPLANATION : RENTAL EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	53,361	ADMINISTRATIVE & GENERAL	6	5,605	
2.00			0	MAINTENANCE & REPAIRS	7	95	
3.00			0	DIETARY	11	238	
4.00			0	SKILLED NURSING FACILITY	34	150	
5.00			0	OPERATING ROOM	37	40,670	
6.00			0	RESPIRATORY THERAPY	49	1,815	
7.00			0	DURABLE MEDICAL EQUIP-RENTED	66	4,788	
TOTAL RECLASSIFICATIONS FOR CODE E			53,361				53,361

RECLASS CODE: F
EXPLANATION : MEDICAL CENTER UTILITIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	16,821	OPERATION OF PLANT	8	16,821	
TOTAL RECLASSIFICATIONS FOR CODE F			16,821				16,821

RECLASS CODE: G
EXPLANATION : PHYSICIAN BUILDING DEPRECIATION RECL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	12,877	NEW CAP REL COSTS-BLDG & FIXT	3	10,018	
2.00			0	NEW CAP REL COSTS-MVBLE EQUIP	4	2,859	
TOTAL RECLASSIFICATIONS FOR CODE G			12,877				12,877

RECLASS CODE: H
EXPLANATION : DEPRECIATION EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	654,087	NEW CAP REL COSTS-BLDG & FIXT	3	654,087	
TOTAL RECLASSIFICATIONS FOR CODE H			654,087				654,087

RECLASSIFICATIONS

PROVIDER NO:
140019

PERIOD:
FROM 9/1/2008
TO 8/31/2009

PREPARED 1/6/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION: PROPERTY INSURANCE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	28,043
TOTAL RECLASSIFICATIONS FOR CODE I			28,043

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	28,043	28,043

RECLASS CODE: J
EXPLANATION: CAFETERIA EXPENSE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	198,489
TOTAL RECLASSIFICATIONS FOR CODE J			198,489

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	198,489	198,489

RECLASS CODE: L
EXPLANATION: PPO ADMINISTRATIVE FEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	18
TOTAL RECLASSIFICATIONS FOR CODE L			18

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DURABLE MEDICAL EQUIP-RENTED	66	18	18

RECLASS CODE: M
EXPLANATION: ONCOLOGY PHARMACY COSTS RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	3,611
TOTAL RECLASSIFICATIONS FOR CODE M			3,611

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC	60	3,611	3,611

RECLASS CODE: N
EXPLANATION: INTEREST EXPENSE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	197,814
TOTAL RECLASSIFICATIONS FOR CODE N			197,814

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	197,814	197,814

RECLASS CODE: O
EXPLANATION: REAL ESTATE TAX RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	12,992
TOTAL RECLASSIFICATIONS FOR CODE O			12,992

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	12,992	12,992

RECLASS CODE: P
EXPLANATION: MEDICAL SUPPLIES RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	29,318
TOTAL RECLASSIFICATIONS FOR CODE P			29,318

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	29,318	29,318

RECLASS CODE: Q
EXPLANATION: PENSION AUDIT COSTS RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	17,250
TOTAL RECLASSIFICATIONS FOR CODE Q			17,250

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	17,250	17,250

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	784,709					784,709	
2 LAND IMPROVEMENTS	245,904					245,904	
3 BUILDINGS & FIXTURE	10,772,699	34,386		34,386		10,807,085	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	3,692,261	34,850		34,850	14,454	3,712,657	
6 MOVABLE EQUIPMENT	7,682,596	427,462		427,462	79,413	8,030,645	
7 SUBTOTAL	23,178,169	496,698		496,698	93,867	23,581,000	
8 RECONCILING ITEMS							
9 TOTAL	23,178,169	496,698		496,698	93,867	23,581,000	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*								8	
3	NEW CAP REL COSTS-BL	14,519,742		14,519,742	.643880	28,953	8,365	37,318	
4	NEW CAP REL COSTS-MV	8,030,645		8,030,645	.356120	16,013	4,627	20,640	
5	TOTAL	22,550,387		22,550,387	1.000000	44,966	12,992	57,958	

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	502,120		101,446	28,953	8,365		640,884
4	NEW CAP REL COSTS-MV	651,228	53,361		16,013	4,627		725,229
5	TOTAL	1,153,348	53,361	101,446	44,966	12,992		1,366,113

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,167,075						1,167,075
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,167,075						1,167,075

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-96,368	NEW CAP REL COSTS-BLDG &		3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-520,893				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-45,403	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-9,474	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST	A	-33,177	NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 INSURANCE EXPENSE	A	-342,632	EMPLOYEE BENEFITS		5	
38 ADVERTISING EXPENSE	A	-1,703	ADMINISTRATIVE & GENERAL		6	
39 FOUNDATION EXPENSE	A	-290,076	ADMINISTRATIVE & GENERAL		6	
40 SURETY BONDS	A	-50	ADMINISTRATIVE & GENERAL		6	
41 MISCELLANEOUS INCOME	B	-2,505	ADMINISTRATIVE & GENERAL		6	
42 NURSING SERVICES SOLD	B	-20,969	HOME HEALTH AGENCY		71	
43 SUPPLIES SOLD	B	-2,133	MEDICAL SUPPLIES CHARGED		55	
44 COMMUNITY EDUCATION	A	-8,188	ADMINISTRATIVE & GENERAL		6	
45 DEPRECIATION EXPENSE	A	-850	NEW CAP REL COSTS-BLDG &		3	9
46 SWITCHBOARD SALARY EXPENSE	A	-544	ADMINISTRATIVE & GENERAL		6	
47 SWITCHBOARD BENEFIT EXPENSE	A	-171	EMPLOYEE BENEFITS		5	
48 PATIENT TELEPHONE	A	-3,705	ADMINISTRATIVE & GENERAL		6	
49 LOBBYING DUES	A	-10,806	ADMINISTRATIVE & GENERAL		6	
49.01 DR LEVIN'S BENEFITS	A	-20	EMPLOYEE BENEFITS		5	
49.02 LIFELINE INCOME	A	-29,734	HOME HEALTH AGENCY		71	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,419,401				

(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: 14-0019
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 PREPARED: 1/6/2010
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	34	SNF / DR LITTLE	2,440	2,440					
2	49	RESPIRATORY THERPAY/ AGGR	26,707	26,707					
3	60	CLINIC/ DR LEVIN	68	68					
4	61	ER/ AGGREGATE	768,228	429,593	338,635	159,800	3,862	296,706	14,835
5	25	A&P/ AGGREGATE	20,156	20,156					
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30									
101		TOTAL	817,599	478,964	338,635		3,862	296,706	14,835

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0019

PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

PREPARED 1/ 6/2010
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 34	SNF / DR LITTLE							2,440
2 49	RESPIRATORY THERPAY/ AGGR							26,707
3 60	CLINIC/ DR LEVIN							68
4 61	ER/ AGGREGATE					296,706	41,929	471,522
5 25	A&P/ AGGREGATE							20,156
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101	TOTAL					296,706	41,929	520,893

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 1/ 6/2010
 I 14-0019 I FROM 9/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 8/31/2009 I

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	640,884	640,884					
005 NEW CAP REL COSTS-MVBLE E	725,229		725,229				
006 EMPLOYEE BENEFITS	1,471,313	8,357	9,457	1,489,127			
007 ADMINISTRATIVE & GENERAL	1,826,361	80,490	91,083	215,561	2,213,495	2,213,495	
008 MAINTENANCE & REPAIRS	302,251	13,671	15,470	65,117	396,509	79,339	475,848
009 OPERATION OF PLANT	334,972	17,101	19,352		371,425	74,320	15,115
010 LAUNDRY & LINEN SERVICE	56,396	14,940	16,906	10,307	98,549	19,719	13,205
011 HOUSEKEEPING	180,919	5,998	6,787	43,330	237,034	47,429	5,301
012 DIETARY	263,853	18,578	21,023	30,369	333,823	66,796	16,421
014 CAFETERIA	153,086	7,098	8,032	22,783	190,999	38,218	6,274
015 NURSING ADMINISTRATION	338,684	6,821	7,718	88,536	441,759	88,393	6,029
017 CENTRAL SERVICES & SUPPLY	102,747	38,783	43,887	23,018	208,435	41,707	34,279
020 MEDICAL RECORDS & LIBRARY	211,466	11,768	13,316	50,482	287,032	57,433	10,401
025 NONPHYSICIAN ANESTHETISTS							
034 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	1,014,104	106,771	120,823	207,400	1,449,098	289,954	94,373
040 SKILLED NURSING FACILITY	418,681	30,207	34,183	101,630	584,701	116,995	26,699
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	125,271	60,563	68,534	20,938	275,306	55,087	53,530
049 ANESTHESIOLOGY	1,685	1,190	1,346		4,221	845	1,052
050 RADIOLOGY-DIAGNOSTIC	817,728	52,335	59,222	82,931	1,012,216	202,538	46,257
055 LABORATORY	992,045	20,690	23,413	112,215	1,148,363	229,781	18,287
056 RESPIRATORY THERAPY	165,115	14,593	16,514	42,868	239,090	47,840	12,898
060 PHYSICAL THERAPY	256,318	38,217	43,247	59,662	397,444	79,526	33,779
063 CARDIAC REHAB	24,622	14,157	16,020	6,371	61,170	12,240	12,513
066 MEDICAL SUPPLIES CHARGED	51,005	297	337		51,639	10,333	263
071 DRUGS CHARGED TO PATIENTS	1,073,643	7,534	8,526		1,089,703	218,043	6,660
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC	130,285	20,759	23,491	31,287	205,822	41,184	18,349
098 EMERGENCY	605,594	15,228	17,232	73,274	711,328	142,332	13,459
100 OBSERVATION BEDS (NON-DIS							
100 OTHER OUTPATIENT SERVICE							
100 50 RURAL HEALTH CLINIC	421,908	26,807	30,335	105,518	584,568	116,969	23,694
100 OTHER REIMBURS COST CNTRS							
100 DURABLE MEDICAL EQUIP-REN	216,436			20,724	237,160	47,454	
101 HOME HEALTH AGENCY	292,699	7,931	8,975	71,082	380,687	76,173	7,010
100 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	13,215,300	640,884	725,229	1,485,403	13,211,576	2,200,648	475,848
100 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFICE	48,673			3,724	52,397	10,484	
100 OTHER NONREIMBURSABLE COS							
100 01 FARM EXPENSE	11,808				11,808	2,363	
100 02 UNOCCUPIED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	13,275,781	640,884	725,229	1,489,127	13,275,781	2,213,495	475,848

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							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	460,860						
010 LAUNDRY & LINEN SERVICE	13,209	144,682					
011 HOUSEKEEPING	5,303		295,067				
012 DIETARY	16,425		10,957	444,422			
014 CAFETERIA	6,276		4,186	197,324	443,277		
015 NURSING ADMINISTRATION	6,030		4,022		22,198	568,431	
017 CENTRAL SERVICES & SUPPLY	34,288	1,911	22,872		10,019	1,726	355,237
020 MEDICAL RECORDS & LIBRARY	10,404		6,940		28,625		10,518
025 NONPHYSICIAN ANESTHETISTS							
034 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	94,399	73,104	62,969	144,273	92,623	283,504	
040 SKILLED NURSING FACILITY	26,707	40,880	17,815	102,032	46,219	131,345	
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	53,545		35,717	793	5,691	17,421	
049 ANESTHESIOLOGY	1,052		702				
050 RADIOLOGY-DIAGNOSTIC	46,270	8,603	30,864		33,706		18,332
055 LABORATORY	18,292	27	12,202		39,431		282,338
056 RESPIRATORY THERAPY	12,902	177	8,606		22,561	27,484	18,506
060 PHYSICAL THERAPY	33,789	4,858	22,539		16,372		
061 CARDIAC REHAB	12,516		8,349		2,049	6,278	
066 MEDICAL SUPPLIES CHARGED	263		175				757
071 DRUGS CHARGED TO PATIENTS	6,661		4,443				7,032
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC	18,354		12,243		11,309	34,617	3,313
098 EMERGENCY	13,463	14,636	8,980		21,580	66,056	
100 OBSERVATION BEDS (NON-DIS							
101 OTHER OUTPATIENT SERVICE							
102 50 RURAL HEALTH CLINIC	23,700	246	15,809		28,576		12,237
103 OTHER REIMBURS COST CNTRS							
104 DURABLE MEDICAL EQUIP-REN					25,364		2,204
105 HOME HEALTH AGENCY	7,012		4,677		33,904		
106 SPEC PURPOSE COST CENTERS							
107 SUBTOTALS	460,860	144,442	295,067	444,422	440,227	568,431	355,237
108 NONREIMBURS COST CENTERS							
109 GIFT, FLOWER, COFFEE SHOP							
110 PHYSICIANS' PRIVATE OFFIC		240			3,050		
111 OTHER NONREIMBURSABLE COS							
112 01 FARM EXPENSE							
113 02 UNOCCUPIED SPACE							
114 CROSS FOOT ADJUSTMENT							
115 NEGATIVE COST CENTER							
116 TOTAL	460,860	144,682	295,067	444,422	443,277	568,431	355,237

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	20	25		27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
017 MEDICAL RECORDS & LIBRARY	411,353				
020 NONPHYSICIAN ANESTHETISTS					
025 INPAT ROUTINE SRVC CNTRS					
034 ADULTS & PEDIATRICS	208,687		2,792,984		2,792,984
037 SKILLED NURSING FACILITY	3,237		1,096,630		1,096,630
040 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM	1,016		498,106		498,106
044 ANESTHESIOLOGY			7,872		7,872
049 RADIOLOGY-DIAGNOSTIC	105,830		1,504,616		1,504,616
050 LABORATORY	30,033		1,778,754		1,778,754
055 RESPIRATORY THERAPY			390,064		390,064
056 PHYSICAL THERAPY	10,124		598,431		598,431
060 01 CARDIAC REHAB			115,115		115,115
061 MEDICAL SUPPLIES CHARGED			63,430		63,430
062 DRUGS CHARGED TO PATIENTS			1,332,542		1,332,542
063 OUTPAT SERVICE COST CNTRS					
066 CLINIC			345,191		345,191
071 EMERGENCY	52,426		1,044,260		1,044,260
095 OBSERVATION BEDS (NON-DIS					
096 OTHER OUTPATIENT SERVICE					
098 50 RURAL HEALTH CLINIC			805,799		805,799
100 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-REN			312,182		312,182
102 HOME HEALTH AGENCY			509,463		509,463
103 SPEC PURPOSE COST CENTERS					
104 SUBTOTALS	411,353		13,195,439		13,195,439
105 NONREIMBURS COST CENTERS					
106 GIFT, FLOWER, COFFEE SHOP					
107 PHYSICIANS' PRIVATE OFFIC			66,171		66,171
108 OTHER NONREIMBURSABLE COS					
109 01 FARM EXPENSE			14,171		14,171
110 02 UNOCCUPIED SPACE					
111 CROSS FOOT ADJUSTMENT					
112 NEGATIVE COST CENTER					
113 TOTAL	411,353		13,275,781		13,275,781

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0019
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 PREPARED 1/6/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		8,357	9,457	17,814	17,814		
006 ADMINISTRATIVE & GENERAL		80,490	91,083	171,573	2,581	174,154	
007 MAINTENANCE & REPAIRS		13,671	15,470	29,141	779	6,242	36,162
008 OPERATION OF PLANT		17,101	19,352	36,453		5,847	1,149
009 LAUNDRY & LINEN SERVICE		14,940	16,906	31,846	123	1,551	1,004
010 HOUSEKEEPING		5,998	6,787	12,785	518	3,732	403
011 DIETARY		18,578	21,023	39,601	363	5,255	1,248
012 CAFETERIA		7,098	8,032	15,130	273	3,007	477
014 NURSING ADMINISTRATION		6,821	7,718	14,539	1,059	6,955	458
015 CENTRAL SERVICES & SUPPLY		38,783	43,887	82,670	275	3,281	2,605
017 MEDICAL RECORDS & LIBRARY		11,768	13,316	25,084	604	4,519	790
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		106,771	120,823	227,594	2,481	22,815	7,171
034 SKILLED NURSING FACILITY		30,207	34,183	64,390	1,216	9,205	2,029
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		60,563	68,534	129,097	250	4,334	4,068
040 ANESTHESIOLOGY		1,190	1,346	2,536		66	80
041 RADIOLOGY-DIAGNOSTIC		52,335	59,222	111,557	992	15,935	3,515
044 LABORATORY		20,690	23,413	44,103	1,342	18,079	1,390
049 RESPIRATORY THERAPY		14,593	16,514	31,107	513	3,764	980
050 PHYSICAL THERAPY		38,217	43,247	81,464	714	6,257	2,567
050 01 CARDIAC REHAB		14,157	16,020	30,177	76	963	951
055 MEDICAL SUPPLIES CHARGED		297	337	634		813	20
056 DRUGS CHARGED TO PATIENTS		7,534	8,526	16,060		17,155	506
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		20,759	23,491	44,250	374	3,240	1,394
061 EMERGENCY		15,228	17,232	32,460	876	11,198	1,023
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC		26,807	30,335	57,142	1,262	9,203	1,801
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN					248	3,734	
071 HOME HEALTH AGENCY		7,931	8,975	16,906	850	5,993	533
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		640,884	725,229	1,366,113	17,769	173,143	36,162
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC					45	825	
100 OTHER NONREIMBURSABLE COS							
100 01 FARM EXPENSE						186	
100 02 UNOCCUPIED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		640,884	725,229	1,366,113	17,814	174,154	36,162

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0019
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 PREPARED 1/6/2010
 WORKSHEET B
 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							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	43,449						
010 LAUNDRY & LINEN SERVICE	1,245	35,769					
011 HOUSEKEEPING	500		17,938				
012 DIETARY	1,549		666	48,682			
014 CAFETERIA	592		254	21,614	41,347		
015 NURSING ADMINISTRATION	569		245		2,071	25,896	
017 CENTRAL SERVICES & SUPPLY	3,233	472	1,390		935	79	94,940
020 MEDICAL RECORDS & LIBRARY	981		422		2,670		2,811
025 NONPHYSICIAN ANESTHETISTS							
034 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	8,899	18,073	3,829	15,804	8,640	12,915	
040 SKILLED NURSING FACILITY	2,518	10,107	1,083	11,177	4,311	5,984	
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	5,048		2,171	87	531	794	
049 ANESTHESIOLOGY	99		43				
050 RADIOLOGY-DIAGNOSTIC	4,362	2,127	1,876		3,144		4,899
055 LABORATORY	1,725	7	742		3,678		75,459
056 RESPIRATORY THERAPY	1,216	44	523		2,104	1,252	4,946
060 PHYSICAL THERAPY	3,186	1,201	1,370		1,527		
063 CARDIAC REHAB	1,180		508		191	286	
066 MEDICAL SUPPLIES CHARGED	25		11				202
071 DRUGS CHARGED TO PATIENTS	628		270				1,879
075 OUTPAT SERVICE COST CNTRS							
080 CLINIC	1,730		744		1,055	1,577	885
085 EMERGENCY	1,269	3,618	546		2,013	3,009	
090 OBSERVATION BEDS (NON-DIS							
095 OTHER OUTPATIENT SERVICE							
100 RURAL HEALTH CLINIC	2,234	61	961		2,665		3,270
105 OTHER REIMBURS COST CNTRS							
110 DURABLE MEDICAL EQUIP-REN					2,366		589
115 HOME HEALTH AGENCY	661		284		3,162		
120 SPEC PURPOSE COST CENTERS							
125 SUBTOTALS	43,449	35,710	17,938	48,682	41,063	25,896	94,940
130 NONREIMBURS COST CENTERS							
135 GIFT, FLOWER, COFFEE SHOP							
140 PHYSICIANS' PRIVATE OFFIC		59			284		
145 OTHER NONREIMBURSABLE COS							
150 FARM EXPENSE							
155 UNOCCUPIED SPACE							
160 CROSS FOOT ADJUSTMENTS							
165 NEGATIVE COST CENTER							
170 TOTAL	43,449	35,769	17,938	48,682	41,347	25,896	94,940

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-0019

PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

PREPARED 1/ 6/2010
WORKSHEET B
PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	20	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
017 CENTRAL SERVICES & SUPPLY					
020 MEDICAL RECORDS & LIBRARY	37,881				
025 NONPHYSICIAN ANESTHETISTS					
034 INPAT ROUTINE SRVC CNTRS					
037 ADULTS & PEDIATRICS	19,217		347,438		347,438
040 SKILLED NURSING FACILITY	298		112,318		112,318
041 ANCILLARY SRVC COST CNTRS					
044 OPERATING ROOM	94		146,474		146,474
049 ANESTHESIOLOGY			2,824		2,824
050 RADIOLOGY-DIAGNOSTIC	9,746		158,153		158,153
055 LABORATORY	2,766		149,291		149,291
056 RESPIRATORY THERAPY			46,449		46,449
060 PHYSICAL THERAPY	932		99,218		99,218
061 01 CARDIAC REHAB			34,332		34,332
062 MEDICAL SUPPLIES CHARGED			1,705		1,705
063 DRUGS CHARGED TO PATIENTS			36,498		36,498
066 OUTPAT SERVICE COST CNTRS					
071 CLINIC			55,249		55,249
075 EMERGENCY	4,828		60,840		60,840
080 OBSERVATION BEDS (NON-DIS					
085 OTHER OUTPATIENT SERVICE					
090 50 RURAL HEALTH CLINIC			78,599		78,599
095 OTHER REIMBURS COST CNTRS					
100 DURABLE MEDICAL EQUIP-REN			6,937		6,937
105 HOME HEALTH AGENCY			28,389		28,389
110 SPEC PURPOSE COST CENTERS					
115 SUBTOTALS	37,881		1,364,714		1,364,714
120 NONREIMBURS COST CENTERS					
125 GIFT, FLOWER, COFFEE SHOP					
130 PHYSICIANS' PRIVATE OFFIC			1,213		1,213
135 OTHER NONREIMBURSABLE COS					
140 01 FARM EXPENSE			186		186
145 02 UNOCCUPIED SPACE					
150 CROSS FOOT ADJUSTMENTS					
155 NEGATIVE COST CENTER					
160 TOTAL	37,881		1,366,113		1,366,113

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 1/ 6/2010

14-0019

FROM 9/ 1/2008

WORKSHEET B-1

TO 8/31/2009

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & GENERAL	MAINTENANCE & REPAIRS
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (SQUARE FEET)	E FITS (GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	64,646					
005 NEW CAP REL COSTS-MVB		64,646				
006 EMPLOYEE BENEFITS	843	843	5,571,247			
007 ADMINISTRATIVE & GENE	8,119	8,119	806,479	-2,213,495	11,062,286	
008 MAINTENANCE & REPAIRS	1,379	1,379	243,620		396,509	54,305
009 OPERATION OF PLANT	1,725	1,725			371,425	1,725
010 LAUNDRY & LINEN SERVI	1,507	1,507	38,562		98,549	1,507
011 HOUSEKEEPING	605	605	162,111		237,034	605
012 DIETARY	1,874	1,874	113,618		333,823	1,874
014 CAFETERIA	716	716	85,237		190,999	716
015 NURSING ADMINISTRATIO	688	688	331,240		441,759	688
017 CENTRAL SERVICES & SU	3,912	3,912	86,115		208,435	3,912
020 MEDICAL RECORDS & LIB	1,187	1,187	188,869		287,032	1,187
025 NONPHYSICIAN ANESTHET						
034 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	10,770	10,770	775,942		1,449,098	10,770
037 SKILLED NURSING FACIL	3,047	3,047	380,227		584,701	3,047
040 ANCILLARY SRVC COST C						
OPERATING ROOM	6,109	6,109	78,335		275,306	6,109
044 ANESTHESIOLOGY	120	120			4,221	120
049 RADIOLOGY-DIAGNOSTIC	5,279	5,279	310,267		1,012,216	5,279
050 LABORATORY	2,087	2,087	419,828		1,148,363	2,087
055 RESPIRATORY THERAPY	1,472	1,472	160,380		239,090	1,472
056 PHYSICAL THERAPY	3,855	3,855	223,214		397,444	3,855
01 CARDIAC REHAB	1,428	1,428	23,834		61,170	1,428
055 MEDICAL SUPPLIES CHAR	30	30			51,639	30
056 DRUGS CHARGED TO PATI	760	760			1,089,703	760
060 OUTPAT SERVICE COST C						
CLINIC	2,094	2,094	117,055		205,822	2,094
061 EMERGENCY	1,536	1,536	274,138		711,328	1,536
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
50 RURAL HEALTH CLINIC	2,704	2,704	394,772		584,568	2,704
066 OTHER REIMBURS COST C						
DURABLE MEDICAL EQUIP			77,535		237,160	
071 HOME HEALTH AGENCY	800	800	265,938		380,687	800
095 SPEC PURPOSE COST CEN						
SUBTOTALS	64,646	64,646	5,557,316	-2,213,495	10,998,081	54,305
096 NONREIMBURS COST CENT						
GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O			13,931		52,397	
100 OTHER NONREIMBURSABLE						
01 FARM EXPENSE					11,808	
100 02 UNOCCUPIED SPACE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	640,884	725,229	1,489,127		2,213,495	475,848
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	9.913746	11.218467	.267288		.200094	8.762508
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			17,814		174,154	36,162
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.003197		.015743	.665906
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 1/ 6/2010

14-0019

FROM 9/ 1/2008

WORKSHEET B-1

TO 8/31/2009

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MAN HOURS)	(DIRECT NRSING HRS)	(COSTED REQUIS.)
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	52,580						
009 LAUNDRY & LINEN SERVICE	1,507	135,706					
010 HOUSEKEEPING	605		50,468				
011 DIETARY	1,874		1,874	52,700			
012 CAFETERIA	716		716	23,399	247,680		
014 NURSING ADMINISTRATION	688		688		12,403	103,763	
015 CENTRAL SERVICES & SUPPLY	3,912	1,792	3,912		5,598	315	562,790
017 MEDICAL RECORDS & LIBRARY	1,187		1,187		15,994		16,664
020 NONPHYSICIAN ANESTHETIC INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	10,770	68,569	10,770	17,108	51,752	51,752	
034 SKILLED NURSING FACILITY	3,047	38,344	3,047	12,099	25,825	23,976	
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	6,109		6,109	94	3,180	3,180	
040 ANESTHESIOLOGY	120		120				
041 RADIOLOGY-DIAGNOSTIC	5,279	8,069	5,279		18,833		29,042
044 LABORATORY	2,087	25	2,087		22,032		447,300
049 RESPIRATORY THERAPY	1,472	166	1,472		12,606	5,017	29,318
050 PHYSICAL THERAPY	3,855	4,557	3,855		9,148		
050 01 CARDIAC REHAB	1,428		1,428		1,145	1,146	
055 MEDICAL SUPPLIES CHARGED TO PATIENT	30		30				1,199
056 DRUGS CHARGED TO PATIENT OUTPATIENT SERVICE COST CENTER CLINIC	760		760				11,140
060 EMERGENCY	2,094		2,094		6,319	6,319	5,249
061 OBSERVATION BEDS (NON OTHER OUTPATIENT SERVICE)	1,536	13,728	1,536		12,058	12,058	
062 RURAL HEALTH CLINIC	2,704	231	2,704		15,967		19,386
063 50 OTHER REIMBURSABLE COST CENTER DURABLE MEDICAL EQUIPMENT	800		800		14,172		3,492
066 HOME HEALTH AGENCY SPECIFIC PURPOSE COST CENTER					18,944		
071 SUBTOTALS	52,580	135,481	50,468	52,700	245,976	103,763	562,790
095 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE		225			1,704		
100 OTHER NONREIMBURSABLE							
100 01 FARM EXPENSE							
100 02 UNOCCUPIED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	460,860	144,682	295,067	444,422	443,277	568,431	355,237
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	8.764930	1.066143	5.846616	8.433055	1.789717	5.478167	.631207
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)	43,449	35,769	17,938	48,682	41,347	25,896	94,940
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.826341	.263577	.355433	.923757	.166937	.249569	.168695

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0019
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 PREPARED 1/6/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS
	(TIME SPENT)	(ASSIGNED TIME)
	17	20
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENERAL		
008 MAINTENANCE & REPAIRS		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
017 CENTRAL SERVICES & SUPPORT	10,930	
020 MEDICAL RECORDS & LIBRARY		316
025 NONPHYSICIAN ANESTHETIST		
034 INPAT ROUTINE SERVICE CENTER	5,545	
037 ADULTS & PEDIATRICS	86	
040 SKILLED NURSING FACILITY	27	
041 ANCILLARY SERVICE COST CENTER		316
044 OPERATING ROOM	2,812	
049 ANESTHESIOLOGY	798	
050 RADIOLOGY-DIAGNOSTIC	269	
055 LABORATORY		
056 RESPIRATORY THERAPY		
060 PHYSICAL THERAPY		
061 01 CARDIAC REHAB		
062 MEDICAL SUPPLIES CHARGED TO PATIENT		
063 DRUGS CHARGED TO PATIENT		
066 OUTPAT SERVICE COST CENTER		
071 CLINIC		
095 EMERGENCY	1,393	
096 OBSERVATION BEDS (NON)		
098 OTHER OUTPATIENT SERVICE		
100 50 RURAL HEALTH CLINIC		
101 OTHER REIMBURSABLE COST CENTER		
102 DURABLE MEDICAL EQUIPMENT		
103 HOME HEALTH AGENCY		
104 SPEC PURPOSE COST CENTER		
105 SUBTOTALS	10,930	316
106 NONREIMBURSABLE COST CENTER		
107 GIFT, FLOWER, COFFEE		
108 PHYSICIANS' PRIVATE OFFICE		
100 OTHER NONREIMBURSABLE		
100 01 FARM EXPENSE		
101 02 UNOCCUPIED SPACE		
102 CROSS FOOT ADJUSTMENT		
103 NEGATIVE COST CENTER		
104 COST TO BE ALLOCATED	411,353	
(PER WORKSHEET B, PART I)		
105 UNIT COST MULTIPLIER	37.635224	
(WORKSHEET B, PART I)		
106 COST TO BE ALLOCATED		
(PER WORKSHEET B, PART I)		
107 UNIT COST MULTIPLIER	37,881	
(WORKSHEET B, PART I)		
108 COST TO BE ALLOCATED	3,465,782	
(PER WORKSHEET B, PART I)		
109 UNIT COST MULTIPLIER		
(WORKSHEET B, PART I)		

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,792,984		2,792,984		2,792,984
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,096,630		1,096,630		1,096,630
37	OPERATING ROOM	498,106		498,106		498,106
40	ANESTHESIOLOGY	7,872		7,872		7,872
41	RADIOLOGY-DIAGNOSTIC	1,504,616		1,504,616		1,504,616
44	LABORATORY	1,778,754		1,778,754		1,778,754
49	RESPIRATORY THERAPY	390,064		390,064		390,064
50	PHYSICAL THERAPY	598,431		598,431		598,431
50	01 CARDIAC REHAB	115,115		115,115		115,115
55	MEDICAL SUPPLIES CHARGED	63,430		63,430		63,430
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,332,542		1,332,542		1,332,542
60	CLINIC	345,191		345,191		345,191
61	EMERGENCY	1,044,260		1,044,260	41,929	1,086,189
62	OBSERVATION BEDS (NON-DIS	127,194		127,194		127,194
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	805,799		805,799		805,799
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN	312,182		312,182		312,182
101	SUBTOTAL	12,813,170		12,813,170	41,929	12,855,099
102	LESS OBSERVATION BEDS	127,194		127,194		127,194
103	TOTAL	12,685,976		12,685,976	41,929	12,727,905

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,810,485		4,810,485			
34	SKILLED NURSING FACILITY	560,422		560,422			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,409	497,982	500,391	.995434	.995434	.995434
40	ANESTHESIOLOGY	993	113,648	114,641	.068667	.068667	.068667
41	RADIOLOGY-DIAGNOSTIC	1,471,198	5,318,702	6,789,900	.221596	.221596	.221596
44	LABORATORY	1,958,621	4,263,380	6,222,001	.285881	.285881	.285881
49	RESPIRATORY THERAPY	579,355	929,235	1,508,590	.258562	.258562	.258562
50	PHYSICAL THERAPY	152,479	774,715	927,194	.645422	.645422	.645422
50	01 CARDIAC REHAB	110	87,440	87,550	1.314849	1.314849	1.314849
55	MEDICAL SUPPLIES CHARGED	604,446	83,742	688,188	.092170	.092170	.092170
56	DRUGS CHARGED TO PATIENTS	1,366,426	805,866	2,172,292	.613427	.613427	.613427
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,680	250,762	257,442	1.340850	1.340850	1.340850
61	EMERGENCY	269,909	1,224,004	1,493,913	.699010	.699010	.727076
62	OBSERVATION BEDS (NON-DIS	40,195	123,855	164,050	.775337	.775337	.775337
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		470,798	470,798	1.711560	1.711560	1.711560
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		330,586	330,586	.944329	.944329	.944329
101	SUBTOTAL	11,823,728	15,274,715	27,098,443			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,823,728	15,274,715	27,098,443			

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	498,106	146,474	351,632			498,106
40	ANESTHESIOLOGY	7,872	2,824	5,048			7,872
41	RADIOLOGY-DIAGNOSTIC	1,504,616	158,153	1,346,463			1,504,616
44	LABORATORY	1,778,754	149,291	1,629,463			1,778,754
49	RESPIRATORY THERAPY	390,064	46,449	343,615			390,064
50	PHYSICAL THERAPY	598,431	99,218	499,213			598,431
50	01 CARDIAC REHAB	115,115	34,332	80,783			115,115
55	MEDICAL SUPPLIES CHARGED	63,430	1,705	61,725			63,430
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,332,542	36,498	1,296,044			1,332,542
60	CLINIC	345,191	55,249	289,942			345,191
61	EMERGENCY	1,044,260	60,840	983,420			1,044,260
62	OBSERVATION BEDS (NON-DIS	127,194	18,061	109,133			127,194
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	805,799	78,599	727,200			805,799
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	312,182	6,937	305,245			312,182
101	SUBTOTAL	8,923,556	894,630	8,028,926			8,923,556
102	LESS OBSERVATION BEDS	127,194	18,061	109,133			127,194
103	TOTAL	8,796,362	876,569	7,919,793			8,796,362

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	500,391	.995434	.995434
40	ANESTHESIOLOGY	114,641	.068667	.068667
41	RADIOLOGY-DIAGNOSTIC	6,789,900	.221596	.221596
44	LABORATORY	6,222,001	.285881	.285881
49	RESPIRATORY THERAPY	1,508,590	.258562	.258562
50	PHYSICAL THERAPY	927,194	.645422	.645422
50 01	CARDIAC REHAB	87,550	1.314849	1.314849
55	MEDICAL SUPPLIES CHARGED	688,188	.092170	.092170
56	DRUGS CHARGED TO PATIENTS	2,172,292	.613427	.613427
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	257,442	1.340850	1.340850
61	EMERGENCY	1,493,913	.699010	.699010
62	OBSERVATION BEDS (NON-DIS	164,050	.775337	.775337
63	OTHER OUTPATIENT SERVICE			
63 50	RURAL HEALTH CLINIC	470,798	1.711560	1.711560
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	330,586	.944329	.944329
101	SUBTOTAL	21,727,536		
102	LESS OBSERVATION BEDS	164,050		
103	TOTAL	21,563,486		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	498,106	146,474	351,632			498,106
40	ANESTHESIOLOGY	7,872	2,824	5,048			7,872
41	RADIOLOGY-DIAGNOSTIC	1,504,616	158,153	1,346,463			1,504,616
44	LABORATORY	1,778,754	149,291	1,629,463			1,778,754
49	RESPIRATORY THERAPY	390,064	46,449	343,615			390,064
50	PHYSICAL THERAPY	598,431	99,218	499,213			598,431
50	01 CARDIAC REHAB	115,115	34,332	80,783			115,115
55	MEDICAL SUPPLIES CHARGED	63,430	1,705	61,725			63,430
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,332,542	36,498	1,296,044			1,332,542
60	CLINIC	345,191	55,249	289,942			345,191
61	EMERGENCY	1,044,260	60,840	983,420			1,044,260
62	OBSERVATION BEDS (NON-DIS	127,194	18,061	109,133			127,194
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	805,799	78,599	727,200			805,799
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	312,182	6,937	305,245			312,182
101	SUBTOTAL	8,923,556	894,630	8,028,926			8,923,556
102	LESS OBSERVATION BEDS	127,194	18,061	109,133			127,194
103	TOTAL	8,796,362	876,569	7,919,793			8,796,362

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	500,391	.995434	.995434
40	ANESTHESIOLOGY	114,641	.068667	.068667
41	RADIOLOGY-DIAGNOSTIC	6,789,900	.221596	.221596
44	LABORATORY	6,222,001	.285881	.285881
49	RESPIRATORY THERAPY	1,508,590	.258562	.258562
50	PHYSICAL THERAPY	927,194	.645422	.645422
50	01 CARDIAC REHAB	87,550	1.314849	1.314849
55	MEDICAL SUPPLIES CHARGED	688,188	.092170	.092170
56	DRUGS CHARGED TO PATIENTS	2,172,292	.613427	.613427
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	257,442	1.340850	1.340850
61	EMERGENCY	1,493,913	.699010	.699010
62	OBSERVATION BEDS (NON-DIS	164,050	.775337	.775337
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	470,798	1.711560	1.711560
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	330,586	.944329	.944329
101	SUBTOTAL	21,727,536		
102	LESS OBSERVATION BEDS	164,050		
103	TOTAL	21,563,486		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				347,438	43,066	304,372
101	TOTAL				347,438		304,372

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,251	2,223			93.62	208,117
101	TOTAL	3,251	2,223				208,117

TITLE XVIII, PART A HOSPITAL 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		146,474	500,391			
40	ANESTHESIOLOGY		2,824	114,641			
41	RADIOLOGY-DIAGNOSTIC		158,153	6,789,900	1,127,882		
44	LABORATORY		149,291	6,222,001	1,461,618		
49	RESPIRATORY THERAPY		46,449	1,508,590	337,213		
50	PHYSICAL THERAPY		99,218	927,194	22,842		
50	01 CARDIAC REHAB		34,332	87,550	110		
55	MEDICAL SUPPLIES CHARGED		1,705	688,188	336,450		
56	DRUGS CHARGED TO PATIENTS		36,498	2,172,292	744,749		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		55,249	257,442	1,047		
61	EMERGENCY		60,840	1,493,913	183,524		
62	OBSERVATION BEDS (NON-DIS		18,061	164,050	10,569		
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		6,937	330,586			
101	TOTAL		816,031	21,256,738	4,226,004		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0019
 COMPONENT NO: 14-0019
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 PREPARED 1/6/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.292719	
40	ANESTHESIOLOGY	.024633	
41	RADIOLOGY-DIAGNOSTIC	.023292	26,271
44	LABORATORY	.023994	35,070
49	RESPIRATORY THERAPY	.030790	10,383
50	PHYSICAL THERAPY	.107009	2,444
50 01	CARDIAC REHAB	.392142	43
55	MEDICAL SUPPLIES CHARGED	.002478	834
56	DRUGS CHARGED TO PATIENTS	.016802	12,513
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.214608	225
61	EMERGENCY	.040725	7,474
62	OBSERVATION BEDS (NON-DIS	.110094	1,164
63	OTHER OUTPATIENT SERVICE		
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.020984	
101	TOTAL		96,421

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

PROVIDER NO: 14-0019
PERIOD: FROM 9/1/2008 TO 8/31/2009
PREPARED 1/6/2010
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					3,251	
34	SKILLED NURSING FACILITY					5,463	
101	TOTAL					8,714	

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

PROVIDER NO: 14-0019 PERIOD: FROM 9/1/2008 TO 8/31/2009 PREPARED 1/6/2010 WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	2,223	
34	SKILLED NURSING FACILITY	417	
101	TOTAL	2,640	

TITLE XVIII, PART A HOSPITAL PPS

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

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			500,391				
40	ANESTHESIOLOGY			114,641				
41	RADIOLOGY-DIAGNOSTIC			6,789,900			1,127,882	
44	LABORATORY			6,222,001			1,461,618	
49	RESPIRATORY THERAPY			1,508,590			337,213	
50	PHYSICAL THERAPY			927,194			22,842	
50	01 CARDIAC REHAB			87,550			110	
55	MEDICAL SUPPLIES CHARGED			688,188			336,450	
56	DRUGS CHARGED TO PATIENTS			2,172,292			744,749	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			257,442			1,047	
61	EMERGENCY			1,493,913			183,524	
62	OBSERVATION BEDS (NON-DIS			164,050			10,569	
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			330,586				
101	TOTAL			21,256,738			4,226,004	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	358,274					
40	ANESTHESIOLOGY	82,129					
41	RADIOLOGY-DIAGNOSTIC	2,299,112					
44	LABORATORY	50,675					
49	RESPIRATORY THERAPY	366,355					
50	PHYSICAL THERAPY						
50	01 CARDIAC REHAB	57,185					
55	MEDICAL SUPPLIES CHARGED	48,885					
56	DRUGS CHARGED TO PATIENTS	569,255					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	27,507					
61	EMERGENCY	304,690					
62	OBSERVATION BEDS (NON-DIS	35,696					
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	4,199,763					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0019
 COMPONENT NO: 14-5565
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 PREPARED 1/6/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0019
 COMPONENT NO: 14-5565
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 PREPARED 1/6/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
50	01 CARDIAC REHAB		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
63	50 RURAL HEALTH CLINIC		
	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		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	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	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			500,391				
40	OPERATING ROOM			114,641				
41	ANESTHESIOLOGY			6,789,900			4,810	
44	RADIOLOGY-DIAGNOSTIC			6,222,001			12,920	
49	LABORATORY			1,508,590			13,298	
50	RESPIRATORY THERAPY			927,194			56,051	
50	PHYSICAL THERAPY			87,550				
01	CARDIAC REHAB			688,188			855	
55	MEDICAL SUPPLIES CHARGED			2,172,292			39,242	
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			257,442				
61	EMERGENCY			1,493,913				
62	OBSERVATION BEDS (NON-DIS			164,050				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			330,586				
101	TOTAL			21,256,738			127,176	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

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		2,515,476	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.995434		
40	ANESTHESIOLOGY	.068667		
41	RADIOLOGY-DIAGNOSTIC	.221596	1,127,882	249,934
44	LABORATORY	.285881	1,461,618	417,849
49	RESPIRATORY THERAPY	.258562	337,213	87,190
50	PHYSICAL THERAPY	.645422	22,842	14,743
50	01 CARDIAC REHAB	1.314849	110	145
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.092170	336,450	31,011
56	DRUGS CHARGED TO PATIENTS	.613427	744,749	456,849
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.340850	1,047	1,404
61	EMERGENCY	.727076	183,524	133,436
62	OBSERVATION BEDS (NON-DISTINCT PART)	.775337	10,569	8,195
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	.944329		
101	TOTAL		4,226,004	1,400,756
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,226,004	

TITLE XVIII, PART A SWING BED SNF

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			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.995434		
40	ANESTHESIOLOGY	.068667		
41	RADIOLOGY-DIAGNOSTIC	.221596	226,909	50,282
44	LABORATORY	.285881	428,074	122,378
49	RESPIRATORY THERAPY	.258562	171,088	44,237
50	PHYSICAL THERAPY	.645422	57,647	37,207
50	01 CARDIAC REHAB	1.314849		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.092170	246,263	22,698
56	DRUGS CHARGED TO PATIENTS	.613427	467,600	286,838
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.340850		
61	EMERGENCY	.699010		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.775337		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.944329		
101	TOTAL		1,597,581	563,640
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,597,581	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.995434		
40	ANESTHESIOLOGY	.068667		
41	RADIOLOGY-DIAGNOSTIC	.221596	4,810	1,066
44	LABORATORY	.285881	12,920	3,694
49	RESPIRATORY THERAPY	.258562	13,298	3,438
50	PHYSICAL THERAPY	.645422	56,051	36,177
50	01 CARDIAC REHAB	1.314849		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.092170	855	79
56	DRUGS CHARGED TO PATIENTS	.613427	39,242	24,072
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.340850		
61	EMERGENCY	.699010		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.775337		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.944329		
101	TOTAL		127,176	68,526
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		127,176	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	252,680	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	774,885	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	2,046,707	
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)		
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	24.23	
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)		7.30
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		14.33
4.02 SUM OF LINES 4 AND 4.01		21.63
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		7.06
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		217,044
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)	3,291,316	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	3,750,286	
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)	3,750,286	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	251,044	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	4,001,330	
17 PRIMARY PAYER PAYMENTS	3,432	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	3,997,898	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	501,680	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,602	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	123,509	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	86,456	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	123,509	
22 SUBTOTAL	3,581,072	
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	3,581,072	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	3,503,564	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	77,508	
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

SNF

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 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)

- COMPUTATION OF LESSER OF COST OR CHARGES

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

- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 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)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 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
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

- 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
- 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 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
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/1/2008	1/6/2010
COMPONENT NO:	TO 8/31/2009	WORKSHEET E-2
14-U019		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	602,276	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,878	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	602,276	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	602,276	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	602,276	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	72,582	
14	80% OF PART B COSTS		
15	SUBTOTAL	529,694	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS	19,233	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	19,233	
18	TOTAL	548,927	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	529,694	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	19,233	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0019
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 COMPONENT NO: 14-5565
 PREPARED 1/6/2010
 WORKSHEET E-3
 PART III

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			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	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)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			151,342
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			151,342
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			151,342
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			151,342
38	COINSURANCE			22,522
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	UTILIZATION REVIEW			
45	SUBTOTAL (SEE INSTRUCTIONS)			128,820
46	INPATIENT ROUTINE SERVICE COST			
47	MEDICARE INPATIENT ROUTINE CHARGES			
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
50	RATIO OF LINE 43 TO 44			
51	TOTAL CUSTOMARY CHARGES			
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
55	OTHER ADJUSTMENTS (SPECIFY)			
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
57	SUBTOTAL			128,820
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER			128,820
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
62	INTERIM PAYMENTS			128,820
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
64	BALANCE DUE PROVIDER/PROGRAM			
65	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/ 1/2008	1/ 6/2010
COMPONENT NO:	TO 8/31/2009	WORKSHEET E-3
14-5565		PART III

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.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,670,877			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	4,503,217			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,479,866			
7 INVENTORY	209,123			
8 PREPAID EXPENSES	308,933			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	5,212,284			
FIXED ASSETS				
12 LAND	784,709			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION	-330,919			
14 BUILDINGS	11,103,525			
14.01 LESS ACCUMULATED DEPRECIATION	-5,908,178			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	3,712,657			
16.01 LESS ACCUMULATED DEPRECIATION	-2,898,945			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	8,030,645			
18.01 LESS ACCUMULATED DEPRECIATION	-6,965,154			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	7,528,340			
OTHER ASSETS				
22 INVESTMENTS	18,668,153			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	105,484			
26 TOTAL OTHER ASSETS	18,773,637			
27 TOTAL ASSETS	31,514,261			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	408,008			
29 SALARIES, WAGES & FEES PAYABLE	378,915			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	7,525,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	240,000			
35 OTHER CURRENT LIABILITIES	169,592			
36 TOTAL CURRENT LIABILITIES	8,721,515			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	8,721,515			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	22,792,746			
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	22,792,746			
52 TOTAL LIABILITIES AND FUND BALANCES	31,514,261			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		24,299,192		
2	NET INCOME (LOSS)		-1,555,070		
3	TOTAL		22,744,122		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	INCREASE IN TEMP RESTRICT	48,624			
6					
7					
8					
9					
10	TOTAL ADDITIONS		48,624		
11	SUBTOTAL		22,792,746		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		22,792,746		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,300,844		3,300,844
4 00 SWING BED - SNF	1,531,323		1,531,323
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	560,422		560,422
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	5,392,589		5,392,589
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,392,589		5,392,589
17 00 ANCILLARY SERVICES	6,515,111		6,515,111
18 00 OUTPATIENT SERVICES		15,121,890	15,121,890
18 50 RURAL HEALTH CLINIC		470,798	470,798
19 00 HOME HEALTH AGENCY		519,359	519,359
24 00 PROFESSIONAL FEES	113,200	409,576	522,776
25 00 TOTAL PATIENT REVENUES	12,020,900	16,521,623	28,542,523

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		14,695,182	
ADD (SPECIFY)			
27 00 BAD DEBTS	1,435,271		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,435,271	
DEDUCT (SPECIFY)			
34 00 FARM EXPENSES	11,808		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		11,808	
40 00 TOTAL OPERATING EXPENSES		16,118,645	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0019 PERIOD: FROM 9/1/2008 TO 8/31/2009 PREPARED 1/6/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	28,542,523
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	13,314,294
3	NET PATIENT REVENUES	15,228,229
4	LESS: TOTAL OPERATING EXPENSES	16,118,645
5	NET INCOME FROM SERVICE TO PATIENTS	-890,416
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	316,465
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	45,403
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	2,133
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	9,474
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	91,670
23	GOVERNMENTAL APPROPRIATIONS	
24	NET ASSETS RELEASED FROM RESTRICTION	18,003
24.01	FARM INCOME	57,650
24.02	GAIN ON SALE OF EQUIPMENT	5,856
24.03	LIFELINE INCOME	28,452
24.04	NURSING SERVICES	20,969
24.05	PROFESSIONAL FEES	3,000
24.06	MISCELLANEOUS INCOME	10,693
25	TOTAL OTHER INCOME	609,768
26	TOTAL	-280,648
	OTHER EXPENSES	
27	INVESTMENT LOSS	444,150
28	CHANGE IN NET UNREALIZED LOSSES ON I	818,464
29	FARM EXPENSES	11,808
30	TOTAL OTHER EXPENSES	1,274,422
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,555,070

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	75,343				13,857	89,200
HHA REIMBURSABLE SERVICES						
6	116,756					116,756
7	45,206		31,114			76,320
8			964	2,363		3,327
9			435	1,069		1,504
10				558		558
11	28,633					28,633
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50				29,176		29,176
24	265,938		32,513	33,166	13,857	345,474

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-2,072	87,128	-558	86,570
HHA REIMBURSABLE SERVICES				
6		116,756	-20,969	95,787
7		76,320		76,320
8		3,327		3,327
9		1,504		1,504
10		558		558
11		28,633		28,633
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50		29,176	-29,176	
24	-2,072	343,402	-50,703	292,699

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		86,570				86,570	86,570
HHA REIMBURSABLE SERVICES							
6		95,787				95,787	40,229
7		76,320				76,320	32,053
8		3,327				3,327	1,397
9		1,504				1,504	632
10		558				558	234
11		28,633				28,633	12,025
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		292,699				292,699	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		136,016					
7		108,373					
8		4,724					
9		2,136					
10		792					
11		40,658					
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		292,699					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (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					-86,570	206,129
6	SKILLED NURSING CARE					95,787	
7	PHYSICAL THERAPY					76,320	
8	OCCUPATIONAL THERAPY					3,327	
9	SPEECH PATHOLOGY					1,504	
10	MEDICAL SOCIAL SERVICES					558	
11	HOME HEALTH AIDE					28,633	
12	SUPPLIES						
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)						
						-86,570	206,129
25	COST TO BE ALLOCATED					86,570	
26	UNIT COST MULTIPLIER					.419980	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		7,931	8,975	20,138	37,044	7,412
2 SKILLED NURSING CARE	136,016			31,208	167,224	33,461
3 PHYSICAL THERAPY	108,373			12,083	120,456	24,103
4 OCCUPATIONAL THERAPY	4,724				4,724	945
5 SPEECH PATHOLOGY	2,136				2,136	427
6 MEDICAL SOCIAL SERVICES	792				792	158
7 HOME HEALTH AIDE	40,658			7,653	48,311	9,667
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	292,699	7,931	8,975	71,082	380,687	76,173
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	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	7,010	7,012		4,677		9,605
2 SKILLED NURSING CARE						14,885
3 PHYSICAL THERAPY						5,763
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						3,651
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	7,010	7,012		4,677		33,904
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 & SUPPLIES 15	MEDICAL RECORDS & LIBRARY 17	NONPHYSICIAN ANESTHETIST 20	SUBTOTAL 25	POST STEP DOWN ADJUST 26
1 ADMIN & GENERAL					72,760	
2 SKILLED NURSING CARE					215,570	
3 PHYSICAL THERAPY					150,322	
4 OCCUPATIONAL THERAPY					5,669	
5 SPEECH PATHOLOGY					2,563	
6 MEDICAL SOCIAL SERVICES					950	
7 HOME HEALTH AIDE					61,629	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)					509,463	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	72,760		
2 SKILLED NURSING CARE	215,570	35,917	251,487
3 PHYSICAL THERAPY	150,322	25,045	175,367
4 OCCUPATIONAL THERAPY	5,669	945	6,614
5 SPEECH PATHOLOGY	2,563	427	2,990
6 MEDICAL SOCIAL SERVICES	950	158	1,108
7 HOME HEALTH AIDE	61,629	10,268	71,897
8 SUPPLIES			
9 DRUGS			
9.20 COST ADMINISTERING DRUGS			
10 DME			
11 HOME DIALYSIS AIDE SVCS			
12 RESPIRATORY THERAPY			
13 PRIVATE DUTY NURSING			
14 CLINIC			
15 HEALTH PROM ACTIVITIES			
16 DAY CARE PROGRAM			
17 HOME DEL MEALS PROGRAM			
18 HOMEMAKER SERVICE			
19 ALL OTHER			
19.50 TELEMEDICINE			
20 TOTAL (SUM OF 1-19) (2)	509,463	72,760	509,463
21 UNIT COST MULTIPLIER		0.166612	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	3	4	5	6A	6	7
1 ADMIN & GENERAL	800	800	75,343		37,044	800
2 SKILLED NURSING CARE			116,756		167,224	
3 PHYSICAL THERAPY			45,206		120,456	
4 OCCUPATIONAL THERAPY					4,724	
5 SPEECH PATHOLOGY					2,136	
6 MEDICAL SOCIAL SERVICES					792	
7 HOME HEALTH AIDE			28,633		48,311	
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)	800	800	265,938		380,687	800
21 COST TO BE ALLOCATED	7,931	8,975	71,082		76,173	7,010
22 UNIT COST MULTIPLIER	9.913750	11.218750	0.267288		0.200094	8.762500

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL	800		800		5,367	
2 SKILLED NURSING CARE					8,317	
3 PHYSICAL THERAPY					3,220	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					2,040	
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)	800		800		18,944	
21 COST TO BE ALLOCATED	7,012		4,677		33,904	
22 UNIT COST MULTIPLIER	8.765000		5.846250		1.789696	

HHA 1

CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARIES (TIME SPENT)	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME)
15	17	20

HHA COST CENTER

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

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

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

COST PER VISIT COMPUTATION	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	251,487		251,487	1,928	130.44	377
2 PHYSICAL THERAPY	3	175,367		175,367	1,338	131.07	410
3 OCCUPATIONAL THERAPY	4	6,614		6,614	30	220.47	2
4 SPEECH PATHOLOGY	5	2,990		2,990	11	271.82	2
5 MEDICAL SOCIAL SERVICES	6	1,108		1,108	3	369.33	
6 HOME HEALTH AIDE SERVICE	7	71,897		71,897	857	83.89	174
7 TOTAL		509,463		509,463	4,167		965

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	471	9	61,437	110,613
2 PHYSICAL THERAPY		230	10	30,146	83,885
3 OCCUPATIONAL THERAPY		10	11	2,205	2,646
4 SPEECH PATHOLOGY				544	544
5 MEDICAL SOCIAL SERVICES		1		369	369
6 HOME HEALTH AIDE SERVICES		405		33,975	48,572
7 TOTAL		1,117		128,132	246,629

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	
8 SKILLED NURSING	7		9		12
9 PHYSICAL THERAPY			10		
10 OCCUPATIONAL THERAPY			11		
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/ 1/2008	1/ 6/2010
HHA NO:	TO 8/31/2009	WORKSHEET H-7
14-7622		PARTS I & II

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			110
2 TOTAL CHARGES			180
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			180
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			70
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		110
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	133,959	99,234
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		13,809
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	740	1,021
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES		803
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	134,699	114,977
13 EXCESS REASONABLE COST		
14 SUBTOTAL	134,699	114,977
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	134,699	114,977
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	134,699	114,977
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	134,699	114,977
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	134,699	114,977
25 INTERIM PAYMENTS	134,699	115,047
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		-70
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 1/ 6/2010
14-0019	FROM 9/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 8/31/2009	PARTS I-IV
14-0019		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	251,044
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	8.52
	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	251,044
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	171,286	171,286	
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	78,106	78,106	
4	VISITING NURSE			
5	OTHER NURSE	52,733	52,733	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	302,125	302,125	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		19,386	
16	TRANSPORTATION (HEALTH CARE STAFF)		267	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS		4,015	
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		23,668	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	302,125	23,668	325,793
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		1,991	
30	ADMINISTRATIVE COSTS	92,647	5,160	-3,683
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	92,647	7,151	-3,683
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	394,772	30,819	-3,683

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/ 1/2008	1/ 6/2010
COMPONENT NO:	TO 8/31/2009	WORKSHEET M-2
14-3446		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.93	2,972	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.89	2,666	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.82	5,638	1,869
5	VISITING NURSE			5,775
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.82	5,638	
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)	325,793		
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)	325,793		
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)	96,115		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	383,891		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	480,006		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	480,006		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	480,006		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	805,799		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	5,775		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5,775		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/ 1/2008	1/ 6/2010
COMPONENT NO:	TO 8/31/2009	WORKSHEET M-4
14-3446		

TITLE XVII I

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	302,125	302,125
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		.001600
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)		483
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)		1,155
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)		1,638
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	325,793	325,793
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	480,006	480,006
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)		.005028
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)		2,413
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)		4,051
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)		81
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)		50.01
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES		42
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)		2,100
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)		4,051
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)		2,100

