

Iroquois Memorial Hospital
Title XVIII Medicare Cost Report
Provider Number 14-0167
For the year ended September 30, 2009



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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0167		FROM 10/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/26/2010 TIME 16:17

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: IROQUOIS MEMORIAL HOSPITAL 14-0167 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 ECR ENCRYPTION INFORMATION
 DATE: 2/26/2010 TIME 16:17

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 TITLE

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	229,172	19,474	0
3	SWING BED - SNF	0	0	0	0
5	HOSPITAL-BASED SNF	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
9	RHC	0	0	10,816	0
9 .01	RHC II	0	0	-7,778	0
9 .02	RHC III	0	0	25,485	0
100	TOTAL	0	229,172	47,997	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 FAIRMAN AVENUE P. O. BOX:
 1.01 CITY: WATSEKA STATE: IL ZIP CODE: 60970- COUNTY: IROQUOIS

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	14-0167	2.01	7/ 1/1966	4	5	6
04.00	SWING BED - SNF	14-U167		12/31/2006	N	P	N
06.00	HOSPITAL-BASED SNF	14-6049		8/18/2003	N	P	N
09.00	HOSPITAL-BASED HHA	14-7586		9/30/1994	N	P	N
12.00	HOSP-BASED HOSPICE	14-1616		11/ 4/2004			
14.00	HOSPITAL-BASED RHC	14-3424		9/ 4/1996	N	O	N
14.01	HOSPITAL-BASED RHC 2	14-3425		10/ 9/1996	N	O	N
14.02	HOSPITAL-BASED RHC 3	15-3979		10/29/1996	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2008 TO: 9/30/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 14

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. Y

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

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

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. N

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

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

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

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)
 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.
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 10/ 1/2008 ENDING: 9/30/2009
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----
 100 0.0000 0.8386
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY
 0.00 2 14 99914

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

	%	Y/N
28.03 STAFFING	58.37%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II
 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
 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)?
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 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). N 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 1/12/2010

HOSPITAL WAGE INDEX INFORMATION

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	16,284,633		16,284,633	702,829.10	23.17	
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	1,154,255		1,154,255	13,295.90	86.81	
5.01 NON-PHYSICIAN - PART B	486,922		486,922	28,598.15	17.03	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,095,501		1,095,501	61,937.45	17.69	
8.01 EXCLUDED AREA SALARIES	2,348,051		2,348,051	106,739.88	22.00	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,070,199		1,070,199	15,907.03	67.28	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	2,777,866		2,777,866			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	878,089		878,089			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	144,940		144,940			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)	156,903		156,903			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	170,197		170,197	10,954.72	15.54	
22 ADMINISTRATIVE & GENERAL	1,347,582	7,263	1,354,845	59,740.56	22.68	
22.01 A & G UNDER CONTRACT	99,371		99,371	560.50	177.29	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	304,708		304,708	16,007.10	19.04	
25 LAUNDRY & LINEN SERVICE	38,595		38,595	3,717.19	10.38	
26 HOUSEKEEPING	269,195		269,195	26,876.54	10.02	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	397,533	-92,026	305,507	25,093.81	12.17	
27.01 DIETARY UNDER CONTRACT	34,791		34,791	551.00	63.14	
28 CAFETERIA		92,026	92,026	9,935.44	9.26	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	745,771	-366,697	379,074	9,434.07	40.18	
31 CENTRAL SERVICE AND SUPPLY	34,598		34,598	2,434.46	14.21	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	454,043		454,043	24,508.76	18.53	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	14,777,618		14,777,618	662,046.55	22.32	
2 EXCLUDED AREA SALARIES	3,443,552		3,443,552	168,677.33	20.42	
3 SUBTOTAL SALARIES	11,334,066		11,334,066	493,369.22	22.97	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,070,199		1,070,199	15,907.03	67.28	
5 SUBTOTAL WAGE-RELATED COSTS	2,777,866		2,777,866		24.51	
6 TOTAL	15,182,131		15,182,131	509,276.25	29.81	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	3,896,384	-359,434	3,536,950	189,814.15	18.63	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,045	8	1
2 UNDUPLICATED CENSUS COUNT		200.00	14.00	45.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	2,054
2 UNDUPLICATED CENSUS COUNT	259.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.20		.20
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	.64		.64
6 DIRECTING NURSING SERVICE	4.25		4.25
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.71		.71
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.13		.13
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.07		.07
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.99		.99
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,242	0	54	5
22 SKILLED NURSING VISIT CHARGES	189,095	0	8,222	761
23 PHYSICAL THERAPY VISITS	896	0	7	5
24 PHYSICAL THERAPY VISIT CHARGES	136,416	0	1,066	761
25 OCCUPATIONAL THERAPY VISITS	290	0	0	1
26 OCCUPATIONAL THERAPY VISIT CHARGES	44,153	0	0	152
27 SPEECH PATHOLOGY VISITS	6	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	914	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	68	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	12,852	0	189	0
31 HOME HEALTH AIDE VISITS	709	0	5	0
32 HOME HEALTH AIDE VISIT CHARGES	67,001	0	473	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,211	0	67	11
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	450,431	0	9,950	1,674
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	201	0	27	1
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	6,159	0	300	0

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0167
 HHA NO: 14-7586
 COUNTY:
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/26/2010
 WORKSHEET S-4

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	1,301
22 SKILLED NURSING VISIT CHARGES	0	0	198,078
23 PHYSICAL THERAPY VISITS	0	0	908
24 PHYSICAL THERAPY VISIT CHARGES	0	0	138,243
25 OCCUPATIONAL THERAPY VISITS	0	0	291
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	44,305
27 SPEECH PATHOLOGY VISITS	0	0	6
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	914
29 MEDICAL SOCIAL SERVICE VISITS	0	0	69
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	13,041
31 HOME HEALTH AIDE VISITS	0	0	714
32 HOME HEALTH AIDE VISIT CHARGES	0	0	67,474
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,289
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	462,055
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	229
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	6,459

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0167
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/26/2010
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	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		60				
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		123				
5	RVB		96				
6	RVA		111				
6.01	RVX						
6.02	RVL		35				
7	RHC		464				
8	RHB		357				
9	RHA		14				
9.01	RHX						
9.02	RHL						
10	RMC		36				
11	RMB		24				
12	RMA		56				
12.01	RMX		111				
12.02	RML		231				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		32				
16	SE2		37				
17	SE1		14				
18	SSC						
19	SSB						
20	SSA		17				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		1,818				

(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): 0.0000
 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: 14-0167
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/26/2010
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB			19	
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC			86	
8	RHB			183	
9	RHA			24	
9 .01	RHX				
9 .02	RHL				
10	RMC			4	
11	RMB			10	
12	RMA			4	
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			9	
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA			2	
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL			341	

(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): 0.0000
 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: 508 E CRESENT
 1.01 CITY: GILMAN STATE: IL ZIP CODE: 60938 COUNTY: IROQUOIS
 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:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT		
	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD		
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
			900	1700	830	1700	830	1700	900	1700	830	1700		

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER:

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

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

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 207 N AXTEL
 1.01 CITY: MILFORD STATE: IL ZIP CODE: 60983 COUNTY: IROQUOIS
 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 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			900	1700	830	1700	830	1700	900	1700	830	1700		

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

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

RHC 3

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 303 N SEVENTH ST
 1.01 CITY: KENTLAND STATE: IN ZIP CODE: 47951 COUNTY: NEWTON
 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 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			700	1900	700	1900	700	1900	700	1900	700	1900		

(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.

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET S-9
14-1616		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	4,373	169	8,234	267
3 INPATIENT RESPIRE CARE	110			
4 GENERAL INPATIENT CARE	38			
5 TOTAL HOSPICE DAYS	4,521	169	8,234	267

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,113	5,655
3 INPATIENT RESPIRE CARE		110
4 GENERAL INPATIENT CARE		38
5 TOTAL HOSPICE DAYS	1,113	5,803

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	71	5	106	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	63.68	33.80	77.68	44.50
9 UNDUPLICATED CENSUS COUNT	71	5	105	6

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	15	91
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	74.20	63.77
9 UNDUPLICATED CENSUS COUNT	15	91

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	3,508,628
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	3,508,628
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)	.471069
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	9,767,600

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,601,214
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,786,518
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,783,711
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,601,214

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0167

PERIOD: FROM 10/1/2008 TO 9/30/2009

PREPARED 2/26/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,008,168	2,008,168	-737,327	1,270,841
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,319,773	1,319,773
5	0500 EMPLOYEE BENEFITS	170,197	2,527,137	2,697,334		2,697,334
6.01	0640 ADMITTING	272,271	168,862	441,133	-741	440,392
6.02	0630 PURCHASING, RECEIVING AND STORES	78,488	95,005	173,493	-70,497	102,996
6.03	0620 DATA PROCESSING	228,906	358,599	587,505	397	587,902
6.04	1160 COMMUNICATIONS		91,100	91,100	43,398	134,498
6.05	0660 BUSINESS OFFICE	186,268	143,862	330,130	208,063	538,193
6.06	0661 OTHER ADMIN & GENERAL	581,649	1,930,391	2,512,040	-34,280	2,477,760
8	0800 OPERATION OF PLANT	304,708	753,790	1,058,498	43,603	1,102,101
9	0900 LAUNDRY & LINEN SERVICE	38,595	13,719	52,314	120,987	173,301
10	1000 HOUSEKEEPING	269,195	70,817	340,012		340,012
11	1100 DIETARY	397,533	393,134	790,667	-142,630	648,037
12	1200 CAFETERIA				183,034	183,034
14	1400 NURSING ADMINISTRATION	745,771	119,874	865,645	-425,740	439,905
15	1500 CENTRAL SERVICES & SUPPLY	34,598	24,460	59,058	-853	58,205
17	1700 MEDICAL RECORDS & LIBRARY	454,043	200,835	654,878	-412	654,466
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,757,925	701,623	2,459,548	-108,886	2,350,662
26	2600 INTENSIVE CARE UNIT	821,151	522,488	1,343,639	-49,587	1,294,052
33	3300 NURSERY		142	142	266,897	267,039
34	3400 SKILLED NURSING FACILITY	1,095,501	307,131	1,402,632	-87,816	1,314,816
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	583,822	2,310,115	2,893,937	-1,290,969	1,602,968
39	3900 DELIVERY ROOM & LABOR ROOM				149,557	149,557
40	4000 ANESTHESIOLOGY	160	356,892	357,052	-18,417	338,635
41	4100 RADIOLOGY-DIAGNOSTIC	706,831	799,095	1,505,926	-15,533	1,490,393
44	4400 LABORATORY	731,330	1,178,274	1,909,604	-4,587	1,905,017
49	4900 RESPIRATORY THERAPY	484,100	171,592	655,692	-93,485	562,207
50	5000 PHYSICAL THERAPY	632,230	531,441	1,163,671	-41,523	1,122,148
53	5300 ELECTROCARDIOLOGY	67,041	82,220	149,261	-753	148,508
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,719,995	1,719,995
56	5600 DRUGS CHARGED TO PATIENTS	511,718	1,531,017	2,042,735	-50,671	1,992,064
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	944,359	101,015	1,045,374	-39,939	1,005,435
61	6100 EMERGENCY	670,631	763,567	1,434,198	-557,176	877,022
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950					
63.50	6310 GILMAN RHC	285,214	180,314	465,528	-30,728	434,800
63.51	6311 MILFORD RHC	183,256	179,923	363,179	-15,585	347,594
63.52	6312 KENTLAND RHC	699,091	573,925	1,273,016	-55,042	1,217,974
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	790,644	207,017	997,661	-44,149	953,512
71	7100 HOME HEALTH AGENCY	363,722	153,581	517,303	-6,093	511,210
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		470,316	470,316	-470,316	
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	724,077	561,125	1,285,202	-12,400	1,272,802
95	SUBTOTALS	15,815,025	20,582,566	36,397,591	-350,431	36,047,160
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,857	4,857		4,857
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 IROQUOIS WOMENS HEALTH	223,894	180,909	404,803	-56,048	348,755
100.01	7951 OTHER NON REIMBURSABLE	245,714	653,818	899,532	406,479	1,306,011
101	TOTAL	16,284,633	21,422,150	37,706,783	-0-	37,706,783

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/26/2010
I 14-0167 I FROM 10/ 1/2008 I WORKSHEET A
I I TO 9/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-66,453	1,204,388
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-33,155	1,286,618
5	0500 EMPLOYEE BENEFITS	-115,108	2,582,226
6.01	0640 ADMITTING	-31,326	409,066
6.02	0630 PURCHASING, RECEIVING AND STORES		102,996
6.03	0620 DATA PROCESSING		587,902
6.04	1160 COMMUNICATIONS		134,498
6.05	0660 BUSINESS OFFICE		538,193
6.06	0661 OTHER ADMIN & GENERAL	-889,119	1,588,641
8	0800 OPERATION OF PLANT	-12,137	1,089,964
9	0900 LAUNDRY & LINEN SERVICE	-31	173,270
10	1000 HOUSEKEEPING	-947	339,065
11	1100 DIETARY		648,037
12	1200 CAFETERIA	-145,855	37,179
14	1400 NURSING ADMINISTRATION	-10,214	429,691
15	1500 CENTRAL SERVICES & SUPPLY		58,205
17	1700 MEDICAL RECORDS & LIBRARY	-1,767	652,699
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-129,117	2,221,545
26	2600 INTENSIVE CARE UNIT		1,294,052
33	3300 NURSERY		267,039
34	3400 SKILLED NURSING FACILITY		1,314,816
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-7,800	1,595,168
39	3900 DELIVERY ROOM & LABOR ROOM		149,557
40	4000 ANESTHESIOLOGY	-338,121	514
41	4100 RADIOLOGY-DIAGNOSTIC	-79,562	1,410,831
44	4400 LABORATORY	-87,443	1,817,574
49	4900 RESPIRATORY THERAPY		562,207
50	5000 PHYSICAL THERAPY	-59,676	1,062,472
53	5300 ELECTROCARDIOLOGY	-70,800	77,708
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-832	1,719,163
56	5600 DRUGS CHARGED TO PATIENTS		1,992,064
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-520,680	484,755
61	6100 EMERGENCY		877,022
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950		
63.50	6310 GILMAN RHC		434,800
63.51	6311 MILFORD RHC		347,594
63.52	6312 KENTLAND RHC		1,217,974
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-59,644	893,868
71	7100 HOME HEALTH AGENCY		511,210
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-1,300	1,271,502
95	SUBTOTALS	-2,661,087	33,386,073
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,857
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 IROQUOIS WOMENS HEALTH		348,755
100.01	7951 OTHER NON REIMBURSABLE		1,306,011
101	TOTAL	-2,661,087	35,045,696

COST CENTERS USED IN COST REPORT

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	
6.01	ADMITTING	0640	ADMITTING
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	DATA PROCESSING	0620	DATA PROCESSING
6.04	COMMUNICATIONS	1160	COMMUNICATIONS
6.05	BUSINESS OFFICE	0660	OTHER ADMINISTRATIVE AND GENERAL
6.06	OTHER ADMIN & GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
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	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
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		4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	GILMAN RHC	6310	RURAL HEALTH CLINIC #####
63.51	MILFORD RHC	6311	RURAL HEALTH CLINIC #####
63.52	KENTLAND RHC	6312	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	IROQUOIS WOMENS HEALTH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NON REIMBURSABLE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140167

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 TO RECLASS DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1,144,551
2					
3					
4					
5					
6					
7 TO RECLASS NURSING ADMIN EXPENSE	B	ADULTS & PEDIATRICS	25	354,938	56,554
8		INTENSIVE CARE UNIT	26	4,496	716
9		OTHER ADMIN & GENERAL	6.06	7,263	1,157
10 TO RECLASS ALLOWABLE ADVERTISING EXP	C	OTHER ADMIN & GENERAL	6.06		10,504
11 TO RECLASS CHARGEABLE MEDICAL SUP	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,719,995
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 TO RECLASS DRUGY SUPPLY COSTS	E	DRUGS CHARGED TO PATIENTS	56		38,531
25					
26					
27					
28					
29					
30					
31					
32					
33					
34 TO RECLASS PHONE COSTS	F	COMMUNICATIONS	6.04		27,211
35		MEDICAL RECORDS & LIBRARY	17		46
1 TO RECLASS PHONE COSTS	F				
2					
3					
4					
5					
6					
7					
8					
9 TO RECLASS PHONE MAINTENANCE EXP	G	COMMUNICATIONS	6.04		16,187
10 TO RECLASS INTEREST EXPENSE	H	NEW CAP REL COSTS-BLDG & FIXT	3		310,934
11		NEW CAP REL COSTS-MVBLE EQUIP	4		155,135
12		OTHER ADMIN & GENERAL	6.06		4,247
13 TO RECLASS CAFETERIA EXPENSE	I	CAFETERIA	12	92,026	91,008
14 TO RECLASS OB EXPENSE	J	NURSERY	33	184,488	82,551
15		DELIVERY ROOM & LABOR ROOM	39	103,324	46,233
16 TO RECLASS UTILITY EXPENSE	K	OPERATION OF PLANT	8		43,603
17					
18					
19					
20					
21					
22					
23					
24					
25 TO RECLASS INSURANCE EXPENSE	L	BUSINESS OFFICE	6.05		208,563
26					
27					
28					
29					
30					
31					
32					
33					
34 TO RECLASS IT EXPENSES	M	DATA PROCESSING	6.03		32,501
35					

RECLASSIFICATIONS

PROVIDER NO:
140167

PERIOD:
FROM 10/1/2008
TO 9/30/2009

PREPARED 2/26/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 TO RECLASS IT EXPENSES	M				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14 TO RECLASS INHOUSE ALLOCATIONS	N	LAUNDRY & LINEN SERVICE	9		120,987
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 TO RECLASS DIETARY FOR STEPDOWN	O	DIETARY	11		40,573
28					
29					
30					
31					
32 TO TRANSFER ER PHYSICIAN FEES TO N/C	P	OTHER NON REIMBURSABLE	100.01		433,000
33 TO RECLASSIFY PROPERTY INSURANCE	Q	OTHER CAPITAL RELATED COSTS	90		56,079
36 TOTAL RECLASSIFICATIONS				746,535	4,640,866

(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

		----- DECREASE -----				
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 TO RECLASS DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,084,253	9
2		GILMAN RHC	63.50		12,640	
3		MILFORD RHC	63.51		6,690	
4		KENTLAND RHC	63.52		30,748	
5		CLINIC	60		9,789	
6		IROQUOIS WOMENS HEALTH	100		431	
7 TO RECLASS NURSING ADMIN EXPENSE	B	NURSING ADMINISTRATION	14	366,697	58,427	
8						
9						
10 TO RECLASS ALLOWABLE ADVERTISING EXP	C	OTHER NON REIMBURSABLE	100.01		10,504	
11 TO RECLASS CHARGEABLE MEDICAL SUP	D	PURCHASING, RECEIVING AND STORES	6.02		70,497	
12		ADULTS & PEDIATRICS	25		57,953	
13		INTENSIVE CARE UNIT	26		33,896	
14		SKILLED NURSING FACILITY	34		13,482	
15		OPERATING ROOM	37		1,278,630	
16		ANESTHESIOLOGY	40		18,417	
17		RESPIRATORY THERAPY	49		84,852	
18		PHYSICAL THERAPY	50		19,293	
19		ELECTROCARDIOLOGY	53		753	
20		DRUGS CHARGED TO PATIENTS	56		89,202	
21		CLINIC	60		15,178	
22		EMERGENCY	61		27,851	
23		AMBULANCE SERVICES	65		9,991	
24 TO RECLASS DRUGY SUPPLY COSTS	E	ADULTS & PEDIATRICS	25		2,724	
25		INTENSIVE CARE UNIT	26		1,057	
26		SKILLED NURSING FACILITY	34		12,415	
27		OPERATING ROOM	37		872	
28		RADIOLOGY-DIAGNOSTIC	41		7,100	
29		RESPIRATORY THERAPY	49		8,633	
30		PHYSICAL THERAPY	50		800	
31		CLINIC	60		143	
32		EMERGENCY	61		3,700	
33		AMBULANCE SERVICES	65		1,087	
34 TO RECLASS PHONE COSTS	F	DATA PROCESSING	6.03		15,917	
35		OTHER ADMIN & GENERAL	6.06		1,372	
1 TO RECLASS PHONE COSTS	F	NURSING ADMINISTRATION	14		616	
2		CENTRAL SERVICES & SUPPLY	15		822	
3		OPERATING ROOM	37		291	
4		RADIOLOGY-DIAGNOSTIC	41		513	
5		LABORATORY	44		160	
6		CLINIC	60		991	
7		AMBULANCE SERVICES	65		5,085	
8		OTHER NON REIMBURSABLE	100.01		1,490	
9 TO RECLASS PHONE MAINTENANCE EXP	G	DATA PROCESSING	6.03		16,187	
10 TO RECLASS INTEREST EXPENSE	H	INTEREST EXPENSE	88		470,316	11
11						11
12						
13 TO RECLASS CAFETERIA EXPENSE	I	DIETARY	11	92,026	91,008	
14 TO RECLASS OB EXPENSE	J	ADULTS & PEDIATRICS	25	287,812	128,784	
15						
16 TO RECLASS UTILITY EXPENSE	K	PHYSICAL THERAPY	50		15,172	
17		CLINIC	60		11	
18		GILMAN RHC	63.50		8,381	
19		MILFORD RHC	63.51		2,424	
20		KENTLAND RHC	63.52		6,872	
21		AMBULANCE SERVICES	65		3,109	
22		HOME HEALTH AGENCY	71		2,341	
23		HOSPICE	93		2,983	
24		IROQUOIS WOMENS HEALTH	100		2,310	
25 TO RECLASS INSURANCE EXPENSE	L	RADIOLOGY-DIAGNOSTIC	41		1,488	
26		CLINIC	60		12,902	
27		EMERGENCY	61		74,836	
28		GILMAN RHC	63.50		9,707	
29		MILFORD RHC	63.51		6,471	
30		KENTLAND RHC	63.52		17,422	
31		AMBULANCE SERVICES	65		23,821	
32		IROQUOIS WOMENS HEALTH	100		53,307	
33		OTHER NON REIMBURSABLE	100.01		8,609	
34 TO RECLASS IT EXPENSES	M	ADMINITTING	6.01		741	
35		BUSINESS OFFICE	6.05		500	

RECLASSIFICATIONS

PROVIDER NO:
140167

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/26/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7				
1 TO RECLASS IT EXPENSES	M			11		169	
2				17		458	
3				25		263	
4				26		157	
5				34		812	
6				37		893	
7				41		1,355	
8				44		4,306	
9				50		2,201	
10				61		1,652	
11				71		3,752	
12				93		9,417	
13				100.01		5,825	
14 TO RECLASS INHOUSE ALLOCATIONS	N			15		31	
15				25		28,431	
16				26		11,372	
17				33		142	
18				34		50,373	
19				37		10,283	
20				41		5,077	
21				44		121	
22				50		4,057	
23				60		698	
24				61		9,253	
25				65		1,056	
26				100.01		93	
27 TO RECLASS DIETARY FOR STEPDOWN	O			25		14,411	
28				26		8,317	
29				34		10,734	
30				60		227	
31				61		6,884	
32 TO TRANSFER ER PHYSICIAN FEES TO N/C	P			61		433,000	
33 TO RECLASSIFY PROPERTY INSURANCE	Q			6.06		56,079	
36 TOTAL RECLASSIFICATIONS					746,535	4,640,866	

(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:
140167

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/26/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS DEPRECIATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,144,551	NEW CAP REL COSTS-BLDG & FIXT	3	1,084,253	
2.00			0	GILMAN RHC	63.50	12,640	
3.00			0	MILFORD RHC	63.51	6,690	
4.00			0	KENTLAND RHC	63.52	30,748	
5.00			0	CLINIC	60	9,789	
6.00			0	IROQUOIS WOMENS HEALTH	100	431	
TOTAL RECLASSIFICATIONS FOR CODE A			1,144,551				1,144,551

RECLASS CODE: B
EXPLANATION : TO RECLASS NURSING ADMIN EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	411,492	NURSING ADMINISTRATION	14	425,124	
2.00	INTENSIVE CARE UNIT	26	5,212			0	
3.00	OTHER ADMIN & GENERAL	6.06	8,420			0	
TOTAL RECLASSIFICATIONS FOR CODE B			425,124				425,124

RECLASS CODE: C
EXPLANATION : TO RECLASS ALLOWABLE ADVERTISING EXP

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMIN & GENERAL	6.06	10,504	OTHER NON REIMBURSABLE	100.01	10,504	
TOTAL RECLASSIFICATIONS FOR CODE C			10,504				10,504

RECLASS CODE: D
EXPLANATION : TO RECLASS CHARGEABLE MEDICAL SUP

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,719,995	PURCHASING, RECEIVING AND STOR	6.02	70,497	
2.00			0	ADULTS & PEDIATRICS	25	57,953	
3.00			0	INTENSIVE CARE UNIT	26	33,896	
4.00			0	SKILLED NURSING FACILITY	34	13,482	
5.00			0	OPERATING ROOM	37	1,278,630	
6.00			0	ANESTHESIOLOGY	40	18,417	
7.00			0	RESPIRATORY THERAPY	49	84,852	
8.00			0	PHYSICAL THERAPY	50	19,293	
9.00			0	ELECTROCARDIOLOGY	53	753	
10.00			0	DRUGS CHARGED TO PATIENTS	56	89,202	
11.00			0	CLINIC	60	15,178	
12.00			0	EMERGENCY	61	27,851	
13.00			0	AMBULANCE SERVICES	65	9,991	
TOTAL RECLASSIFICATIONS FOR CODE D			1,719,995				1,719,995

RECLASS CODE: E
EXPLANATION : TO RECLASS DRUGY SUPPLY COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	38,531	ADULTS & PEDIATRICS	25	2,724	
2.00			0	INTENSIVE CARE UNIT	26	1,057	
3.00			0	SKILLED NURSING FACILITY	34	12,415	
4.00			0	OPERATING ROOM	37	872	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	7,100	
6.00			0	RESPIRATORY THERAPY	49	8,633	
7.00			0	PHYSICAL THERAPY	50	800	
8.00			0	CLINIC	60	143	
9.00			0	EMERGENCY	61	3,700	
10.00			0	AMBULANCE SERVICES	65	1,087	
TOTAL RECLASSIFICATIONS FOR CODE E			38,531				38,531

RECLASS CODE: F
EXPLANATION : TO RECLASS PHONE COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	COMMUNICATIONS	6.04	27,211	DATA PROCESSING	6.03	15,917	
2.00	MEDICAL RECORDS & LIBRARY	17	46	OTHER ADMIN & GENERAL	6.06	1,372	

RECLASSIFICATIONS

PROVIDER NO:
140167

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/26/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : TO RECLASS PHONE COSTS

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
3.00			0	NURSING ADMINISTRATION	14	616		
4.00			0	CENTRAL SERVICES & SUPPLY	15	822		
5.00			0	OPERATING ROOM	37	291		
6.00			0	RADIOLOGY-DIAGNOSTIC	41	513		
7.00			0	LABORATORY	44	160		
8.00			0	CLINIC	60	991		
9.00			0	AMBULANCE SERVICES	65	5,085		
10.00			0	OTHER NON REIMBURSABLE	100.01	1,490		
TOTAL RECLASSIFICATIONS FOR CODE F			27,257					27,257

RECLASS CODE: G
EXPLANATION : TO RECLASS PHONE MAINTENANCE EXP

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	COMMUNICATIONS	6.04	16,187	DATA PROCESSING	6.03	16,187		
TOTAL RECLASSIFICATIONS FOR CODE G			16,187					16,187

RECLASS CODE: H
EXPLANATION : TO RECLASS INTEREST EXPENSE

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	310,934	INTEREST EXPENSE	88	470,316		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	155,135			0		
3.00	OTHER ADMIN & GENERAL	6.06	4,247			0		
TOTAL RECLASSIFICATIONS FOR CODE H			470,316					470,316

RECLASS CODE: I
EXPLANATION : TO RECLASS CAFETERIA EXPENSE

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	CAFETERIA	12	183,034	DIETARY	11	183,034		
TOTAL RECLASSIFICATIONS FOR CODE I			183,034					183,034

RECLASS CODE: J
EXPLANATION : TO RECLASS OB EXPENSE

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	NURSERY	33	267,039	ADULTS & PEDIATRICS	25	416,596		
2.00	DELIVERY ROOM & LABOR ROOM	39	149,557			0		
TOTAL RECLASSIFICATIONS FOR CODE J			416,596					416,596

RECLASS CODE: K
EXPLANATION : TO RECLASS UTILITY EXPENSE

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	OPERATION OF PLANT	8	43,603	PHYSICAL THERAPY	50	15,172		
2.00			0	CLINIC	60	11		
3.00			0	GLIMAN RHC	63.50	8,381		
4.00			0	MILFORD RHC	63.51	2,424		
5.00			0	KENTLAND RHC	63.52	6,872		
6.00			0	AMBULANCE SERVICES	65	3,109		
7.00			0	HOME HEALTH AGENCY	71	2,341		
8.00			0	HOSPICE	93	2,983		
9.00			0	IROQUOIS WOMENS HEALTH	100	2,310		
TOTAL RECLASSIFICATIONS FOR CODE K			43,603					43,603

RECLASS CODE: L
EXPLANATION : TO RECLASS INSURANCE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BUSINESS OFFICE	6.05	208,563	RADIOLOGY-DIAGNOSTIC	41	1,488	
2.00			0	CLINIC	60	12,902	
3.00			0	EMERGENCY	61	74,836	

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/26/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : TO RECLASS INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
4.00			0	GLIMAN RHC	63.50	9,707	
5.00			0	MILFORD RHC	63.51	6,471	
6.00			0	KENTLAND RHC	63.52	17,422	
7.00			0	AMBULANCE SERVICES	65	23,821	
8.00			0	IROQUOIS WOMENS HEALTH	100	53,307	
9.00			0	OTHER NON REIMBURSABLE	100.01	8,609	
TOTAL RECLASSIFICATIONS FOR CODE L			208,563	208,563			

RECLASS CODE: M
EXPLANATION : TO RECLASS IT EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DATA PROCESSING	6.03	32,501	ADMINITTING	6.01	741	
2.00			0	BUSINESS OFFICE	6.05	500	
3.00			0	DIETARY	11	169	
4.00			0	MEDICAL RECORDS & LIBRARY	17	458	
5.00			0	ADULTS & PEDIATRICS	25	263	
6.00			0	INTENSIVE CARE UNIT	26	157	
7.00			0	SKILLED NURSING FACILITY	34	812	
8.00			0	OPERATING ROOM	37	893	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	1,355	
10.00			0	LABORATORY	44	4,306	
11.00			0	PHYSICAL THERAPY	50	2,201	
12.00			0	EMERGENCY	61	1,652	
13.00			0	HOME HEALTH AGENCY	71	3,752	
14.00			0	HOSPICE	93	9,417	
15.00			0	OTHER NON REIMBURSABLE	100.01	5,825	
TOTAL RECLASSIFICATIONS FOR CODE M			32,501	32,501			

RECLASS CODE: N
EXPLANATION : TO RECLASS INHOUSE ALLOCATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	120,987	CENTRAL SERVICES & SUPPLY	15	31	
2.00			0	ADULTS & PEDIATRICS	25	28,431	
3.00			0	INTENSIVE CARE UNIT	26	11,372	
4.00			0	NURSERY	33	142	
5.00			0	SKILLED NURSING FACILITY	34	50,373	
6.00			0	OPERATING ROOM	37	10,283	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	5,077	
8.00			0	LABORATORY	44	121	
9.00			0	PHYSICAL THERAPY	50	4,057	
10.00			0	CLINIC	60	698	
11.00			0	EMERGENCY	61	9,253	
12.00			0	AMBULANCE SERVICES	65	1,056	
13.00			0	OTHER NON REIMBURSABLE	100.01	93	
TOTAL RECLASSIFICATIONS FOR CODE N			120,987	120,987			

RECLASS CODE: O
EXPLANATION : TO RECLASS DIETARY FOR STEPDOWN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	40,573	ADULTS & PEDIATRICS	25	14,411	
2.00			0	INTENSIVE CARE UNIT	26	8,317	
3.00			0	SKILLED NURSING FACILITY	34	10,734	
4.00			0	CLINIC	60	227	
5.00			0	EMERGENCY	61	6,884	
TOTAL RECLASSIFICATIONS FOR CODE O			40,573	40,573			

RECLASS CODE: P
EXPLANATION : TO TRANSFER ER PHYSICIAN FEES TO N/C

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NON REIMBURSABLE	100.01	433,000	EMERGENCY	61	433,000	
TOTAL RECLASSIFICATIONS FOR CODE P			433,000	433,000			

RECLASS CODE: Q
EXPLANATION : TO RECLASSIFY PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	56,079	OTHER ADMIN & GENERAL	6.06	56,079	
TOTAL RECLASSIFICATIONS FOR CODE Q			56,079	56,079			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	249,035					249,035	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	22,303,774	106,839		106,839		22,410,613	
4 BUILDING IMPROVEMEN	477,850					477,850	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	12,431,857	849,004		849,004	368,044	12,912,817	
7 SUBTOTAL	35,462,516	955,843		955,843	368,044	36,050,315	
8 RECONCILING ITEMS							
9 TOTAL	35,462,516	955,843		955,843	368,044	36,050,315	

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	
3	NEW CAP REL COSTS-BL	23,137,498		23,137,498	.641811	35,992		35,992	
4	NEW CAP REL COSTS-MV	12,912,817		12,912,817	.358189	20,087		20,087	
5	TOTAL	36,050,315		36,050,315	1.000000	56,079		56,079	

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	923,915		244,481	35,992			1,204,388
4	NEW CAP REL COSTS-MV	1,144,551		121,980	20,087			1,286,618
5	TOTAL	2,068,466		366,461	56,079			2,491,006

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	2,008,168						2,008,168
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,008,168						2,008,168

* All lines numbers except line 5 are to be consistent with Workshseet 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

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
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	-66,453	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-33,155	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	B	-908	OTHER ADMIN & GENERAL	6.06	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-2,456	OTHER ADMIN & GENERAL	6.06	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-12,137	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,185,348			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-31	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-145,855	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTTHS					
18 SALE OF MED AND SURG SUPPLIES	B	-832	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,767	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 AMBULANCE CLASSES REVENUE	B	-1,162	AMBULANCE SERVICES	65	
38 SPORTS MEDICINE REVENUE	B	-5,245	PHYSICAL THERAPY	50	
39 WELLNESS PROGRAM REVENUE	B	-7,031	PHYSICAL THERAPY	50	
40 IHC RENTAL INCOME	B	-42,000	PHYSICAL THERAPY	50	
41 AMBULANCE TOWNSHIP INCOME	B	-57,929	AMBULANCE SERVICES	65	
42 CNA CLASS REVENUE	B	-10,214	NURSING ADMINISTRATION	14	
43 RENTAL INCOME	B	-47,885	CLINIC	60	
44 RENTAL INCOME	B	-5,400	PHYSICAL THERAPY	50	
45 COLLECTION FEES REVENUE	B	-31,326	ADMITTING	6.01	
46 HOUSEKEEPING INCOME	B	-947	HOUSEKEEPING	10	
47 ALCOHOL EXPENSE	A	-2,008	OTHER ADMIN & GENERAL	6.06	
48 RECRUITMENT EXPENSE	A	-18,303	OTHER ADMIN & GENERAL	6.06	
49 LOBBYING EXPENSE	A	-15,774	OTHER ADMIN & GENERAL	6.06	
49.01 HOSPICE INCOME	B	-1,300	HOSPICE	93	
49.02 MISC INCOME	B	-3,301	OTHER ADMIN & GENERAL	6.06	
49.03 PROVIDER TAX EXPENSE	A	-842,941	OTHER ADMIN & GENERAL	6.06	
49.04 DONATION EXPENSE	A	-3,428	OTHER ADMIN & GENERAL	6.06	
49.05 MEDICAL IMAGING COPY FEES	B	-290	RADIOLOGY-DIAGNOSTIC	41	
49.06 AMBULANCE CABLE TV COSTS	A	-553	AMBULANCE SERVICES	65	
49.07 PHYSICIAN BENEFIT OFFSET	A	-114,908	EMPLOYEE BENEFITS	5	
49.08 PHYSICIAN BENEFIT OFFSET	A	-200	EMPLOYEE BENEFITS	5	
49.09					
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,661,087			

(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

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/26/2010
 I 14-0167 I FROM 10/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 9/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	ADMINITTING	15	GROSS	CHARGES	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	4	COST REQUISITION		ENTERED
6.03	DATA PROCESSING	6	TIME SPENT		ENTERED
6.04	COMMUNICATIONS	7	# OF PHONES		ENTERED
6.05	BUSINESS OFFICE	15	GROSS	CHARGES	ENTERED
6.06	OTHER ADMIN & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS	CHARGES	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	ADMITTING	PURCHASING, RECEIVING AND	DATA PROCESSING
	0	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,204,388	1,204,388					
005 NEW CAP REL COSTS-MVBLE	1,286,618		1,286,618				
006 EMPLOYEE BENEFITS	2,582,226	5,418	85	2,587,729			
006 01 ADMINISTRATION	409,066	8,318		45,046	462,430		
006 02 PURCHASING, RECEIVING AND	102,996	3,186	45	12,986		119,213	
006 03 DATA PROCESSING	587,902	5,496	133,635	37,872		388	765,293
006 04 COMMUNICATIONS	134,498	1,760	4,153				
006 05 BUSINESS OFFICE	538,193	12,606	1,174	30,817		396	13,054
006 06 OTHER ADMIN & GENERAL	1,588,641	54,129	1,735	97,434		777	13,845
008 OPERATION OF PLANT	1,089,964	131,827	13,557	50,413		1,498	1,780
009 LAUNDRY & LINEN SERVICE	173,270	22,714		6,385		326	1,780
010 HOUSEKEEPING	339,065	6,578	132	44,538		2,009	1,780
011 DIETARY	648,037	31,337	1,199	50,545		1,807	12,579
012 CAFETERIA	37,179	10,226		15,225			
014 NURSING ADMINISTRATION	429,691	10,845	360	62,717		544	9,296
015 CENTRAL SERVICES & SUPPLY	58,205	14,798	11,400	5,724		763	
017 MEDICAL RECORDS & LIBRARY	652,699	16,263	23,647	75,120		372	29,272
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,221,545	124,207	30,883	301,950	31,158	3,822	159,489
026 INTENSIVE CARE UNIT	1,294,052	52,693	28,957	136,601	16,434	2,233	66,454
033 NURSERY	267,039	5,516	4,023	30,523	1,253		
034 SKILLED NURSING FACILITY	1,314,816	94,541	13,673	181,247	15,339	2,240	14,478
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,595,168	160,833	116,697	96,592	53,385	1,216	33,623
039 DELIVERY ROOM & LABOR ROOM	149,557	2,203		17,095	1,262		
040 ANESTHESIOLOGY	514	1,082	20,193	26	2,496	796	
041 RADIOLOGY-DIAGNOSTIC	1,410,831	44,719	604,696	116,807	87,335	4,666	46,518
044 LABORATORY	1,817,574	26,676	58,983	120,996	74,067	21,728	79,745
049 RESPIRATORY THERAPY	562,207	29,154	67,284	80,093	11,046	2,474	19,462
050 PHYSICAL THERAPY	1,062,472	105,013	15,932	104,601	20,352	1,337	21,756
053 ELECTROCARDIOLOGY	77,708	5,900		11,092	10,418	129	5,933
055 MEDICAL SUPPLIES CHARGED	1,719,163	11,553			28,020	59,042	
056 DRUGS CHARGED TO PATIENTS	1,992,064	18,407	3,139	84,662	63,310	364	15,229
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	484,755	25,762	1,575	78,019	5,768	366	10,878
061 EMERGENCY	877,022	29,714	20,286	110,954	31,696	2,185	53,163
062 OBSERVATION BEDS (NON-DIS)							
063							
063 50 GILMAN RHC	434,800	256	6,773	47,188		387	15,071
063 51 MILFORD RHC	347,594	256	6,490	30,319		322	33,464
063 52 KENTLAND RHC	1,217,974	256	16,782	115,663		682	11,511
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	893,868	846	58,726	130,810	9,091	849	13,291
071 HOME HEALTH AGENCY	511,210	17,945	782	60,177		459	35,601
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,271,502	23,618	621	119,796		2,766	
095 SUBTOTALS	33,386,073	1,116,651	1,267,617	2,510,033	462,430	116,943	719,052
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4,857	9,026				49	
098 PHYSICIANS' PRIVATE OFFICE		6,735	1,499			1,039	9,889
100 IROQUOIS WOMENS HEALTH	348,755	256	2,064	37,043		411	13,291
100 01 OTHER NON REIMBURSABLE	1,306,011	71,720	15,438	40,653		771	23,061
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	35,045,696	1,204,388	1,286,618	2,587,729	462,430	119,213	765,293

COST CENTER DESCRIPTION	COMMUNICATIONS	BUSINESS OFFICE	SUBTOTAL	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.04	6.05	6a.05	6.06	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PURCHASING, RECEIVING AND							
006 03 DATA PROCESSING							
006 04 COMMUNICATIONS	140,411						
006 05 BUSINESS OFFICE	10,861	607,101					
006 06 OTHER ADMIN & GENERAL	8,533		1,765,094	1,765,094			
008 OPERATION OF PLANT	2,327		1,291,366	68,490	1,359,856		
009 LAUNDRY & LINEN SERVICE	776		205,251	10,886	31,465	247,602	
010 HOUSEKEEPING	1,552		395,654	20,984	9,112	11,115	436,865
011 DIETARY	3,879		749,383	39,745	43,410	2,533	14,375
012 CAFETERIA	1,552		64,182	3,404	14,166		4,691
014 NURSING ADMINISTRATION	8,533		521,986	27,685	15,024		4,975
015 CENTRAL SERVICES & SUPPLY	776		91,666	4,862	20,500	57	6,788
017 MEDICAL RECORDS & LIBRARY	10,861		808,234	42,866	22,529		7,460
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,861	40,906	2,924,821	155,114	172,061	52,788	56,976
026 INTENSIVE CARE UNIT	7,758	21,576	1,626,758	86,278	72,995	20,362	24,172
033 NURSERY	776	1,645	310,775	16,483	7,641	279	2,530
034 SKILLED NURSING FACILITY	6,982	20,138	1,663,454	88,225	130,966	100,050	43,368
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,309	70,087	2,136,910	113,335	222,801	23,982	73,777
039 DELIVERY ROOM & LABOR ROOM	776	1,656	172,549	9,151	3,051		1,010
040 ANESTHESIOLOGY	776	3,277	29,160	1,547	1,498		496
041 RADIOLOGY-DIAGNOSTIC	11,631	114,655	2,441,858	129,509	61,948	9,119	20,514
044 LABORATORY	9,309	97,240	2,306,318	122,320	36,954	183	12,237
049 RESPIRATORY THERAPY	3,879	14,502	790,101	41,905	40,386		13,374
050 PHYSICAL THERAPY		26,719	1,358,182	72,034	145,473	7,231	48,172
053 ELECTROCARDIOLOGY		13,678	124,858	6,622	8,173		2,706
055 MEDICAL SUPPLIES CHARGED	776	36,787	1,855,341	98,402	16,005		5,300
056 DRUGS CHARGED TO PATIENTS	3,103	83,116	2,263,394	120,044	25,499		8,444
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,327	7,572	617,022	32,725	35,687	1,234	11,817
061 EMERGENCY	6,982	41,612	1,173,614	62,245	41,163	16,616	13,631
062 OBSERVATION BEDS (NON-DIS							
063							
063 50 GILMAN RHC			504,475	26,756	354		117
063 51 MILFORD RHC			418,445	22,193	354		117
063 52 KENTLAND RHC			1,362,868	72,282	354		117
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,879	11,935	1,123,295	59,576	1,171	1,896	388
071 HOME HEALTH AGENCY			626,174	33,210	24,858		8,232
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			1,418,303	75,223	32,718		10,834
095 SUBTOTALS	128,774	607,101	33,141,491	1,664,101	1,238,316	247,445	396,618
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,552		15,484	821	12,504		4,141
098 PHYSICIANS' PRIVATE OFFICE	1,552		20,714	1,099	9,330	157	3,090
100 IROQUOIS WOMENS HEALTH			401,820	21,311	354		117
100 01 OTHER NON REIMBURSABLE	8,533		1,466,187	77,762	99,352		32,899
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	140,411	607,101	35,045,696	1,765,094	1,359,856	247,602	436,865

COST ALLOCATION - GENERAL SERVICE COSTS

14-0167

FROM 10/ 1/2008

WORKSHEET B

TO 9/30/2009

PART I

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 PURCHASING, RECEIVING AND							
006 03 DATA PROCESSING							
006 04 COMMUNICATIONS							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMIN & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	849,446						
012 CAFETERIA		86,443					
014 NURSING ADMINISTRATION		1,619	571,289				
015 CENTRAL SERVICES & SUPPLY		516	1,639	126,028			
017 MEDICAL RECORDS & LIBRARY		5,195	4,920		891,204		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	264,154	16,151	149,087	3,561	55,796	3,850,509	
026 INTENSIVE CARE UNIT	75,977	6,047	67,010		29,430	2,009,029	
033 NURSERY					2,244	339,952	
034 SKILLED NURSING FACILITY	457,508	13,134	139,711		27,468	2,663,884	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		4,887	54,431	108,135	95,600	2,833,858	
039 DELIVERY ROOM & LABOR ROO					2,259	188,020	
040 ANESTHESIOLOGY			18		4,470	37,189	
041 RADIOLOGY-DIAGNOSTIC		5,822	355		156,348	2,825,473	
044 LABORATORY		7,996			132,636	2,618,644	
049 RESPIRATORY THERAPY		4,340	8,247		19,781	918,134	
050 PHYSICAL THERAPY		5,076			36,445	1,672,613	
053 ELECTROCARDIOLOGY		578	919		18,656	162,512	
055 MEDICAL SUPPLIES CHARGED					50,178	2,025,226	
056 DRUGS CHARGED TO PATIENTS		3,969			113,371	2,534,721	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		1,830	17,338	558	10,328	728,539	
061 EMERGENCY		5,129	47,253	496	56,759	1,416,906	
062 OBSERVATION BEDS (NON-DIS							
063							
063 50 GILMAN RHC				683	4,083	536,468	
063 51 MILFORD RHC				1,154	4,942	447,205	
063 52 KENTLAND RHC				4,480	11,363	1,451,464	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			2,646		16,280	1,205,252	
071 HOME HEALTH AGENCY			25,355		7,730	725,559	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			51,254		30,275	1,618,607	
095 SUBTOTALS	797,639	82,289	570,183	119,067	886,442	32,809,764	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	20,025					52,975	
098 PHYSICIANS' PRIVATE OFFIC		1,539		3,946		39,875	
100 IROQUOIS WOMENS HEALTH				3,015	4,762	431,379	
100 01 OTHER NON REIMBURSABLE	31,782	2,615	1,106			1,711,703	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	849,446	86,443	571,289	126,028	891,204	35,045,696	

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	PURCHASING, RECEIVING AND	
006 03	DATA PROCESSING	
006 04	COMMUNICATIONS	
006 05	BUSINESS OFFICE	
006 06	OTHER ADMIN & GENERAL	
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	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	3,850,509
026	INTENSIVE CARE UNIT	2,009,029
033	NURSERY	339,952
034	SKILLED NURSING FACILITY	2,663,884
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,833,858
039	DELIVERY ROOM & LABOR ROO	188,020
040	ANESTHESIOLOGY	37,189
041	RADIOLOGY-DIAGNOSTIC	2,825,473
044	LABORATORY	2,618,644
049	RESPIRATORY THERAPY	918,134
050	PHYSICAL THERAPY	1,672,613
053	ELECTROCARDIOLOGY	162,512
055	MEDICAL SUPPLIES CHARGED	2,025,226
056	DRUGS CHARGED TO PATIENTS	2,534,721
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	728,539
061	EMERGENCY	1,416,906
062	OBSERVATION BEDS (NON-DIS	
063		
063 50	GILMAN RHC	536,468
063 51	MILFORD RHC	447,205
063 52	KENTLAND RHC	1,451,464
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	1,205,252
071	HOME HEALTH AGENCY	725,559
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	1,618,607
095	SUBTOTALS	32,809,764
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	52,975
098	PHYSICIANS' PRIVATE OFFIC	39,875
100	IROQUOIS WOMENS HEALTH	431,379
100 01	OTHER NON REIMBURSABLE	1,711,703
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	35,045,696

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-0167

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/26/2010
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	ADMITTING	PURCHASING, RECEIVING AND
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		5,418	85	5,503	5,503		
006 01 ADMITTING	1,450	8,318		9,768	96	9,864	
006 02 PURCHASING, RECEIVING AND	1,057	3,186	45	4,288	28		4,316
006 03 DATA PROCESSING	57	5,496	133,635	139,188	81		14
006 04 COMMUNICATIONS		1,760	4,153	5,913			
006 05 BUSINESS OFFICE	5,311	12,606	1,174	19,091	66		14
006 06 OTHER ADMIN & GENERAL	53	54,129	1,735	55,917	207		28
008 OPERATION OF PLANT	839	131,827	13,557	146,223	107		54
009 LAUNDRY & LINEN SERVICE		22,714		22,714	14		12
010 HOUSEKEEPING		6,578	132	6,710	95		73
011 DIETARY	2,365	31,337	1,199	34,901	108		65
012 CAFETERIA	713	10,226		10,939	32		
014 NURSING ADMINISTRATION	3,812	10,845	360	15,017	133		20
015 CENTRAL SERVICES & SUPPLY		14,798	11,400	26,198	12		28
017 MEDICAL RECORDS & LIBRARY	1,040	16,263	23,647	40,950	160		13
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	25,412	124,207	30,883	180,502	638	663	138
026 INTENSIVE CARE UNIT	13,721	52,693	28,957	95,371	291	350	81
033 NURSERY	1,708	5,516	4,023	11,247	65	27	
034 SKILLED NURSING FACILITY	1,580	94,541	13,673	109,794	386	327	81
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,019	160,833	116,697	282,549	206	1,137	44
039 DELIVERY ROOM & LABOR ROO	957	2,203		3,160	36	27	
040 ANESTHESIOLOGY		1,082	20,193	21,275		53	29
041 RADIOLOGY-DIAGNOSTIC	1,605	44,719	604,696	651,020	249	1,876	169
044 LABORATORY	10,760	26,676	58,983	96,419	257	1,577	787
049 RESPIRATORY THERAPY	2,620	29,154	67,284	99,058	170	235	90
050 PHYSICAL THERAPY	3,244	105,013	15,932	124,189	223	433	48
053 ELECTROCARDIOLOGY	766	5,900		6,666	24	222	5
055 MEDICAL SUPPLIES CHARGED		11,553		11,553		597	2,136
056 DRUGS CHARGED TO PATIENTS		18,407	3,139	21,546	180	1,348	13
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	8,853	25,762	1,575	36,190	166	123	13
061 EMERGENCY	10,775	29,714	20,286	60,775	236	675	79
062 OBSERVATION BEDS (NON-DIS							
063							
063 50 GILMAN RHC	1,451	256	6,773	8,480	100		14
063 51 MILFORD RHC	1,164	256	6,490	7,910	65		12
063 52 KENTLAND RHC	1,604	256	16,782	18,642	246		25
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	25,813	846	58,726	85,385	278	194	31
071 HOME HEALTH AGENCY	3,252	17,945	782	21,979	128		17
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	111,462	23,618	621	135,701	255		100
095 SUBTOTALS	248,463	1,116,651	1,267,617	2,632,731	5,338	9,864	4,233
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		9,026		9,026			2
098 PHYSICIANS' PRIVATE OFFIC	66	6,735	1,499	8,300			38
100 IROQUOIS WOMENS HEALTH	37,013	256	2,064	39,333	79		15
100 01 OTHER NON REIMBURSABLE	479	71,720	15,438	87,637	86		28
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	286,021	1,204,388	1,286,618	2,777,027	5,503	9,864	4,316

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-0167

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/26/2010
WORKSHEET B
PART III

COST CENTER DESCRIPTION	DATA PROCESSING	COMMUNICATIONS	BUSINESS OFFICE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	6.06	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PURCHASING, RECEIVING AND							
006 03 DATA PROCESSING	139,283						
006 04 COMMUNICATIONS		5,913					
006 05 BUSINESS OFFICE	2,376	457	22,004				
006 06 OTHER ADMIN & GENERAL	2,520	359		59,031			
008 OPERATION OF PLANT	324	98		2,291	149,097		
009 LAUNDRY & LINEN SERVICE	324	33		364	3,450	26,911	
010 HOUSEKEEPING	324	65		702	999	1,208	10,176
011 DIETARY	2,289	163		1,329	4,760	275	335
012 CAFETERIA		65		114	1,553		109
014 NURSING ADMINISTRATION	1,692	359		926	1,647		116
015 CENTRAL SERVICES & SUPPLY		33		163	2,248	6	158
017 MEDICAL RECORDS & LIBRARY	5,327	457		1,434	2,470		174
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	29,025	457	1,484	5,180	18,865	5,737	1,327
026 INTENSIVE CARE UNIT	12,095	327	783	2,886	8,003	2,213	563
033 NURSERY		33	60	551	838	30	59
034 SKILLED NURSING FACILITY	2,635	294	731	2,951	14,359	10,875	1,010
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,119	392	2,543	3,791	24,427	2,607	1,717
039 DELIVERY ROOM & LABOR ROO		33	60	306	335		24
040 ANESTHESIOLOGY		33	119	52	164		12
041 RADIOLOGY-DIAGNOSTIC	8,466	492	4,135	4,332	6,792	991	478
044 LABORATORY	14,514	392	3,528	4,091	4,052	20	285
049 RESPIRATORY THERAPY	3,542	163	526	1,402	4,428		312
050 PHYSICAL THERAPY	3,960		970	2,409	15,950	786	1,122
053 ELECTROCARDIOLOGY	1,080		496	221	896		63
055 MEDICAL SUPPLIES CHARGED		33	1,335	3,291	1,755		123
056 DRUGS CHARGED TO PATIENTS	2,772	131	3,016	4,015	2,796		197
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,980	98	275	1,095	3,913	134	275
061 EMERGENCY	9,676	294	1,510	2,082	4,513	1,806	318
062 OBSERVATION BEDS (NON-DIS							
063							
063 50 GILMAN RHC	2,743			895	39		3
063 51 MILFORD RHC	6,091			742	39		3
063 52 KENTLAND RHC	2,095			2,418	39		3
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,419	163	433	1,993	128	206	9
071 HOME HEALTH AGENCY	6,479			1,111	2,726		192
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				2,516	3,587		252
095 SUBTOTALS	130,867	5,424	22,004	55,653	135,771	26,894	9,239
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		65		27	1,371		96
098 PHYSICIANS' PRIVATE OFFIC	1,800	65		37	1,023	17	72
100 IROQUOIS WOMENS HEALTH	2,419			713	39		3
100 01 OTHER NON REIMBURSABLE	4,197	359		2,601	10,893		766
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	139,283	5,913	22,004	59,031	149,097	26,911	10,176

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0167
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 PURCHASING, RECEIVING AND							
006 03 DATA PROCESSING							
006 04 COMMUNICATIONS							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMIN & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	44,225						
012 CAFETERIA		12,812					
014 NURSING ADMINISTRATION		240	20,150				
015 CENTRAL SERVICES & SUPPLY		76	58	28,980			
017 MEDICAL RECORDS & LIBRARY		770	174		51,929		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,753	2,395	5,256	819	3,249	269,488	
026 INTENSIVE CARE UNIT	3,956	896	2,364		1,714	131,893	
033 NURSERY					131	13,041	
034 SKILLED NURSING FACILITY	23,818	1,947	4,928		1,600	175,736	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		724	1,920	24,867	5,567	358,610	
039 DELIVERY ROOM & LABOR ROOM					132	4,113	
040 ANESTHESIOLOGY			1		260	21,998	
041 RADIOLOGY-DIAGNOSTIC		863	13		9,136	689,012	
044 LABORATORY		1,185			7,724	134,831	
049 RESPIRATORY THERAPY		643	291		1,152	112,012	
050 PHYSICAL THERAPY		752			2,122	152,964	
053 ELECTROCARDIOLOGY		86	32		1,086	10,877	
055 MEDICAL SUPPLIES CHARGED					2,922	23,745	
056 DRUGS CHARGED TO PATIENTS		588			6,602	43,204	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		271	612	128	601	45,874	
061 EMERGENCY		760	1,667	114	3,305	87,810	
062 OBSERVATION BEDS (NON-DIS							
063							
063 50 GILMAN RHC				157	238	12,669	
063 51 MILFORD RHC				265	288	15,415	
063 52 KENTLAND RHC				1,030	662	25,160	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			93		948	92,280	
071 HOME HEALTH AGENCY			894		450	33,976	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			1,808		1,763	145,982	
095 SUBTOTALS	41,527	12,196	20,111	27,380	51,652	2,600,690	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,043					11,630	
098 PHYSICIANS' PRIVATE OFFICE		228		907		12,487	
100 IROQUOIS WOMENS HEALTH				693	277	43,571	
100 01 OTHER NON REIMBURSABLE	1,655	388	39			108,649	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	44,225	12,812	20,150	28,980	51,929	2,777,027	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	PURCHASING, RECEIVING AND	
006 03	DATA PROCESSING	
006 04	COMMUNICATIONS	
006 05	BUSINESS OFFICE	
006 06	OTHER ADMIN & GENERAL	
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	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	269,488
026	INTENSIVE CARE UNIT	131,893
033	NURSERY	13,041
034	SKILLED NURSING FACILITY	175,736
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	358,610
039	DELIVERY ROOM & LABOR ROO	4,113
040	ANESTHESIOLOGY	21,998
041	RADIOLOGY-DIAGNOSTIC	689,012
044	LABORATORY	134,831
049	RESPIRATORY THERAPY	112,012
050	PHYSICAL THERAPY	152,964
053	ELECTROCARDIOLOGY	10,877
055	MEDICAL SUPPLIES CHARGED	23,745
056	DRUGS CHARGED TO PATIENTS	43,204
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	45,874
061	EMERGENCY	87,810
062	OBSERVATION BEDS (NON-DIS	
063		
063 50	GILMAN RHC	12,669
063 51	MILFORD RHC	15,415
063 52	KENTLAND RHC	25,160
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	92,280
071	HOME HEALTH AGENCY	33,976
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	145,982
095	SUBTOTALS	2,600,690
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	11,630
098	PHYSICIANS' PRIVATE OFFIC	12,487
100	IROQUOIS WOMENS HEALTH	43,571
100 01	OTHER NON REIMBURSABLE	108,649
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	2,777,027

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 2/26/2010

14-0167

FROM 10/ 1/2008

WORKSHEET B-1

TO 9/30/2009

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	ADMITTING	PURCHASING, RECEIVING	DATA PROCESSING
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(GROSS CHARGES)	(COST REQUISITION)	(TIME SPENT)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	122,488					
005 NEW CAP REL COSTS-MVB		1,300,448				
006 EMPLOYEE BENEFITS	551	86	15,640,820			
006 01 ADMITTING	846		272,271	63,119,255		
006 02 PURCHASING, RECEIVING	324	45	78,488		2,703,824	
006 03 DATA PROCESSING	559	135,071	228,906		8,810	1,006,044
006 04 COMMUNICATIONS	179	4,198				
006 05 BUSINESS OFFICE	1,282	1,187	186,268		8,977	17,160
006 06 OTHER ADMIN & GENERAL	5,505	1,754	588,912		17,619	18,200
008 OPERATION OF PLANT	13,407	13,703	304,708		33,984	2,340
009 LAUNDRY & LINEN SERVI	2,310		38,595		7,393	2,340
010 HOUSEKEEPING	669	133	269,195		45,567	2,340
011 DIETARY	3,187	1,212	305,507		40,973	16,536
012 CAFETERIA	1,040		92,026			
014 NURSING ADMINISTRATION	1,103	364	379,074		12,335	12,220
015 CENTRAL SERVICES & SU	1,505	11,523	34,598		17,314	
017 MEDICAL RECORDS & LIB	1,654	23,901	454,043		8,440	38,480
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	12,632	31,215	1,825,051	4,253,055	86,695	209,664
033 INTENSIVE CARE UNIT	5,359	29,268	825,647	2,243,287	50,642	87,360
034 NURSERY	561	4,066	184,488	171,076		
037 SKILLED NURSING FACIL	9,615	13,820	1,095,501	2,093,788	50,805	19,032
039 ANCILLARY SRVC COST C						
040 OPERATING ROOM	16,357	117,951	583,822	7,287,105	27,571	44,200
041 DELIVERY ROOM & LABOR	224		103,324	172,195		
044 ANESTHESIOLOGY	110	20,410	160	340,721	18,064	
049 RADIOLOGY-DIAGNOSTIC	4,548	611,197	706,010	11,918,589	105,832	61,152
050 LABORATORY	2,713	59,617	731,330	10,110,223	492,802	104,832
053 RESPIRATORY THERAPY	2,965	68,007	484,100	1,507,813	56,110	25,584
055 PHYSICAL THERAPY	10,680	16,103	632,230	2,778,066	30,334	28,600
056 ELECTROCARDIOLOGY	600		67,041	1,422,079	2,921	7,800
060 MEDICAL SUPPLIES CHAR	1,175			3,824,798	1,339,071	
061 DRUGS CHARGED TO PATI	1,872	3,173	511,718	8,641,757	8,249	20,020
062 OUTPAT SERVICE COST C						
063 CLINIC	2,620	1,592	471,564	787,267	8,309	14,300
063 EMERGENCY	3,022	20,504	670,631	4,326,511	49,551	69,888
063 OBSERVATION BEDS (NON						
063 50 GILMAN RHC	26	6,846	285,214		8,785	19,812
063 51 MILFORD RHC	26	6,560	183,256		7,311	43,992
063 52 KENTLAND RHC	26	16,962	699,091		15,475	15,132
065 OTHER REIMBURS COST C						
071 AMBULANCE SERVICES	86	59,357	790,644	1,240,925	19,255	17,472
093 HOME HEALTH AGENCY	1,825	790	363,722		10,399	46,800
095 SPEC PURPOSE COST CEN						
096 HOSPICE	2,402	628	724,077		62,733	
096 SUBTOTALS	113,565	1,281,243	15,171,212	63,119,255	2,652,326	945,256
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	918				1,120	
100 PHYSICIANS' PRIVATE O	685	1,515			23,575	13,000
100 IROQUOIS WOMENS HEALT	26	2,086	223,894		9,320	17,472
100 01 OTHER NON REIMBURSABL	7,294	15,604	245,714		17,483	30,316
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,204,388	1,286,618	2,587,729	462,430	119,213	765,293
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	9.832702		.165447		.044091	
(WRKSHT B, PT I)		.989365		.007326		.760695
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			5,503	9,864	4,316	139,283
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000352		.001596	
(WRKSHT B, PT III)				.000156		.138446

COST CENTER DESCRIPTION	COMMUNICATIONS (# OF PHONES)	BUSINESS OFFICE (GROSS ARGES)	CH RECONCILIATION ()	OTHER ADMIN & OPERATION OF GENERAL PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
				(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)
	6.04	6.05	6a.06	6.06	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMINITTING	181						
006 02 PURCHASING, RECEIVING	14	63,119,255					
006 03 DATA PROCESSING	11		-1,765,094	33,280,602			
006 04 COMMUNICATIONS	3			1,291,366	99,835		
006 05 BUSINESS OFFICE	1			205,251	2,310	474,610	
006 06 OTHER ADMIN & GENERAL	2			395,654	669	21,305	96,856
008 OPERATION OF PLANT	5			749,383	3,187	4,855	3,187
009 LAUNDRY & LINEN SERVI	2			64,182	1,040		1,040
010 HOUSEKEEPING	11			521,986	1,103		1,103
011 DIETARY	1			91,666	1,505	110	1,505
012 CAFETERIA	14			808,234	1,654		1,654
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU							
017 MEDICAL RECORDS & LIB							
INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	14	4,253,055		2,924,821	12,632	101,185	12,632
026 INTENSIVE CARE UNIT	10	2,243,287		1,626,758	5,359	39,030	5,359
033 NURSERY	1	171,076		310,775	561	535	561
034 SKILLED NURSING FACIL	9	2,093,788		1,663,454	9,615	191,780	9,615
ANCILLARY SRVC COST C							
037 OPERATING ROOM	12	7,287,105		2,136,910	16,357	45,970	16,357
039 DELIVERY ROOM & LABOR	1	172,195		172,549	224		224
040 ANESTHESIOLOGY	1	340,721		29,160	110		110
041 RADIOLOGY-DIAGNOSTIC	15	11,918,589		2,441,858	4,548	17,480	4,548
044 LABORATORY	12	10,110,223		2,306,318	2,713	350	2,713
049 RESPIRATORY THERAPY	5	1,507,813		790,101	2,965		2,965
050 PHYSICAL THERAPY		2,778,066		1,358,182	10,680	13,860	10,680
053 ELECTROCARDIOLOGY		1,422,079		124,858	600		600
055 MEDICAL SUPPLIES CHAR	1	3,824,798		1,855,341	1,175		1,175
056 DRUGS CHARGED TO PATI	4	8,641,757		2,263,394	1,872		1,872
OUTPUT SERVICE COST C							
060 CLINIC	3	787,267		617,022	2,620	2,365	2,620
061 EMERGENCY	9	4,326,511		1,173,614	3,022	31,850	3,022
062 OBSERVATION BEDS (NON							
063							
063 50 GILMAN RHC				504,475	26		26
063 51 MILFORD RHC				418,445	26		26
063 52 KENTLAND RHC				1,362,868	26		26
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	5	1,240,925		1,123,295	86	3,635	86
071 HOME HEALTH AGENCY				626,174	1,825		1,825
SPEC PURPOSE COST CEN							
093 HOSPICE				1,418,303	2,402		2,402
095 SUBTOTALS	166	63,119,255	-1,765,094	31,376,397	90,912	474,310	87,933
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	2			15,484	918		918
098 PHYSICIANS' PRIVATE O	2			20,714	685	300	685
100 IROQUOIS WOMENS HEALT				401,820	26		26
100 01 OTHER NON REIMBURSABL	11			1,466,187	7,294		7,294
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	140,411	607,101		1,765,094	1,359,856	247,602	436,865
(WRKSH B, PART I)							
104 UNIT COST MULTIPLIER		.009618		.053037		.521696	
(WRKSH B, PT I)	775.751381				13.621035		4.510459
105 COST TO BE ALLOCATED							
(WRKSH B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSH B, PT II)							
107 COST TO BE ALLOCATED	5,913	22,004		59,031	149,097	26,911	10,176
(WRKSH B, PART III)							
108 UNIT COST MULTIPLIER		.000349		.001774		.056701	
(WRKSH B, PT III)	32.668508				1.493434		.105063

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT)SING HRS	CENTRAL SERVICES & SUPPLY NR(COSTED)EQUI S.	MEDICAL RECORDS & LIBRARY R(GROSS)ARGES	CH
GENERAL SERVICE COST	11	12	14	15	17	
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 ADMIN TTING						
006 02 PURCHASING, RECEIVING						
006 03 DATA PROCESSING						
006 04 COMMUNICATIONS						
006 05 BUSINESS OFFICE						
006 06 OTHER ADMIN & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY	74,997					
012 CAFETERIA		19,600				
014 NURSING ADMINISTRATION		367	220,630			
015 CENTRAL SERVICES & SU		117	633	10,156		
017 MEDICAL RECORDS & LIB		1,178	1,900		67,933,289	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	23,322	3,662	57,577	287	4,253,054	
026 INTENSIVE CARE UNIT	6,708	1,371	25,879		2,243,287	
033 NURSERY					171,076	
034 SKILLED NURSING FACIL	40,393	2,978	53,956		2,093,788	
ANCILLARY SRVC COST C						
037 OPERATING ROOM		1,108	21,021	8,714	7,287,105	
039 DELIVERY ROOM & LABOR					172,195	
040 ANESTHESIOLOGY			7		340,721	
041 RADIOLOGY-DIAGNOSTIC		1,320	137		11,918,589	
044 LABORATORY		1,813			10,110,223	
049 RESPIRATORY THERAPY		984	3,185		1,507,813	
050 PHYSICAL THERAPY		1,151			2,778,066	
053 ELECTROCARDIOLOGY		131	355		1,422,079	
055 MEDICAL SUPPLIES CHAR					3,824,798	
056 DRUGS CHARGED TO PATI		900			8,641,757	
OUTPAT SERVICE COST C						
060 CLINIC		415	6,696	45	787,267	
061 EMERGENCY		1,163	18,249	40	4,326,511	
062 OBSERVATION BEDS (NON						
063						
063 50 GILMAN RHC				55	311,198	
063 51 MILFORD RHC				93	376,716	
063 52 KENTLAND RHC				361	866,130	
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES			1,022		1,240,925	
071 HOME HEALTH AGENCY			9,792		589,245	
SPEC PURPOSE COST CEN						
093 HOSPICE			19,794		2,307,738	
095 SUBTOTALS	70,423	18,658	220,203	9,595	67,570,281	
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,768					
098 PHYSICIANS' PRIVATE O		349		318		
100 IROQUOIS WOMENS HEALT				243	363,008	
100 01 OTHER NON REIMBURSABL	2,806	593	427			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	849,446	86,443	571,289	126,028	891,204	
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		4.410357		12.409216		
(WRKSHT B, PT I)	11.326400		2.589353		.013119	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT I I)						
107 COST TO BE ALLOCATED	44,225	12,812	20,150	28,980	51,929	
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		.653673		2.853486		
(WRKSHT B, PT I I I)	.589690		.091329		.000764	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

PERIOD:

PREPARED 2/26/2010

14-0167

FROM 10/ 1/2008

WORKSHEET C

TO 9/30/2009

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	3,850,509		3,850,509		3,850,509
26	INTENSIVE CARE UNIT	2,009,029		2,009,029		2,009,029
33	NURSERY	339,952		339,952		339,952
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,663,884		2,663,884		2,663,884
37	OPERATING ROOM	2,833,858		2,833,858		2,833,858
39	DELIVERY ROOM & LABOR ROO	188,020		188,020		188,020
40	ANESTHESIOLOGY	37,189		37,189		37,189
41	RADIOLOGY-DIAGNOSTIC	2,825,473		2,825,473		2,825,473
44	LABORATORY	2,618,644		2,618,644		2,618,644
49	RESPIRATORY THERAPY	918,134		918,134		918,134
50	PHYSICAL THERAPY	1,672,613		1,672,613		1,672,613
53	ELECTROCARDIOLOGY	162,512		162,512		162,512
55	MEDICAL SUPPLIES CHARGED	2,025,226		2,025,226		2,025,226
56	DRUGS CHARGED TO PATIENTS	2,534,721		2,534,721		2,534,721
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	728,539		728,539		728,539
61	EMERGENCY	1,416,906		1,416,906		1,416,906
62	OBSERVATION BEDS (NON-DIS	525,329		525,329		525,329
63						
63	50 GILMAN RHC	536,468		536,468		536,468
63	51 MILFORD RHC	447,205		447,205		447,205
63	52 KENTLAND RHC	1,451,464		1,451,464		1,451,464
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,205,252		1,205,252		1,205,252
101	SUBTOTAL	30,990,927		30,990,927		30,990,927
102	LESS OBSERVATION BEDS	525,329		525,329		525,329
103	TOTAL	30,465,598		30,465,598		30,465,598

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	3,509,931		3,509,931			
26	INTENSIVE CARE UNIT	2,243,287		2,243,287			
33	NURSERY	171,076		171,076			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,093,788		2,093,788			
37	OPERATING ROOM	2,635,928	4,651,177	7,287,105	.388887	.388887	.388887
39	DELIVERY ROOM & LABOR ROO	171,816	379	172,195	1.091902	1.091902	1.091902
40	ANESTHESIOLOGY	129,764	210,957	340,721	.109148	.109148	.109148
41	RADIOLOGY-DIAGNOSTIC	1,577,647	10,340,942	11,918,589	.237064	.237064	.237064
44	LABORATORY	1,954,867	8,155,356	10,110,223	.259010	.259010	.259010
49	RESPIRATORY THERAPY	643,425	864,389	1,507,814	.608917	.608917	.608917
50	PHYSICAL THERAPY	705,770	2,072,296	2,778,066	.602078	.602078	.602078
53	ELECTROCARDIOLOGY	622,355	799,724	1,422,079	.114278	.114278	.114278
55	MEDICAL SUPPLIES CHARGED	2,758,355	1,066,444	3,824,799	.529499	.529499	.529499
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	4,266,937	4,374,820	8,641,757	.293311	.293311	.293311
60	CLINIC	2,141	785,126	787,267	.925403	.925403	.925403
61	EMERGENCY	984,744	3,341,767	4,326,511	.327494	.327494	.327494
62	OBSERVATION BEDS (NON-DIS	69,010	674,112	743,122	.706922	.706922	.706922
63							
63	50 GILMAN RHC		311,198	311,198	1.723880	1.723880	1.723880
63	51 MILFORD RHC		376,716	376,716	1.187114	1.187114	1.187114
63	52 KENTLAND RHC		866,130	866,130	1.675804	1.675804	1.675804
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	367	1,240,558	1,240,925	.971253	.971253	.971253
101	SUBTOTAL	24,541,208	40,132,091	64,673,299			
102	LESS OBSERVATION BEDS						
103	TOTAL	24,541,208	40,132,091	64,673,299			

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	2,833,858	358,610	2,475,248			2,833,858
39	DELIVERY ROOM & LABOR ROO	188,020	4,113	183,907			188,020
40	ANESTHESIOLOGY	37,189	21,998	15,191			37,189
41	RADIOLOGY-DIAGNOSTIC	2,825,473	689,012	2,136,461			2,825,473
44	LABORATORY	2,618,644	134,831	2,483,813			2,618,644
49	RESPIRATORY THERAPY	918,134	112,012	806,122			918,134
50	PHYSICAL THERAPY	1,672,613	152,964	1,519,649			1,672,613
53	ELECTROCARDIOLOGY	162,512	10,877	151,635			162,512
55	MEDICAL SUPPLIES CHARGED	2,025,226	23,745	2,001,481			2,025,226
56	DRUGS CHARGED TO PATIENTS	2,534,721	43,204	2,491,517			2,534,721
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	728,539	45,874	682,665			728,539
61	EMERGENCY	1,416,906	87,810	1,329,096			1,416,906
62	OBSERVATION BEDS (NON-DIS	525,329	37,366	487,963			525,329
63							
63	50 GILMAN RHC	536,468	12,669	523,799			536,468
63	51 MILFORD RHC	447,205	15,415	431,790			447,205
63	52 KENTLAND RHC	1,451,464	25,160	1,426,304			1,451,464
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,205,252	92,280	1,112,972			1,205,252
101	SUBTOTAL	22,127,553	1,867,940	20,259,613			22,127,553
102	LESS OBSERVATION BEDS	525,329	37,366	487,963			525,329
103	TOTAL	21,602,224	1,830,574	19,771,650			21,602,224

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	2,833,858	358,610	2,475,248			2,833,858
39	DELIVERY ROOM & LABOR ROO	188,020	4,113	183,907			188,020
40	ANESTHESIOLOGY	37,189	21,998	15,191			37,189
41	RADIOLOGY-DIAGNOSTIC	2,825,473	689,012	2,136,461			2,825,473
44	LABORATORY	2,618,644	134,831	2,483,813			2,618,644
49	RESPIRATORY THERAPY	918,134	112,012	806,122			918,134
50	PHYSICAL THERAPY	1,672,613	152,964	1,519,649			1,672,613
53	ELECTROCARDIOLOGY	162,512	10,877	151,635			162,512
55	MEDICAL SUPPLIES CHARGED	2,025,226	23,745	2,001,481			2,025,226
56	DRUGS CHARGED TO PATIENTS	2,534,721	43,204	2,491,517			2,534,721
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	728,539	45,874	682,665			728,539
61	EMERGENCY	1,416,906	87,810	1,329,096			1,416,906
62	OBSERVATION BEDS (NON-DIS	525,329	37,366	487,963			525,329
63							
63	50 GILMAN RHC	536,468	12,669	523,799			536,468
63	51 MILFORD RHC	447,205	15,415	431,790			447,205
63	52 KENTLAND RHC	1,451,464	25,160	1,426,304			1,451,464
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,205,252	92,280	1,112,972			1,205,252
101	SUBTOTAL	22,127,553	1,867,940	20,259,613			22,127,553
102	LESS OBSERVATION BEDS	525,329	37,366	487,963			525,329
103	TOTAL	21,602,224	1,830,574	19,771,650			21,602,224

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	7,287,105	.388887	.388887
39	DELIVERY ROOM & LABOR ROO	172,195	1.091902	1.091902
40	ANESTHESIOLOGY	340,721	.109148	.109148
41	RADIOLOGY-DIAGNOSTIC	11,918,589	.237064	.237064
44	LABORATORY	10,110,223	.259010	.259010
49	RESPIRATORY THERAPY	1,507,814	.608917	.608917
50	PHYSICAL THERAPY	2,778,066	.602078	.602078
53	ELECTROCARDIOLOGY	1,422,079	.114278	.114278
55	MEDICAL SUPPLIES CHARGED	3,824,799	.529499	.529499
56	DRUGS CHARGED TO PATIENTS	8,641,757	.293311	.293311
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	787,267	.925403	.925403
61	EMERGENCY	4,326,511	.327494	.327494
62	OBSERVATION BEDS (NON-DIS	743,122	.706922	.706922
63				
63	50 GILMAN RHC	311,198	1.723880	1.723880
63	51 MILFORD RHC	376,716	1.187114	1.187114
63	52 KENTLAND RHC	866,130	1.675804	1.675804
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,240,925	.971253	.971253
101	SUBTOTAL	56,655,217		
102	LESS OBSERVATION BEDS	743,122		
103	TOTAL	55,912,095		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	5,373	3,167			49.35	156,291
26	INTENSIVE CARE UNIT	1,907	1,504			69.16	104,017
33	NURSERY	269				48.48	
101	TOTAL	7,549	4,671				260,308

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

PROVIDER NO:	PERIOD:	PREPARED 2/26/2010
14-0167	FROM 10/ 1/2008	WORKSHEET D
	TO 9/30/2009	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					5,373	
26	INTENSIVE CARE UNIT					1,907	
33	NURSERY					269	
34	SKILLED NURSING FACILITY					12,457	
101	TOTAL					20,006	

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

PROVIDER NO:	PERIOD:	PREPARED 2/26/2010
14-0167	FROM 10/ 1/2008	WORKSHEET D
	TO 9/30/2009	PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	3,167	
26	INTENSIVE CARE UNIT	1,504	
33	NURSERY		
34	SKILLED NURSING FACILITY	1,818	
101	TOTAL	6,489	

TITLE XVIII, PART A HOSPITAL 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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63							
63	50 GILMAN RHC						
63	51 MILFORD RHC						
63	52 KENTLAND RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
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			7,287,105			1,064,112	
37	OPERATING ROOM			172,195			491	
39	DELIVERY ROOM & LABOR ROO			340,721			52,785	
40	ANESTHESIOLOGY			11,918,589			1,562,451	
41	RADIOLOGY-DIAGNOSTIC			10,110,223			1,850,176	
44	LABORATORY			1,507,814			374,493	
49	RESPIRATORY THERAPY			2,778,066			176,863	
50	PHYSICAL THERAPY			1,422,079			619,196	
53	ELECTROCARDIOLOGY			3,824,799			1,991,174	
55	MEDICAL SUPPLIES CHARGED			8,641,757			2,810,410	
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			787,267			283	
61	EMERGENCY			4,326,511			699,000	
62	OBSERVATION BEDS (NON-DIS			743,122			45,471	
63								
63	50 GILMAN RHC							
63	51 MILFORD RHC							
63	52 KENTLAND RHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			53,860,248			11,246,905	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	607,965	1,647,989				
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	9,310	33,020				
41	RADIOLOGY-DIAGNOSTIC	845,052	2,635,209				
44	LABORATORY	45,672	142,411				
49	RESPIRATORY THERAPY	50,868	137,149				
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	121,158	396,307				
55	MEDICAL SUPPLIES CHARGED	133,500	354,841				
56	DRUGS CHARGED TO PATIENTS	446,463	1,981,598				
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	288	23,344				
61	EMERGENCY	178,583	558,493				
62	OBSERVATION BEDS (NON-DIS	91,137	295,245				
63							
63	50 GILMAN RHC						
63	51 MILFORD RHC						
63	52 KENTLAND RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	2,529,996	8,205,606				

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.293311
2	PROGRAM VACCINE CHARGES		8,595
3	PROGRAM COSTS		2,521

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63							
63	50 GILMAN RHC						
63	51 MILFORD RHC						
63	52 KENTLAND RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			7,287,105				
39	DELIVERY ROOM & LABOR ROO			172,195				
40	ANESTHESIOLOGY			340,721				
41	RADIOLOGY-DIAGNOSTIC			11,918,589			9,117	
44	LABORATORY			10,110,223			28,238	
49	RESPIRATORY THERAPY			1,507,814			14,752	
50	PHYSICAL THERAPY			2,778,066			428,047	
53	ELECTROCARDIOLOGY			1,422,079			273	
55	MEDICAL SUPPLIES CHARGED			3,824,799			5,488	
56	DRUGS CHARGED TO PATIENTS			8,641,757			50,096	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			787,267			50	
61	EMERGENCY			4,326,511				
62	OBSERVATION BEDS (NON-DIS			743,122			327	
63								
63	50 GILMAN RHC							
63	51 MILFORD RHC							
63	52 KENTLAND RHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			53,860,248			536,388	

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63							
63	50 GILMAN RHC						
63	51 MILFORD RHC						
63	52 KENTLAND RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
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		1,901,160	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,704,885	
37	OPERATING ROOM	.388887	1,064,112	413,819
39	DELIVERY ROOM & LABOR ROOM	1.091902	491	536
40	ANESTHESIOLOGY	.109148	52,785	5,761
41	RADIOLOGY-DIAGNOSTIC	.237064	1,562,451	370,401
44	LABORATORY	.259010	1,850,176	479,214
49	RESPIRATORY THERAPY	.608917	374,493	228,035
50	PHYSICAL THERAPY	.602078	176,863	106,485
53	ELECTROCARDIOLOGY	.114278	619,196	70,760
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.529499	1,991,174	1,054,325
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.293311	2,810,410	824,324
60	CLINIC	.925403	283	262
61	EMERGENCY	.327494	699,000	228,918
62	OBSERVATION BEDS (NON-DISTINCT PART)	.706922	45,471	32,144
63				
63	50 GILMAN RHC			
63	51 MILFORD RHC			
63	52 KENTLAND RHC			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		11,246,905	3,814,984
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		11,246,905	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0167
 COMPONENT NO: 14-U167
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/26/2010
 WORKSHEET D-4

TITLE XVIII, PART A SWING BED SNF PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.388887		
39	DELIVERY ROOM & LABOR ROOM	1.091902		
40	ANESTHESIOLOGY	.109148		
41	RADIOLOGY-DIAGNOSTIC	.237064	1,835	435
44	LABORATORY	.259010	13,198	3,418
49	RESPIRATORY THERAPY	.608917	9,382	5,713
50	PHYSICAL THERAPY	.602078	92,765	55,852
53	ELECTROCARDIOLOGY	.114278	1,082	124
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.529499	40,704	21,553
56	DRUGS CHARGED TO PATIENTS	.293311	43,160	12,659
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.925403		
61	EMERGENCY	.327494		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.706922		
63				
63	50 GILMAN RHC			
63	51 MILFORD RHC			
63	52 KENTLAND RHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		202,126	99,754
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		202,126	

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)	7,829,972	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	8,841,325	
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)	8,841,325	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		575,018
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	9,416,343	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	9,416,343	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		915,219
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		199,988
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		139,992
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		13,791
22 SUBTOTAL	8,641,116	
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	8,641,116	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	8,411,944	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	229,172	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES
HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,632	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	819,247	2,617,218
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	702,873	2,363,249
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.805	.805
1.04	LINE 1.01 TIMES LINE 1.03.	659,494	2,106,860
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)	2,632	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	9,025	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	9,025	
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)	9,025	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	6,393	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,632	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,066,122	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	787,184	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,281,570	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	2,281,570	
24	PRIMARY PAYER PAYMENTS	14	
25	SUBTOTAL	2,281,556	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	136,626	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	95,638	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	3,852	
28	SUBTOTAL	2,377,194	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	2,377,194	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	2,357,720	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	19,474	
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)		

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 2/26/2010
14-0167	FROM 10/ 1/2008	
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-2
14-U167		

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)	111,148	
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	341	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	111,148	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	111,148	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	111,148	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	5,753	
14	80% OF PART B COSTS		
15	SUBTOTAL	105,395	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	105,395	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	105,395	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
14-6049		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	2,028,307			
2	TEMPORARY INVESTMENTS	352,764			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,382,311			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	405,396			
8	PREPAID EXPENSES	1,015,091			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	139,842			
11	TOTAL CURRENT ASSETS	8,323,711			
FIXED ASSETS					
12	LAND	249,035			
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	22,888,463			
14	LESS ACCUMULATED DEPRECIATION	-20,505,364			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	12,915,817			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	15,547,951			
OTHER ASSETS					
22	INVESTMENTS	606,837			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	9,236,541			
26	TOTAL OTHER ASSETS	9,843,378			
27	TOTAL ASSETS	33,715,040			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	668,718			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	650,023			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	565,000			
35 OTHER CURRENT LIABILITIES	3,472,427			
36 TOTAL CURRENT LIABILITIES	5,356,168			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	6,282,193			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	290,976			
42 TOTAL LONG-TERM LIABILITIES	6,573,169			
43 TOTAL LIABILITIES	11,929,337			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	21,785,703			
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	21,785,703			
52 TOTAL LIABILITIES AND FUND BALANCES	33,715,040			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		22,875,617		
2	NET INCOME (LOSS)		-1,089,914		
3	TOTAL		21,785,703		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		21,785,703		
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		21,785,703		

		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	ADDITIONS (CREDIT ADJUSTM				
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	3,011,915		3,011,915
4 00 SWING BED - SNF	136,148		136,148
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,957,640		1,957,640
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	5,105,703		5,105,703
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,281,135		2,281,135
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,281,135		2,281,135
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	7,386,838		7,386,838
17 00 ANCILLARY SERVICES	16,022,885		16,022,885
18 00 OUTPATIENT SERVICES		38,443,566	38,443,566
18 50 GILMAN RHC		311,198	311,198
18 51 MILFORD RHC		376,716	376,716
18 52 KENTLAND RHC		866,130	866,130
19 00 HOME HEALTH AGENCY		589,245	589,245
20 00 AMBULANCE SERVICES	367	1,240,558	1,240,925
23 00 HOSPICE		2,307,738	2,307,738
24 00 NURSERY	244,238		244,238
24 01 OTHER RHC		619,465	619,465
25 00 TOTAL PATIENT REVENUES	23,654,328	44,754,616	68,408,944

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		37,706,783	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	2,100,789		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		2,100,789	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		39,807,572	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	68,408,944
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	32,429,045
3	NET PATIENT REVENUES	35,979,899
4	LESS: TOTAL OPERATING EXPENSES	39,807,572
5	NET INCOME FROM SERVICE TO PATIENTS	-3,827,673
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	687,130
7	INCOME FROM INVESTMENTS	145,273
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	2,456
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	978
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	146,395
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	832
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,767
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	53,285
23	GOVERNMENTAL APPROPRIATIONS	
24	GAIN ON DISPOSAL	19,369
24.01	MISC INCOME	1,680,274
25	TOTAL OTHER INCOME	2,737,759
26	TOTAL	-1,089,914
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,089,914

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					2,341	2,341
4						
5						
	81,619	8,748			85,305	175,672
HHA REIMBURSABLE SERVICES						
6	201,793	21,628				223,421
7	45,865	4,916		8,160		58,941
8	7,093	760		7,353		15,206
9				5,076		5,076
10	2,510	269				2,779
11	24,842	2,663				27,505
12					6,344	6,344
13					18	18
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	363,722	38,984		20,589	94,008	517,303

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3	-2,341			
4				
5	-3,752	171,920		171,920
HHA REIMBURSABLE SERVICES				
6		223,421		223,421
7		58,941		58,941
8		15,206		15,206
9		5,076		5,076
10		2,779		2,779
11		27,505		27,505
12		6,344		6,344
13		18		18
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-6,093	511,210		511,210

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		171,920				171,920	171,920
HHA REIMBURSABLE SERVICES							
6		223,421				223,421	113,208
7		58,941				58,941	29,866
8		15,206				15,206	7,705
9		5,076				5,076	2,572
10		2,779				2,779	1,408
11		27,505				27,505	13,937
12		6,344				6,344	3,215
13		18				18	9
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		511,210				511,210	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		336,629					
6		88,807					
7		22,911					
8		7,648					
9		4,187					
10		41,442					
11		9,559					
12		27					
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		511,210					
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					-171,920	339,290
6	SKILLED NURSING CARE					223,421	
7	PHYSICAL THERAPY					58,941	
8	OCCUPATIONAL THERAPY					15,206	
9	SPEECH PATHOLOGY					5,076	
10	MEDICAL SOCIAL SERVICES					2,779	
11	HOME HEALTH AIDE					27,505	
12	SUPPLIES					6,344	
13	DRUGS					18	
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)						
						-171,920	339,290
25	COST TO BE ALLOCATED					171,920	
26	UNIT COST MULTIPLIER					.506705	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	ADMINITTING 6.01	PURCHASING, RECEIVING AND 6.02
1 ADMIN & GENERAL		17,945	782	13,502		
2 SKILLED NURSING CARE	336,629			33,389		
3 PHYSICAL THERAPY	88,807			7,586		459
4 OCCUPATIONAL THERAPY	22,911			1,176		
5 SPEECH PATHOLOGY	7,648					
6 MEDICAL SOCIAL SERVICES	4,187			413		
7 HOME HEALTH AIDE	41,442			4,111		
8 SUPPLIES	9,559					
9 DRUGS	27					
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)	511,210	17,945	782	60,177		459
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	DATA PROCESSING 6.03	COMMUNICATIONS 6.04	BUSINESS OFFICE 6.05	SUBTOTAL 6A.05	OTHER ADMIN & GENERAL 6.06	OPERATION OF PLANT 8
1 ADMIN & GENERAL				32,229	1,709	24,858
2 SKILLED NURSING CARE				370,018	19,625	
3 PHYSICAL THERAPY	35,601			132,453	7,025	
4 OCCUPATIONAL THERAPY				24,087	1,277	
5 SPEECH PATHOLOGY				7,648	406	
6 MEDICAL SOCIAL SERVICES				4,600	244	
7 HOME HEALTH AIDE				45,553	2,416	
8 SUPPLIES				9,559	507	
9 DRUGS				27	1	
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)	35,601			626,174	33,210	24,858
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL		8,232				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY					25,355	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		8,232			25,355	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		67,028		67,028		
2 SKILLED NURSING CARE		389,643		389,643	39,659	429,302
3 PHYSICAL THERAPY		164,833		164,833	16,777	181,610
4 OCCUPATIONAL THERAPY		25,364		25,364	2,582	27,946
5 SPEECH PATHOLOGY		8,054		8,054	820	8,874
6 MEDICAL SOCIAL SERVICES		4,844		4,844	493	5,337
7 HOME HEALTH AIDE	7,730	55,699		55,699	5,669	61,368
8 SUPPLIES		10,066		10,066	1,025	11,091
9 DRUGS		28		28	3	31
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)	7,730	725,559		725,559	67,028	725,559
21 UNIT COST MULTIPLIER					0.101784	

(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 (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING S (GROSS ARGES)	PURCHASING, RECEIVING AN CH (COST REQUISITION)	DATA PROCESSING (TIME SPENT)
	3	4	5	6.01	6.02	6.03
1 ADMIN & GENERAL	1,825	790	81,611			
2 SKILLED NURSING CARE			201,810			
3 PHYSICAL THERAPY			45,850		10,399	46,800
4 OCCUPATIONAL THERAPY			7,106			
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES			2,495			
7 HOME HEALTH AIDE			24,850			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,825	790	363,722		10,399	46,800
21 COST TO BE ALLOCATED	17,945	782	60,177		459	35,601
22 UNIT COST MULTIPLIER	9.832877	0.989873	0.165448		0.044139	0.760705

HHA COST CENTER	COMMUNICATIONS (# OF PHONES)	BUSINESS OFFICE (GROSS ARGES)	RECONCILIATION CH	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)
	6.04	6.05	6A.06	6.06	8	9
1 ADMIN & GENERAL				32,229	1,825	
2 SKILLED NURSING CARE				370,018		
3 PHYSICAL THERAPY				132,453		
4 OCCUPATIONAL THERAPY				24,087		
5 SPEECH PATHOLOGY				7,648		
6 MEDICAL SOCIAL SERVICES				4,600		
7 HOME HEALTH AIDE				45,553		
8 SUPPLIES				9,559		
9 DRUGS				27		
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)				626,174	1,825	
21 COST TO BE ALLOCATED				33,210	24,858	
22 UNIT COST MULTIPLIER				0.053036	13.620822	

HHA 1

HHA COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	MEDICAL RECORDS & LIBRARY
	(SQUARE FEET)	(MEALS SERVED)	S (FTE'S)	(DIRECT NRSING HRS)	(COSTED EQUIS.)	(GROSS ARGES)
	10	11	12	14	15	17
1 ADMIN & GENERAL	1,825					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY				9,792		
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						589,245
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,825			9,792		589,245
21 COST TO BE ALLOCATED	8,232			25,355		7,730
22 UNIT COST MULTIPLIER	4.510685			2.589359		0.013118

[] 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
PATIENT SERVICES		1	2	3	4	5	PART A 6
1 SKILLED NURSING	2	429,302		429,302	1,627	263.86	857
2 PHYSICAL THERAPY	3	181,610		181,610	1,215	149.47	687
3 OCCUPATIONAL THERAPY	4	27,946		27,946	317	88.16	177
4 SPEECH PATHOLOGY	5	8,874		8,874	49	181.10	4
5 MEDICAL SOCIAL SERVICES	6	5,337		5,337	71	75.17	39
6 HOME HEALTH AIDE SERVICE	7	61,368		61,368	752	81.61	457
7 TOTAL		714,437		714,437	4,031		2,221

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1 SKILLED NURSING	444		226,128	117,154		343,282
2 PHYSICAL THERAPY	221		102,686	33,033		135,719
3 OCCUPATIONAL THERAPY	114		15,604	10,050		25,654
4 SPEECH PATHOLOGY	2		724	362		1,086
5 MEDICAL SOCIAL SERVICES	30		2,932	2,255		5,187
6 HOME HEALTH AIDE SERVICES	257		37,296	20,974		58,270
7 TOTAL	1,068		385,370	183,828		569,198

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

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

PROVIDER NO: 14-0167
 HHA NO: 14-7586
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/26/2010
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART I) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	11,091		11,091	6,459	1.717139	1,963
16 COST OF DRUGS	9.00	31		31			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		4,496	3,371	7,720
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM F1)	9914	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.602078			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.529499			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.293311			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		-----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY		149.47	2.01	3	3.01		
2 OCCUPATIONAL THERAPY		88.16					
3 SPEECH PATHOLOGY		181.10					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HHA NO:	TO 9/30/2009	WORKSHEET H-7
14-7586		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			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	309,303	158,539
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	4,971	2,737
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES		
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		635
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	314,274	161,911
13 EXCESS REASONABLE COST		
14 SUBTOTAL	314,274	161,911
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	314,274	161,911
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	314,274	161,911
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	314,274	161,911
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	314,274	161,911
25 INTERIM PAYMENTS	314,274	161,911
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 14-0167
HOSPICE NO: 14-1616
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/26/2010
WORKSHEET K

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	136,674	13,410		15,207
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	526,588	51,666		92,031
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	60,815	5,967		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	724,077	71,043		107,238

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 2/26/2010
14-0167	FROM 10/ 1/2008	WORKSHEET K
HOSPICE NO:	TO 9/30/2009	
14-1616		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE	2,983	2,983	-2,983	
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	234,240	399,531	-9,417	390,114
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	145,621	815,906		815,906
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER		66,782		66,782
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	382,844	1,285,202	-12,400	1,272,802

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

	PROVIDER NO:		PERIOD:		PREPARED 2/26/2010
	14-0167		FROM 10/ 1/2008		WORKSHEET K
	HOSPICE NO:		TO 9/30/2009		
	14-1616				

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-1,300	388,814
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		815,906
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		66,782
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-1,300	1,271,502

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
14-1616		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL	59,888		
7	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPIRE CARE			
8	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
18.20	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30	BEREAVEMENT PROGRAM COSTS			
31	VOLUNTEER PROGRAM COSTS			
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	TOTAL (SUM OF LINES 1 THRU 33)	59,888		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	14-0167	PERIOD:	FROM 10/1/2008	PREPARED	2/26/2010
HOSPICE NO:	14-1616	TO	9/30/2009	WORKSHEET	K-1

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				76,786
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	526,588			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				60,815
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	526,588			137,601

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
14-1616		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	136,674
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPI TE CARE	
9	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	526,588
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	60,815
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	724,077

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-2
14-1616		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL	5,876		
7	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPI TE CARE			
8	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
19	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30	BEREAVEMENT PROGRAM COSTS			
31	VOLUNTEER PROGRAM COSTS			
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	TOTAL (SUM OF LINES 1 THRU 33)	5,876		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	14-0167	PERIOD:	FROM 10/1/2008	PREPARED	2/26/2010
HOSPICE NO:	14-1616	TO	9/30/2009	WORKSHEET	K-2

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				7,534
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	51,666			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				5,967
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	51,666			13,501

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-2
14-1616		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	13,410
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPI TE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	51,666
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	5,967
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	71,043

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1616		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1616		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				15,207
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	92,031			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	92,031			15,207

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1616		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	15,207
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPI TE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	92,031
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	107,238

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1616		PART I

HOSPICE 1

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

0	1	2	3
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1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	388,814		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE	815,906		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER	66,782		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	1,271,502		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1616		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			388,814	388,814
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			815,906	359,397
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER			66,782	29,417
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			882,688	388,814

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1616		PART I

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	1,175,303
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	11 PHYSICAL THERAPY	
16	12 OCCUPATIONAL THERAPY	
17	13 SPEECH/LANGUAGE PATHOLOGY	
18	14 MEDICAL SOCIAL SERVICES	
19	15 SPIRITUAL COUNSELING	
20	16 DIETARY COUNSELING	
21	17 COUNSELING - OTHER	
22	18 HOME HEALTH AIDE AND HOMEMAKER	
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	19 OTHER	96,199
26	20 DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	22 PATIENT TRANSPORTATION	
32	23 IMAGING SERVICES	
33	24 LABS AND DIAGNOSTICS	
34	25 MEDICAL SUPPLIES	
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	
39	30 BEREAVEMENT PROGRAM COSTS	
40	31 VOLUNTEER PROGRAM COSTS	
41	32 FUNDRAISING	
42	33 OTHER PROGRAM COSTS	
43	34 TOTAL (SUM OF LINES 1 THRU 33)	1,271,502

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1616		PART 11

HOSPICE 1

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	14-0167	PERIOD:	FROM 10/ 1/2008	PREPARED	2/26/2010
HOSPICE NO:	14-1616	TO	9/30/2009	WORKSHEET	K-4
				PART	11

HOSPICE 1

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

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	-388,814	882,688
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPIRE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		882,688
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		66,782
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30			
31			
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)		388,814
35	UNIT COST MULTIPLIER	.000000	.440489

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6		23,618	621	22,612
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	1,175,303			87,122
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19	96,199			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				10,062
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,271,502	23,618	621	119,796
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	ADMINITTING	PURCHASING, RECEIVING AND STORES	DATA PROCESSING	COMMUNICATIONS
	6.01	6.02	6.03	6.04

1.00 ADMINISTRATIVE AND GENERAL		2,766		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,766		
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	BUSINESS OFFICE	SUBTOTAL	OTHER ADMIN & GENERAL	OPERATION OF PLANT
	6.05	6A.05	6.06	8
1.00 ADMINISTRATIVE AND GENERAL		49,617	2,632	32,718
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		1,262,425	66,955	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		96,199	5,102	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER		10,062	534	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,418,303	75,223	32,718
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL		10,834		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		10,834		
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	14	15	17	25
1.00 ADMINISTRATIVE AND GENERAL				95,801
2.00 INPATIENT - GENERAL CARE			30,275	30,275
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	51,254			1,380,634
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				101,301
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				10,596
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	51,254		30,275	1,618,607
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL				95,801
2.00 INPATIENT - GENERAL CARE			30,275	32,180
3.00 INPATIENT - RESPIRE CARE			1,905	
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		1,380,634		1,467,490
5.20 NURSING CARE-CONTINUOUS HOME CARE			86,856	
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		101,301	6,373	107,674
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER		10,596	667	11,263
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,618,607	.062911	1,618,607
30.00 UNIT COST MULTIPLIER				

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

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	ADMINISTRATIVE (GROSS CHARGES)
	3	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL	2,402	628	136,674	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			526,587	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER			60,816	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,402	628	724,077	
30.00 TOTAL COST TO BE ALLOCATED	23,618	621	119,796	
31.00 UNIT COST MULTIPLIER	9.832639	.988854	.165446	.000000

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES (COST REQUISITION)	DATA PROCESSING (TIME SPENT)	COMMUNICATIONS (# OF PHONES)	BUSINESS OFFICE (GROSS CHARGES)
	6.02	6.03	6.04	6.05
1.00 ADMINISTRATIVE AND GENERAL	62,733			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES	DATA PROCESSING	COMMUNICATIONS	BUSINESS OFFICE
	6.02	6.03	6.04	6.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	62,733			
30.00 TOTAL COST TO BE ALLOCATED	2,766			
31.00 UNIT COST MULTIPLIER	.044092	.000000	.000000	.000000

HOSPICE COST CENTER	RECONCILIATION	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6A.06	(ACCUMULATED COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
1.00 ADMINISTRATIVE AND GENERAL		6.06	8	9
2.00 INPATIENT - GENERAL CARE		49,617	2,402	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		1,262,425		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		96,199		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER		10,062		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,418,303	2,402	
30.00 TOTAL COST TO BE ALLOCATED		75,223	32,718	
31.00 UNIT COST MULTIPLIER		.053037	13.621149	.000000

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL	2,402			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				19,794
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,402			19,794
30.00 TOTAL COST TO BE ALLOCATED	10,834			51,254
31.00 UNIT COST MULTIPLIER	4.510408	.000000	.000000	2.589371

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	15	17
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		2,307,738
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
	15	17
29.00 TOTAL (SUM OF LINE 1 THRU 28)		2,307,738
30.00 TOTAL COST TO BE ALLOCATED		30,275
31.00 UNIT COST MULTIPLIER	.000000	.013119

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

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
14-1616		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3
1	PHYSICAL THERAPY	50	.602078	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.293311	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.259010	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.529499	
8	EMERGENCY	61	.327494	
9	RADIOLOGY-DIAGNOSTIC	41	.237064	
10	OTHER ANCI LLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-6
14-1616		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,618,607
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				5,803
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				278.93
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	4,521			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,261,043			
6 UNDUPLICATED MEDICAID DAYS		169		
7 AGGREGATE MEDICAID COST		47,139		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	8,234			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	2,296,710			
10 UNDUPLICATED NF DAYS		267		
11 AGGREGATE NF COST		74,474		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,113	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			310,449	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET L
14-0167		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	574,144
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	874
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	17.90
	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	575,018
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	110,397	110,397	
2	PHYSICIAN ASSISTANT	60,600	60,600	
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	75,440	75,440	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	246,437	246,437	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES			
16	TRANSPORTATION (HEALTH CARE STAFF)		3,600	3,600
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS		14,867	14,867
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		18,467	18,467
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	246,437	18,467	264,904
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		33,029	33,029
30	ADMINISTRATIVE COSTS	38,777	128,818	167,595
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	38,777	161,847	200,624
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	285,214	180,314	465,528
				-30,728
				-30,728

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	110,397	110,397
2	PHYSICIAN ASSISTANT	60,600	60,600
3	NURSE PRACTITIONER		
4	VISITING NURSE		
5	OTHER NURSE	75,440	75,440
6	CLINICAL PSYCHOLOGIST		
7	CLINICAL SOCIAL WORKER		
8	LABORATORY TECHNICIAN		
9	OTHER FACILITY HEALTH CARE STAFF COSTS		
10	SUBTOTAL (SUM OF LINES 1-9)	246,437	246,437
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	3,600	3,600
16	TRANSPORTATION (HEALTH CARE STAFF)		
17	DEPRECIATION-MEDICAL EQUIPMENT		
18	PROFESSIONAL LIABILITY INSURANCE		
19	OTHER HEALTH CARE COSTS	14,867	14,867
20	ALLOWABLE GME COSTS		
21	SUBTOTAL (SUM OF LINES 15-20)	18,467	18,467
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	264,904	264,904
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	2,301	2,301
30	ADMINISTRATIVE COSTS	167,595	167,595
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	169,896	169,896
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	434,800	434,800

RHC 2

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	73,599	73,599	
2	PHYSICIAN ASSISTANT	32,847	32,847	
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	46,544	46,544	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	152,990	152,990	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES			
16	TRANSPORTATION (HEALTH CARE STAFF)	2,703	2,703	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS	12,159	12,159	
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	14,862	14,862	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	152,990	167,852	
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		18,246	
30	ADMINISTRATIVE COSTS	30,266	146,815	-15,585
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	30,266	165,061	-15,585
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	183,256	179,923	-15,585

RHC 2

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	73,599	73,599
2	PHYSICIAN ASSISTANT	32,847	32,847
3	NURSE PRACTITIONER		
4	VISITING NURSE		
5	OTHER NURSE	46,544	46,544
6	CLINICAL PSYCHOLOGIST		
7	CLINICAL SOCIAL WORKER		
8	LABORATORY TECHNICIAN		
9	OTHER FACILITY HEALTH CARE STAFF COSTS		
10	SUBTOTAL (SUM OF LINES 1-9)	152,990	152,990
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	2,703	2,703
16	TRANSPORTATION (HEALTH CARE STAFF)		
17	DEPRECIATION-MEDICAL EQUIPMENT		
18	PROFESSIONAL LIABILITY INSURANCE		
19	OTHER HEALTH CARE COSTS	12,159	12,159
20	ALLOWABLE GME COSTS		
21	SUBTOTAL (SUM OF LINES 15-20)	14,862	14,862
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	167,852	167,852
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	2,661	2,661
30	ADMINISTRATIVE COSTS	177,081	177,081
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	179,742	179,742
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	347,594	347,594

RHC 3

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	200,541		200,541
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	202,655		202,655
4 VISITING NURSE			
5 OTHER NURSE	168,217		168,217
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	571,413		571,413
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	6,968		6,968
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS	12,935		12,935
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	19,903		19,903
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	591,316		591,316
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	4,711		4,711
30 ADMINISTRATIVE COSTS	621,947		621,947
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	626,658		626,658
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,217,974		1,217,974

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-2
14-3424		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.45	1,741	4,200
2	PHYSICIAN ASSISTANTS	.77	1,714	2,100
3	NURSE PRACTITIONERS			2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.22	3,455	3,507
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.22	3,455	
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)	264,904		
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)	264,904		
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)	169,896		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	101,668		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	271,564		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	271,564		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	271,564		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	536,468		
		GREATER OF COL. 2 OR COL. 4 5		
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	3,507		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3,507		
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.

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-2
14-3425		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.32	1,781	4,200	1,344
2	PHYSICIAN ASSISTANTS	.54	1,531	2,100	1,134
3	NURSE PRACTITIONERS			2,100	
4	SUBTOTAL (SUM OF LINES 1-3)	.86	3,312		2,478
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	.86	3,312		
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)	167,852			
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)	167,852			
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)	179,742			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	99,611			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	279,353			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	279,353			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	279,353			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	447,205			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	3,312			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3,312			
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.

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2008	2/26/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-2
15-3979		

RHC 3

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.50	2,499	4,200	2,100
2	PHYSICIAN ASSISTANTS	.68	1,797	2,100	1,428
3	NURSE PRACTITIONERS	1.33	4,148	2,100	2,793
4	SUBTOTAL (SUM OF LINES 1-3)	2.51	8,444		6,321
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.51	8,444		
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)	591,316			
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)	591,316			
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)	626,658			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	233,490			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	860,148			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	860,148			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	860,148			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,451,464			
		GREATER OF COL. 2 OR COL. 4 5			
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	8,444			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	8,444			
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 2/26/2010
14-0167	FROM 10/ 1/2008	WORKSHEET M-4
COMPONENT NO:	TO 9/30/2009	
14-3424		

TITLE XVII I

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	246,437	246,437
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000070	.001026
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	17	253
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	248	1,334
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	265	1,587
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	264,904	264,904
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	271,564	271,564
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001000	.005991
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	272	1,627
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	537	3,214
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	8	117
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	67.13	27.47
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	5	83
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	336	2,280
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)		3,751
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)		2,616

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 2/26/2010
14-0167	FROM 10/ 1/2008	WORKSHEET M-4
COMPONENT NO:	TO 9/30/2009	
14-3425		

TITLE XVII I

RHC 2

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	152,990	152,990
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000327	.002592
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	50	397
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	743	2,166
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	793	2,563
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	167,852	167,852
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	279,353	279,353
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.004724	.015269
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	1,320	4,265
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	2,113	6,828
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	24	190
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	88.04	35.94
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	19	139
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	1,673	4,996
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)		8,941
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)		6,669

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 2/26/2010
14-0167	FROM 10/ 1/2008	WORKSHEET M-4
COMPONENT NO:	TO 9/30/2009	
15-3979		

TITLE XVII I

RHC 3

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	571,413	571,413
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000095	.001094
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	54	625
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	929	3,488
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	983	4,113
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	591,316	591,316
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	860,148	860,148
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001662	.006956
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	1,430	5,983
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	2,413	10,096
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	30	306
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	80.43	32.99
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	12	199
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	965	6,565
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)		12,509
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)		7,530

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		66,850 NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER .01	4/17/2009	2,270
ADJUSTMENTS TO PROVIDER .02		
ADJUSTMENTS TO PROVIDER .03		
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROGRAM .50		
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
ADJUSTMENTS TO PROGRAM .99		
SUBTOTAL		2,270
4 TOTAL INTERIM PAYMENTS		69,120
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
TENTATIVE TO PROGRAM .99		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER .01		10,816
AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02		
BASED ON COST REPORT (1)		
7 TOTAL MEDICARE PROGRAM LIABILITY		79,936

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

