

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0189	I	FROM 7/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/13/2009 TIME 12:40

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:
 SARAH BUSH LINCOLN HEALTH CENTER 14-0189
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-180,281	-192,106	0	0
2	SUBPROVIDER	0	55,657	0	0	0
5	HOSPITAL-BASED SNF	0	3	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
9	RHC	0	0	3,422	0	0
9 .01	RHC II	0	0	1,578	0	0
9 .02	RHC III	0	0	2,361	0	0
100	TOTAL	0	-124,621	-184,745	0	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.

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ELECTRONICALLY FILED COST REPORT DATE: 11/13/2009 TIME 11:55

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 ECR ENCRYPTION INFORMATION
 DATE: 11/13/2009 TIME 11:55

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 NlLV19W0sp0vzQec

 TITLE

 PI ENCRYPTION INFORMATION
 DATE: 11/13/2009 TIME 11:55

 DATE

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PART II - SETTLEMENT SUMMARY

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25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/ 1/2008 ENDING: 6/30/2009
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 100 0.8335 0.8386
 0.00 2 14 99914

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

	%	Y/N
28.03 STAFFING	100.00%	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? DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N
 30.01 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.02 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
 2552-96 20.0.118.2 N Y N

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). N
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 1,433,944
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS DATE Y OR N LIMIT Y OR N FEES
 IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 0. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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	80,780,860		80,780,860	2,766,624.00	29.20	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,303,404		1,303,404	15,914.00	81.90	G/L detail and FTE Report
4 PHYSICIAN - PART A	326,127		326,127	1,876.00	173.84	S-3 Workpaper and A-8-2
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	6,604,618		6,604,618	36,759.00	179.67	S-3 Workpaper and A-8-2
5.01 NON-PHYSICIAN - PART B	408,776		408,776	5,796.00	70.53	G/L detail and FTE Report
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	596,870		596,870	23,381.00	25.53	FTE Report
8.01 EXCLUDED AREA SALARIES	27,334,255		27,334,255	721,624.00	37.88	FTE Report
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	281,111		281,111	2,282.00	123.19	Excel file: AP Temp CRNA
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)	13,530,989		13,530,989			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	4,532,539		4,532,539			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	272,802		272,802			CMS 339
18 PHYSICIAN PART A	47,417		47,417			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	919,635		919,635			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)	78,258		78,258			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	485,975		485,975	17,370.00	27.98	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	9,930,548		9,930,548	352,426.00	28.18	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	880,757		880,757	44,699.00	19.70	
25 LAUNDRY & LINEN SERVICE	28,554		28,554	2,341.00	12.20	
26 HOUSEKEEPING	969,327		969,327	78,824.00	12.30	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,175,419	-627,556	547,863	41,126.00	13.32	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		627,556	627,556	47,234.00	13.29	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,180,428		1,180,428	40,289.00	29.30	
31 CENTRAL SERVICE AND SUPPLY	328,708		328,708	22,544.00	14.58	
32 PHARMACY	1,076,151		1,076,151	33,202.00	32.41	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,298,551		1,298,551	79,804.00	16.27	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	72,464,062		72,464,062	2,708,155.00	26.76	
2 EXCLUDED AREA SALARIES	27,931,125		27,931,125	745,005.00	37.49	
3 SUBTOTAL SALARIES	44,532,937		44,532,937	1,963,150.00	22.68	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	281,111		281,111	2,282.00	123.19	
5 SUBTOTAL WAGE-RELATED COSTS	13,578,406		13,578,406		30.49	
6 TOTAL	58,392,454		58,392,454	1,965,432.00	29.71	
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	17,354,418		17,354,418	759,859.00	22.84	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		984.00	137.00	338.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	0			
2 UNDUPLICATED CENSUS COUNT	1,459.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.35		.35
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	2.03		2.03
5 OTHER ADMINISTRATIVE PERSONEL	11.37		11.37
6 DIRECTING NURSING SERVICE	22.64		22.64
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	4.34		4.34
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.96		.96
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.35		.35
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.53		.53
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.65		3.65
17 HOME HEALTH AIDE SUPERVISOR			
18 PRIVATE DUTY	.03		.03
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	3	
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).		99914	
20.01		50031	
20.02		50013	

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	10,760	619	159	320
22 SKILLED NURSING VISIT CHARGES	1,737,419	98,544	25,614	51,748
23 PHYSICAL THERAPY VISITS	3,640	12	1	112
24 PHYSICAL THERAPY VISIT CHARGES	656,486	2,103	182	20,290
25 OCCUPATIONAL THERAPY VISITS	873	2	1	23
26 OCCUPATIONAL THERAPY VISIT CHARGES	157,418	364	182	4,173
27 SPEECH PATHOLOGY VISITS	190	0	3	1
28 SPEECH PATHOLOGY VISIT CHARGES	34,271	0	546	182
29 MEDICAL SOCIAL SERVICE VISITS	177	2	1	10
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	39,141	429	223	2,230
31 HOME HEALTH AIDE VISITS	2,861	43	4	43
32 HOME HEALTH AIDE VISIT CHARGES	221,098	3,244	312	3,354
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	18,501	678	169	509
34 OTHER CHARGES	79,650	8,467	4,612	880
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	2,925,483	113,151	31,671	82,857
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	1,217	0	69	46
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	13	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	11,858
22 SKILLED NURSING VISIT CHARGES	0	0	1,913,325
23 PHYSICAL THERAPY VISITS	0	0	3,765
24 PHYSICAL THERAPY VISIT CHARGES	0	0	679,061
25 OCCUPATIONAL THERAPY VISITS	0	0	899
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	162,137
27 SPEECH PATHOLOGY VISITS	0	0	194
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	34,999
29 MEDICAL SOCIAL SERVICE VISITS	0	0	190
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	42,023
31 HOME HEALTH AIDE VISITS	0	0	2,951
32 HOME HEALTH AIDE VISIT CHARGES	0	0	228,008
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	19,857
34 OTHER CHARGES	0	0	93,609
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	3,153,162
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,332
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	13
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0189
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/13/2009
WORKSHEET S-7

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

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

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

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

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 412 NW 3RD
 1.01 CITY: CASEY STATE: IL ZIP CODE: 62420 COUNTY: CLARK
 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
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1700	800	1700	800	1700		

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

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

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 7 HAWTHORNE LAND
 1.01 CITY: SULLIVAN STATE: IL ZIP CODE: 61951 COUNTY: MOULTRIE
 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 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1700	800	1700	800	1700		

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVII I TITLE XIX

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

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

RHC 3

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 650 OAK AVENUE
 1.01 CITY: NEOGA STATE: IL ZIP CODE: 62447 COUNTY: CUMBERLAND
 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
			800	1700	800	1700	800	1700	800	1700	800	1700		

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

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

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2008	11/13/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET S-9
14-1599		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAL D DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	18,493	1,405	2,949	256
3 INPATIENT RESPI TE CARE	62			
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	18,555	1,405	2,949	256

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,848	21,746
3 INPATIENT RESPI TE CARE		62
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	1,848	21,808

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	465	31	104	7
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	39.90	45.32	28.36	36.57
9 UNDUPLICATED CENSUS COUNT	460	30	103	6

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	64	560
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	28.88	38.94
9 UNDUPLICATED CENSUS COUNT	63	553

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

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

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

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

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

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

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

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

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 50,770,110

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .300884

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 15,275,914

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	15,275,914

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0189

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

PREPARED 11/13/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				4,133,283	4,133,283
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,379,028	8,379,028
5	0500 EMPLOYEE BENEFITS	485,975	14,890,049	15,376,024	152,406	15,528,430
6	0600 ADMINISTRATIVE & GENERAL	9,930,548	23,585,166	33,515,714	-14,059,474	19,456,240
8	0800 OPERATION OF PLANT	880,757	2,640,201	3,520,958	-62,732	3,458,226
9	0900 LAUNDRY & LINEN SERVICE	28,554	405,940	434,494		434,494
10	1000 HOUSEKEEPING	969,327	340,596	1,309,923		1,309,923
11	1100 DIETARY	1,175,419	996,674	2,172,093	-1,161,105	1,010,988
12	1200 CAFETERIA				1,159,680	1,159,680
14	1400 NURSING ADMINISTRATION	1,180,428	209,917	1,390,345		1,390,345
15	1500 CENTRAL SERVICES & SUPPLY	328,708	478,224	806,932	-55,196	751,736
16	1600 PHARMACY	1,076,151	7,024,591	8,100,742	-6,837,956	1,262,786
17	1700 MEDICAL RECORDS & LIBRARY	1,298,551	399,596	1,698,147	-6,967	1,691,180
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,205,985	1,029,221	8,235,206	-825,686	7,409,520
27	2700 CORONARY CARE UNIT	1,057,534	153,813	1,211,347		1,211,347
31	3100 SUBPROVIDER	2,226,042	234,384	2,460,426	14,891	2,475,317
33	3300 NURSERY		14,218	14,218	325,721	339,939
34	3400 SKILLED NURSING FACILITY	596,870	72,812	669,682		669,682
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,560,325	1,068,585	3,628,910	-9,123	3,619,787
38	3800 RECOVERY ROOM	570,700	143,650	714,350	-4,339	710,011
39	3900 DELIVERY ROOM & LABOR ROOM		74,229	74,229	494,301	568,530
40	4000 ANESTHESIOLOGY	4,253,673	747,801	5,001,474	513,037	5,514,511
41	4100 RADIOLOGY-DIAGNOSTIC	1,462,072	658,257	2,120,329	-210,111	1,910,218
42	4200 RADIOLOGY-THERAPEUTIC	1,041,593	409,689	1,451,282	11,030	1,462,312
42.01	3230 CAT SCAN	392,903	575,257	968,160	63,278	1,031,438
43	4300 RADIOISOTOPE	953,264	939,495	1,892,759	144,946	2,037,705
44	4400 LABORATORY	3,600,544	4,983,825	8,584,369	14,312	8,598,681
49	4900 RESPIRATORY THERAPY	717,291	216,343	933,634	-5,898	927,736
50	5000 PHYSICAL THERAPY	1,280,026	250,673	1,530,699	-13,014	1,517,685
51	5100 OCCUPATIONAL THERAPY	299,871	37,017	336,888		336,888
52	5200 SPEECH PATHOLOGY	545,847	85,390	631,237	-1,395	629,842
53	5300 ELECTROCARDIOLOGY	624,217	320,819	945,036		945,036
54	5400 ELECTROENCEPHALOGRAPHY	309,427	396,322	705,749	-1,121	704,628
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,730,894	4,730,894		4,730,894
56	5600 DRUGS CHARGED TO PATIENTS				6,844,594	6,844,594
58	5800 ASC (NON-DISTINCT PART)	1,277,617	1,192,928	2,470,545	-4,996	2,465,549
58.01	3120 CARDIAC CATHETERIZATION LABORATORY	176,470	136,854	313,324		313,324
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	306,059	38,421	344,480	-5,400	339,080
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	5,589,143	864,369	6,453,512	311,066	6,764,578
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC - CASEY	313,423	115,360	428,783	30,555	459,338
63.51	6311 RURAL HEALTH CLINIC - SULLIVAN	382,463	129,779	512,242	30,469	542,711
63.52	6312 RURAL HEALTH CLINIC - NEOGA	574,870	110,313	685,183	30,712	715,895
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	2,274,761	763,797	3,038,558	-10,801	3,027,757
	SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE	1,110,135	1,057,250	2,167,385	-198,903	1,968,482
95	SUBTOTALS	59,057,543	72,522,719	131,580,262	-820,908	130,759,354
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	20,142,275	4,302,838	24,445,113	983,111	25,428,224
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7950 WELLNESS	104,473	83,774	188,247		188,247
100.02	7951 LIFELINE	28,998	121,404	150,402		150,402
100.03	7952 OCCUPATIONAL HEALTH	435,526	175,925	611,451	-154,538	456,913
100.04	7953 EAP	75,201	8,751	83,952	-7,665	76,287
100.05	7954 MISC. NONREIMBURSABLE	936,844	942,108	1,878,952		1,878,952
100.06	7955 RETAIL PHARMACY					
101	TOTAL	80,780,860	78,157,519	158,938,379	-0-	158,938,379

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/13/2009
I 14-0189 I FROM 7/ 1/2008 I WORKSHEET A
I I TO 6/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-2,382,620	1,750,663
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-92,960	8,286,068
5	0500 EMPLOYEE BENEFITS	-204,435	15,323,995
6	0600 ADMINISTRATIVE & GENERAL	-258,287	19,197,953
8	0800 OPERATION OF PLANT		3,458,226
9	0900 LAUNDRY & LINEN SERVICE		434,494
10	1000 HOUSEKEEPING	-322	1,309,601
11	1100 DIETARY	-15,360	995,628
12	1200 CAFETERIA	-649,577	510,103
14	1400 NURSING ADMINISTRATION		1,390,345
15	1500 CENTRAL SERVICES & SUPPLY		751,736
16	1600 PHARMACY		1,262,786
17	1700 MEDICAL RECORDS & LIBRARY	-77,347	1,613,833
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-7,645	7,401,875
27	2700 CORONARY CARE UNIT		1,211,347
31	3100 SUBPROVIDER	-1,264,471	1,210,846
33	3300 NURSERY		339,939
34	3400 SKILLED NURSING FACILITY		669,682
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		3,619,787
38	3800 RECOVERY ROOM		710,011
39	3900 DELIVERY ROOM & LABOR ROOM		568,530
40	4000 ANESTHESIOLOGY	-5,039,565	474,946
41	4100 RADIOLOGY-DIAGNOSTIC	-9,938	1,900,280
42	4200 RADIOLOGY-THERAPEUTIC	-594,868	867,444
42.01	3230 CAT SCAN	-3,450	1,027,988
43	4300 RADIOISOTOPE	-1,850	2,035,855
44	4400 LABORATORY	-712,936	7,885,745
49	4900 RESPIRATORY THERAPY		927,736
50	5000 PHYSICAL THERAPY	-8,784	1,508,901
51	5100 OCCUPATIONAL THERAPY	-15,971	320,917
52	5200 SPEECH PATHOLOGY	-546,106	83,736
53	5300 ELECTROCARDIOLOGY	-266,921	678,115
54	5400 ELECTROENCEPHALOGRAPHY	-246,515	458,113
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,730,894
56	5600 DRUGS CHARGED TO PATIENTS		6,844,594
58	5800 ASC (NON-DISTINCT PART)		2,465,549
58.01	3120 CARDIAC CATHETERIZATION LABORATORY		313,324
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		339,080
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-3,279,200	3,485,378
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC - CASEY		459,338
63.51	6311 RURAL HEALTH CLINIC - SULLIVAN		542,711
63.52	6312 RURAL HEALTH CLINIC - NEOGA		715,895
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		3,027,757
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		1,968,482
95	SUBTOTALS	-15,679,128	115,080,226
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		25,428,224
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7950 WELLNESS		188,247
100.02	7951 LIFELINE		150,402
100.03	7952 OCCUPATIONAL HEALTH		456,913
100.04	7953 EAP		76,287
100.05	7954 MISC. NONREIMBURSABLE		1,878,952
100.06	7955 RETAIL PHARMACY		
101	TOTAL	-15,679,128	143,259,251

PROVIDER NO:
140189

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

PREPARED 11/13/2009
WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 COST OF DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		6,844,594
2					
3					
4					
5					
6					
7 RADIOLOGY ADMIN. EXPENSES	B	CAT SCAN	42.01	52,706	10,572
8		RADIOISOTOPE	43	127,875	17,265
9 EMPLOYEE PHYSICALS & TESTING	C	EMPLOYEE BENEFITS	5		152,301
10 CAFETERIA	D	CAFETERIA	12	627,556	532,124
11 INTEREST	E	NEW CAP REL COSTS-BLDG & FIXT	3		2,068,943
12		NEW CAP REL COSTS-MVBLE EQUIP	4		94,534
13 EMPLOYEE EAP VISITS	F	EMPLOYEE BENEFITS	5		7,665
14 W&C - OB/GYN, L&D, NURSERY SPLIT	G	NURSERY	33	325,721	
15		DELIVERY ROOM & LABOR ROOM	39	494,301	
16 DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		2,064,340
17		NEW CAP REL COSTS-MVBLE EQUIP	4		7,787,647
18 CAPITAL COSTS: EQUIP RENTAL	I	NEW CAP REL COSTS-MVBLE EQUIP	4		496,847
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 CAPITAL COSTS: EQUIP RENTAL	I				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 PHYSICIAN PROF LIABILITY EXPENSE	J				
13		SUBPROVIDER	31		15,958
14		ANESTHESIOLOGY	40		470,779
15		ANESTHESIOLOGY	40		45,735
16		RADIOLOGY-THERAPEUTIC	42		13,720
17		LABORATORY	44		18,294
18		EMERGENCY	61		316,349
19		RURAL HEALTH CLINIC - CASEY	63.50		32,015
20		RURAL HEALTH CLINIC - SULLIVAN	63.51		32,015
21		RURAL HEALTH CLINIC - NEOGA	63.52		32,015
22		PHYSICIANS' PRIVATE OFFICES	98		1,032,704
36 TOTAL RECLASSIFICATIONS				1,628,159	22,086,416

(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:
140189

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

PREPARED 11/13/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 COST OF DRUGS CHARGED TO PATIENTS	A	6	16			6,835,196	
2			37			547	
3			38			3,046	
4			40			3,477	
5			50			9	
6			58			2,319	
7 RADIOLOGY ADMIN. EXPENSES	B		41		180,581	27,837	
8							
9 EMPLOYEE PHYSICALS & TESTING	C		100.03			152,301	
10 CAFETERIA	D		11		627,556	532,124	
11 INTEREST	E		6			2,163,477	11
12							11
13 EMPLOYEE EAP VISITS	F		100.04			7,665	
14 W&C - OB/GYN, L&D, NURSERY SPLIT	G		25		820,022		
15							
16 DEPRECIATION	H		6			9,851,987	9
17							9
18 CAPITAL COSTS: EQUIP RENTAL	I		5			7,560	14
19			6			34,426	14
20			8			62,732	14
21			11			1,425	14
22			15			55,196	14
23			16			2,760	14
24			17			6,967	14
25			25			5,664	14
26			31			1,067	14
27			37			8,576	14
28			38			1,293	14
29			41			1,693	14
30			42			2,690	14
31			43			194	14
32			44			3,982	14
33			49			5,898	14
34			50			13,005	14
35			52			1,395	14
1 CAPITAL COSTS: EQUIP RENTAL	I		54			1,121	14
2			58			2,677	14
3			59			5,400	14
4			61			5,283	14
5			63.50			1,460	14
6			63.51			1,546	14
7			63.52			1,303	14
8			71			10,801	14
9			93			198,903	14
10			98			49,593	14
11			100.03			2,237	14
12 PHYSICIAN PROF LIABILITY EXPENSE	J		6			2,009,584	
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
36 TOTAL RECLASSIFICATIONS					1,628,159	22,086,416	

(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:
140189

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

PREPARED 11/13/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : COST OF DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	6,844,594	PHARMACY	16	6,835,196	
2.00			0	OPERATING ROOM	37	547	
3.00			0	RECOVERY ROOM	38	3,046	
4.00			0	ANESTHESIOLOGY	40	3,477	
5.00			0	PHYSICAL THERAPY	50	9	
6.00			0	ASC (NON-DISTINCT PART)	58	2,319	
TOTAL RECLASSIFICATIONS FOR CODE A			6,844,594	TOTAL RECLASSIFICATIONS FOR CODE A			6,844,594

RECLASS CODE: B
EXPLANATION : RADIOLOGY ADMIN. EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAT SCAN	42.01	63,278	RADIOLOGY-DIAGNOSTIC	41	208,418	
2.00	RADIOISOTOPE	43	145,140			0	
TOTAL RECLASSIFICATIONS FOR CODE B			208,418	TOTAL RECLASSIFICATIONS FOR CODE B			208,418

RECLASS CODE: C
EXPLANATION : EMPLOYEE PHYSICALS & TESTING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	152,301	OCCUPATIONAL HEALTH	100.03	152,301	
TOTAL RECLASSIFICATIONS FOR CODE C			152,301	TOTAL RECLASSIFICATIONS FOR CODE C			152,301

RECLASS CODE: D
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,159,680	DIETARY	11	1,159,680	
TOTAL RECLASSIFICATIONS FOR CODE D			1,159,680	TOTAL RECLASSIFICATIONS FOR CODE D			1,159,680

RECLASS CODE: E
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,068,943	ADMINISTRATIVE & GENERAL	6	2,163,477	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	94,534			0	
TOTAL RECLASSIFICATIONS FOR CODE E			2,163,477	TOTAL RECLASSIFICATIONS FOR CODE E			2,163,477

RECLASS CODE: F
EXPLANATION : EMPLOYEE EAP VISITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	7,665	EAP	100.04	7,665	
TOTAL RECLASSIFICATIONS FOR CODE F			7,665	TOTAL RECLASSIFICATIONS FOR CODE F			7,665

RECLASS CODE: G
EXPLANATION : W&C - OB/GYN, L&D, NURSERY SPLIT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	325,721	ADULTS & PEDIATRICS	25	820,022	
2.00	DELIVERY ROOM & LABOR ROOM	39	494,301			0	
TOTAL RECLASSIFICATIONS FOR CODE G			820,022	TOTAL RECLASSIFICATIONS FOR CODE G			820,022

RECLASS CODE: H
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,064,340	ADMINISTRATIVE & GENERAL	6	9,851,987	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,787,647			0	
TOTAL RECLASSIFICATIONS FOR CODE H			9,851,987	TOTAL RECLASSIFICATIONS FOR CODE H			9,851,987

RECLASSIFICATIONS

PROVIDER NO:
140189

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

PREPARED 11/13/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION: CAPITAL COSTS: EQUIP RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	496,847	EMPLOYEE BENEFITS	5	7,560	
2.00			0	ADMINISTRATIVE & GENERAL	6	34,426	
3.00			0	OPERATION OF PLANT	8	62,732	
4.00			0	DIETARY	11	1,425	
5.00			0	CENTRAL SERVICES & SUPPLY	15	55,196	
6.00			0	PHARMACY	16	2,760	
7.00			0	MEDICAL RECORDS & LIBRARY	17	6,967	
8.00			0	ADULTS & PEDIATRICS	25	5,664	
9.00			0	SUBPROVIDER	31	1,067	
10.00			0	OPERATING ROOM	37	8,576	
11.00			0	RECOVERY ROOM	38	1,293	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	1,693	
13.00			0	RADIOLOGY-THERAPEUTIC	42	2,690	
14.00			0	RADIOISOTOPE	43	194	
15.00			0	LABORATORY	44	3,982	
16.00			0	RESPIRATORY THERAPY	49	5,898	
17.00			0	PHYSICAL THERAPY	50	13,005	
18.00			0	SPEECH PATHOLOGY	52	1,395	
19.00			0	ELECTROENCEPHALOGRAPHY	54	1,121	
20.00			0	ASC (NON-DISTINCT PART)	58	2,677	
21.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	5,400	
22.00			0	EMERGENCY	61	5,283	
23.00			0	RURAL HEALTH CLINIC - CASEY	63.50	1,460	
24.00			0	RURAL HEALTH CLINIC - SULLIVAN	63.51	1,546	
25.00			0	RURAL HEALTH CLINIC - NEOGA	63.52	1,303	
26.00			0	HOME HEALTH AGENCY	71	10,801	
27.00			0	HOSPICE	93	198,903	
28.00			0	PHYSICIANS' PRIVATE OFFICES	98	49,593	
29.00			0	OCCUPATIONAL HEALTH	100.03	2,237	
TOTAL RECLASSIFICATIONS FOR CODE I			496,847				496,847

RECLASS CODE: J
EXPLANATION: PHYSICIAN PROF LIABILITY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00			0	ADMINISTRATIVE & GENERAL	6	2,009,584	
2.00	SUBPROVIDER	31	15,958			0	
3.00	ANESTHESIOLOGY	40	470,779			0	
4.00	ANESTHESIOLOGY	40	45,735			0	
5.00	RADIOLOGY-THERAPEUTIC	42	13,720			0	
6.00	LABORATORY	44	18,294			0	
7.00	EMERGENCY	61	316,349			0	
8.00	RURAL HEALTH CLINIC - CASEY	63.50	32,015			0	
9.00	RURAL HEALTH CLINIC - SULLIVAN	63.51	32,015			0	
10.00	RURAL HEALTH CLINIC - NEOGA	63.52	32,015			0	
11.00	PHYSICIANS' PRIVATE OFFICES	98	1,032,704			0	
TOTAL RECLASSIFICATIONS FOR CODE J			2,009,584				2,009,584

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	2,016,568	818,133		818,133	8,400	2,826,301	
2 LAND IMPROVEMENTS	3,776,545	126,516		126,516		3,903,061	
3 BUILDINGS & FIXTURE	54,774,299	4,059,470		4,059,470	82,777	58,750,992	
4 BUILDING IMPROVEMEN	211,137	11,598		11,598	29,750	192,985	
5 FIXED EQUIPMENT	12,954,657	300,275		300,275		13,254,932	
6 MOVABLE EQUIPMENT	61,990,379	7,603,184		7,603,184	1,618,157	67,975,406	
7 SUBTOTAL	135,723,585	12,919,176		12,919,176	1,739,084	146,903,677	
8 RECONCILING ITEMS							
9 TOTAL	135,723,585	12,919,176		12,919,176	1,739,084	146,903,677	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									8
3	NEW CAP REL COSTS-BL	58,943,978		58,943,978	.414611				
4	NEW CAP REL COSTS-MV	87,959,699	4,736,625	83,223,074	.585389				
5	TOTAL	146,903,677	4,736,625	142,167,052	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	2,064,340		-313,677				1,750,663
4	NEW CAP REL COSTS-MV	7,787,647		1,574			496,847	8,286,068
5	TOTAL	9,851,987		-312,103			496,847	10,036,731

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							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

* 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

DESCR IPTION (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			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-9,492,462			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-649,577	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-77,347	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-322	HOUSEKEEPING	10	
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		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 INVESTMENT INCOME	B	-2,034,512	NEW CAP REL COSTS-BLDG &	3	11
38 INVESTMENT INCOME	B	-92,960	NEW CAP REL COSTS-MVBLE E	4	11
39 A&G OTHER INCOME	B	-232,147	ADMINISTRATIVE & GENERAL	6	
40 DIETARY OUTREACH REVENUE	B	-15,360	DIETARY	11	
41 W&C OTHER REV (BABY CLASSES)	B	-7,645	ADULTS & PEDIATRICS	25	
42 X-RAY OTHER REV	B	-9,938	RADIOLOGY-DIAGNOSTIC	41	
43 PSYCH MISC OTHER REV	B	-20	SUBPROVIDER	31	
44 PHYSICAL THERAPY OUTREACH REVENUE	B	-8,784	PHYSICAL THERAPY	50	
45 OCCUPATIONAL THERAPY OUTREACH REV	B	-15,971	OCCUPATIONAL THERAPY	51	
46 SPEECH/AUDIOLOGY OTHER REVENUE	B	-546,106	SPEECH PATHOLOGY	52	
47 CARDIOLOGY OTHER REVENUE	B	-63,249	ELECTROCARDIOLOGY	53	
48 EMERGENCY (EMS) OTHER REV	B	-146,287	EMERGENCY	61	
49 AHA/IHA LOBBYING FEES	A	-26,140	ADMINISTRATIVE & GENERAL	6	
49.01 CRNA S&W AND LOCUM TENENS	A	-1,707,758	ANESTHESIOLOGY	40	
49.02 CRNA (BENEFIT EXP)	A	-204,435	EMPLOYEE BENEFITS	5	
49.03 NON-ALLOWABLE INTEREST EXPENSE	A	-348,108	NEW CAP REL COSTS-BLDG &	3	11
50 TOTAL (SUM OF LINES 1 THRU 49)		-15,679,128			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0189

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

PREPARED 11/13/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 31	PSYCH	1,264,451	1,264,451		138,700			
2 40	ANESTHESIA	3,394,529	3,289,053	105,476	167,500	560	45,096	2,255
3 42	MEDICAL ONCOLOGY	594,868	594,868		217,600			
4 42 1	CAT SCAN	3,450	3,450		217,600			
5 43	RADIOISOTOPE	1,850	1,850		217,600			
6 44	PATHOLOGY	741,927	693,255	48,672	208,000	276	27,600	1,380
7 53	EKG/CARDIOLOGY	203,672	203,672		150,200			
8 54	NEUROLOGY	246,515	246,515		159,800			
9 61	EMERGENCY ROOM	3,231,900	3,059,920	171,980	159,800	1,040	79,900	3,995
10								
11								
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25								
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27								
28								
29								
30								
101	TOTAL	9,683,162	9,357,034	326,128		1,876	152,596	7,630

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0189
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/13/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 31	PSYCH	12,249		15,958				1,264,451
2 40	ANESTHESIA	50,755	1,577	516,514	16,049	62,722	42,754	3,331,807
3 42	MEDICAL ONCOLOGY	4,389		13,720				594,868
4 42 1	CAT SCAN							3,450
5 43	RADIOISOTOPE							1,850
6 44	PATHOLOGY	2,911	191	18,294	1,200	28,991	19,681	712,936
7 53	EKG/CARDIOLOGY							203,672
8 54	NEUROLOGY							246,515
9 61	EMERGENCY ROOM	42,345	2,253	316,349	16,834	98,987	72,993	3,132,913
10								
11								
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101	TOTAL	112,649	4,021	880,835	34,083	190,700	135,428	9,492,462

COST ALLOCATION STATISTICS

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL 5a.00	ADMINISTRATIVE OPERATION OF E & GENERAL PLANT	
	0	3	4	5		6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,750,663	1,750,663					
005 NEW CAP REL COSTS-MVBLE E	8,286,068		8,286,068				
006 EMPLOYEE BENEFITS	15,323,995	14,548	894	15,339,437			
008 ADMIN STRATIVE & GENERAL	19,197,953	193,020	2,748,594	1,897,122	24,036,689	24,036,689	
009 OPERATION OF PLANT	3,458,226	136,695	175,007	168,259	3,938,187	793,986	4,732,173
010 LAUNDRY & LINEN SERVICE	434,494	4,963	38	5,455	444,950	89,707	16,699
011 HOUSEKEEPING	1,309,601	28,679	29,886	185,179	1,553,345	313,173	96,498
012 DIETARY	995,628	30,675	52,691	104,663	1,183,657	238,639	103,212
014 CAFETERIA	510,103	18,566	16,640	119,888	665,197	134,112	62,471
015 NURSING ADMINISTRATION	1,390,345	542	9,920	225,508	1,626,315	327,885	1,824
016 CENTRAL SERVICES & SUPPLY	751,736	29,810	146,954	62,796	991,296	199,857	100,303
017 PHARMACY	1,262,786	12,314	141,178	205,587	1,621,865	326,987	41,433
025 MEDICAL RECORDS & LIBRARY	1,613,833	16,132	59,471	248,074	1,937,510	390,625	54,279
027 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	7,401,875	154,780	328,955	1,219,968	9,105,578	1,835,794	520,793
031 CORONARY CARE UNIT	1,211,347	20,711	57,719	202,030	1,491,807	300,766	69,689
033 SUBPROVIDER	1,210,846	40,736	15,603	425,261	1,692,446	341,217	137,066
034 NURSERY	339,939	2,883	10,535	62,225	415,582	83,786	9,702
037 SKILLED NURSING FACILITY	669,682	25,165	9,719	114,025	818,591	165,038	84,674
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	3,619,787	112,899	514,727	489,122	4,736,535	954,942	379,875
039 RECOVERY ROOM	710,011	7,351	56,120	109,026	882,508	177,924	24,734
040 DELIVERY ROOM & LABOR ROO	568,530	6,575	52,452	94,431	721,988	145,561	22,124
041 ANESTHESIOLOGY	474,946	3,019	58,933	812,617	1,349,515	272,078	10,158
042 RADIOLOGY-DIAGNOSTIC	1,900,280	63,256	1,001,733	279,313	3,244,582	654,147	212,840
042 RADIOLOGY-THERAPEUTIC	867,444	31,974	416,341	198,985	1,514,744	305,391	107,583
042 01 CAT SCAN	1,027,988	7,131	540,165	75,060	1,650,344	332,729	23,995
043 RADIOISOTOPE	2,035,855	18,651	650,582	182,111	2,887,199	582,094	62,754
044 LABORATORY	7,885,745	36,932	310,419	687,844	8,920,940	1,798,569	124,266
049 RESPIRATORY THERAPY	927,736	7,220	35,129	137,031	1,107,116	223,208	24,294
050 PHYSICAL THERAPY	1,508,901	36,109	29,190	244,535	1,818,735	366,679	121,499
051 OCCUPATIONAL THERAPY	320,917	3,610	3,610	57,287	381,814	76,978	
052 SPEECH PATHOLOGY	83,736	11,786	23,341	104,278	223,141	44,988	39,656
053 ELECTROCARDIOLOGY	678,115	26,791	107,851	119,250	932,007	187,904	90,145
054 ELECTROENCEPHALOGRAPHY	458,113	5,804	41,547	59,113	564,577	113,825	19,529
055 MEDICAL SUPPLIES CHARGED	4,730,894				4,730,894	953,805	
056 DRUGS CHARGED TO PATIENTS	6,844,594				6,844,594	1,379,952	
058 ASC (NON-DIAGNOSTIC PART)	2,465,549	50,578	206,272	244,075	2,966,474	598,077	170,180
058 01 CARDIAC CATHETERIZATION L	313,324	13,281	117,100	33,713	477,418	96,253	44,687
059 PSYCHIATRIC/PSYCHOLOGICAL	339,080		553	58,469	398,102	80,262	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,485,378	36,628	85,655	1,067,744	4,675,405	942,618	123,244
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - CAS	459,338	66,564	11,615	59,876	597,393	120,442	223,972
063 51 RURAL HEALTH CLINIC - SUL	542,711	32,436	1,667	73,065	649,879	131,023	109,140
063 52 RURAL HEALTH CLINIC - NEO	715,895	13,230	1,560	109,823	840,508	169,456	44,515
071 OTHER REIMBURS COST CNTRS							
093 HOME HEALTH AGENCY	3,027,757		1,983	434,568	3,464,308	698,446	
095 SPEC PURPOSE COST CENTERS							
095 HOSPICE	1,968,482		539	212,079	2,181,100	439,736	
096 SUBTOTALS	115,080,226	1,318,434	8,072,888	11,189,455	110,284,835	17,388,659	3,277,833
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		7,902			7,902	1,593	26,589
100 PHYSICIANS' PRIVATE OFFIC	25,428,224	388,469	161,727	3,847,942	29,826,362	6,013,344	1,307,100
100 OTHER NONREIMBURSABLE COS							
100 01 WELLNESS	188,247		859	19,958	209,064	42,150	
100 02 LI FELINE	150,402	575	155	5,540	156,672	31,587	1,934
100 03 OCCUPATIONAL HEALTH	456,913	11,468	6,813	83,202	558,396	112,579	38,587
100 04 EAP	76,287	4,421	107	14,366	95,181	19,190	14,875
100 05 MI SC. NONREIMBURSABLE	1,878,952	13,174	43,519	178,974	2,114,619	426,333	44,326
100 06 RETAIL PHARMACY		6,220			6,220	1,254	20,929
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	143,259,251	1,750,663	8,286,068	15,339,437	143,259,251	24,036,689	4,732,173

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	551,356							
011 HOUSEKEEPING		1,963,016						
012 DIETARY	3,237	106,538	1,635,283					
014 CAFETERIA				861,780				
015 NURSING ADMINISTRATION		5,956		19,400	1,981,380			
016 CENTRAL SERVICES & SUPPLY	14,434	17,205					1,323,095	
017 PHARMACY		19,190						2,009,475
025 MEDICAL RECORDS & LIBRARY		10,919			38,801			
027 INPAT ROUTINE SRVC CNTRS								
031 ADULTS & PEDIATRICS	184,559	12,904	1,194,173	154,180	853,107			
033 CORONARY CARE UNIT	18,206	111,501	59,063	18,379	100,554			
034 SUBPROVIDER	10,346	101,906	229,231	22,463	108,252			
037 NURSERY	6,639			8,169	37,120			
038 SKILLED NURSING FACILITY	12,026	65,842	102,730	11,232	63,802			
039 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM	67,823	171,388	29,387	51,053	278,432			
041 RECOVERY ROOM	12,082	54,923		10,211	54,143			
042 DELIVERY ROOM & LABOR ROO	15,442			10,211	53,756			
043 ANESTHESIOLOGY		27,462		17,358				
044 RADIOLOGY-DIAGNOSTIC	54,272	48,968		30,632				
045 RADIOLOGY-THERAPEUTIC	6,987	55,254		10,211				
046 01 CAT SCAN		17,867		7,147				
047 RADIOISOTOPE		30,770		16,337				
048 LABORATORY	80	45,990		81,685				
049 RESPIRATORY THERAPY		17,536		16,337				
050 PHYSICAL THERAPY	8,345	34,410		15,316				
051 OCCUPATIONAL THERAPY		2,316		5,105				
052 SPEECH PATHOLOGY		10,588		9,190				
053 ELECTROCARDIOLOGY	6,924	63,857		13,274				
054 ELECTROENCEPHALOGRAPHY	1,330	9,595		7,147				
055 MEDICAL SUPPLIES CHARGED				11,232		1,323,095		
056 DRUGS CHARGED TO PATIENTS				16,337				2,009,475
058 ASC (NON-DISTINCT PART)	34,048	182,637		25,527	139,933			
059 01 CARDIAC CATHETERIZATION L	1,614	18,859		3,063				
061 PSYCHIATRIC/PSYCHOLOGICAL				8,169				
062 OUTPAT SERVICE COST CNTRS								
063 EMERGENCY	92,103	331,193	20,699	58,201	292,281			
063 50 OBSERVATION BEDS (NON-DIS								
063 51 OTHER OUTPATIENT SERVICE								
063 52 RURAL HEALTH CLINIC - CAS								
063 52 RURAL HEALTH CLINIC - SUL								
063 52 RURAL HEALTH CLINIC - NEO								
071 OTHER REIMBURS COST CNTRS		11,249						
093 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CENTERS								
096 HOSPICE		10,257						
098 SUBTOTALS	550,497	1,597,080	1,635,283	696,367	1,981,380	1,323,095	2,009,475	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP								
100 PHYSICIANS' PRIVATE OFFIC		302,410		136,823				
100 OTHER NONREIMBURSABLE COS								
100 01 WELLNESS				3,063				
100 02 LIFELINE		3,970						
100 03 OCCUPATIONAL HEALTH	859	4,632		8,169				
100 04 EAP		2,978		2,042				
100 05 MI SC. NONREIMBURSABLE		51,946		15,316				
100 06 RETAIL PHARMACY								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	551,356	1,963,016	1,635,283	861,780	1,981,380	1,323,095	2,009,475	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
MEDICAL RECORDS & LIBRARY	2,432,134			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	150,366	14,011,454		14,011,454
027 CORONARY CARE UNIT	19,834	2,189,799		2,189,799
031 SUBPROVIDER	25,334	2,668,261		2,668,261
033 NURSERY	9,265	570,263		570,263
034 SKILLED NURSING FACILITY	9,852	1,333,787		1,333,787
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	130,805	6,800,240		6,800,240
038 RECOVERY ROOM	28,267	1,244,792		1,244,792
039 DELIVERY ROOM & LABOR ROO	30,886	999,968		999,968
040 ANESTHESIOLOGY	52,882	1,729,453		1,729,453
041 RADIOLOGY-DIAGNOSTIC	125,617	4,371,058		4,371,058
042 RADIOLOGY-THERAPEUTIC	44,527	2,044,697		2,044,697
042 01 CAT SCAN	209,378	2,241,460		2,241,460
043 RADIOISOTOPE	186,005	3,765,159		3,765,159
044 LABORATORY	349,334	11,320,864		11,320,864
049 RESPIRATORY THERAPY	49,251	1,437,742		1,437,742
050 PHYSICAL THERAPY	46,033	2,411,017		2,411,017
051 OCCUPATIONAL THERAPY	8,682	474,895		474,895
052 SPEECH PATHOLOGY	10,868	338,431		338,431
053 ELECTROCARDIOLOGY	33,030	1,327,141		1,327,141
054 ELECTROENCEPHALOGRAPHY	33,173	749,176		749,176
055 MEDICAL SUPPLIES CHARGED	159,273	7,178,299		7,178,299
056 DRUGS CHARGED TO PATIENTS	309,891	10,560,249		10,560,249
058 ASC (NON-DISTINCT PART)	152,269	4,269,145		4,269,145
058 01 CARDIAC CATHETERIZATION L	7,781	649,675		649,675
059 PSYCHIATRIC/PSYCHOLOGICAL	1,659	488,192		488,192
OUTPAT SERVICE COST CNTRS				
061 EMERGENCY	230,096	6,765,840		6,765,840
062 OBSERVATION BEDS (NON-DIS				
063 OTHER OUTPATIENT SERVICE				
063 50 RURAL HEALTH CLINIC - CAS	5,698	947,505		947,505
063 51 RURAL HEALTH CLINIC - SUL	4,736	894,778		894,778
063 52 RURAL HEALTH CLINIC - NEO	7,342	1,061,821		1,061,821
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		4,174,003		4,174,003
SPEC PURPOSE COST CENTERS				
093 HOSPICE		2,631,093		2,631,093
095 SUBTOTALS	2,432,134	101,650,257		101,650,257
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		36,084		36,084
098 PHYSICIANS' PRIVATE OFFIC		37,586,039		37,586,039
100 OTHER NONREIMBURSABLE COS				
100 01 WELLNESS		254,277		254,277
100 02 LIFELINE		194,163		194,163
100 03 OCCUPATIONAL HEALTH		723,222		723,222
100 04 EAP		134,266		134,266
100 05 MI SC. NONREIMBURSABLE		2,652,540		2,652,540
100 06 RETAIL PHARMACY		28,403		28,403
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	2,432,134	143,259,251		143,259,251

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		14,548	894	15,442	15,442		
006 ADMINISTRATIVE & GENERAL		193,020	2,748,594	2,941,614	1,907	2,943,521	
008 OPERATION OF PLANT		136,695	175,007	311,702	169	97,230	409,101
009 LAUNDRY & LINEN SERVICE		4,963	38	5,001	5	10,985	1,444
010 HOUSEKEEPING		28,679	29,886	58,565	186	38,351	8,342
011 DIETARY		30,675	52,691	83,366	105	29,223	8,923
012 CAFETERIA		18,566	16,640	35,206	120	16,423	5,401
014 NURSING ADMINISTRATION		542	9,920	10,462	227	40,152	158
015 CENTRAL SERVICES & SUPPLY		29,810	146,954	176,764	63	24,474	8,671
016 PHARMACY		12,314	141,178	153,492	207	40,042	3,582
017 MEDICAL RECORDS & LIBRARY		16,132	59,471	75,603	249	47,835	4,692
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		154,780	328,955	483,735	1,226	224,808	45,023
027 CORONARY CARE UNIT		20,711	57,719	78,430	203	36,831	6,025
031 SUBPROVIDER		40,736	15,603	56,339	427	41,785	11,849
033 NURSERY		2,883	10,535	13,418	63	10,260	839
034 SKILLED NURSING FACILITY		25,165	9,719	34,884	115	20,210	7,320
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		112,899	514,727	627,626	492	116,940	32,841
038 RECOVERY ROOM		7,351	56,120	63,471	110	21,788	2,138
039 DELIVERY ROOM & LABOR ROO		6,575	52,452	59,027	95	17,825	1,913
040 ANESTHESIOLOGY		3,019	58,933	61,952	817	33,318	878
041 RADIOLOGY-DIAGNOSTIC		63,256	1,001,733	1,064,989	281	80,105	18,400
042 RADIOLOGY-THERAPEUTIC		31,974	416,341	448,315	200	37,398	9,301
042 01 CAT SCAN		7,131	540,165	547,296	75	40,745	2,074
043 RADIOISOTOPE		18,651	650,582	669,233	183	71,282	5,425
044 LABORATORY		36,932	310,419	347,351	691	220,249	10,743
049 RESPIRATORY THERAPY		7,220	35,129	42,349	138	27,334	2,100
050 PHYSICAL THERAPY		36,109	29,190	65,299	246	44,903	10,504
051 OCCUPATIONAL THERAPY			3,610	3,610	58	9,427	
052 SPEECH PATHOLOGY		11,786	23,341	35,127	105	5,509	3,428
053 ELECTROCARDIOLOGY		26,791	107,851	134,642	120	23,010	7,793
054 ELECTROENCEPHALOGRAPHY		5,804	41,547	47,351	59	13,939	1,688
055 MEDICAL SUPPLIES CHARGED						116,801	
056 DRUGS CHARGED TO PATIENTS						168,986	
058 ASC (NON-DISTINCT PART)		50,578	206,272	256,850	245	73,239	14,712
058 01 CARDIAC CATHETERIZATION L		13,281	117,100	130,381	34	11,787	3,863
059 PSYCHIATRIC/PSYCHOLOGICAL			553	553	59	9,829	
059 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		36,628	85,655	122,283	1,073	115,431	10,655
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - CAS		66,564	11,615	78,179	60	14,749	19,363
063 51 RURAL HEALTH CLINIC - SUL		32,436	1,667	34,103	73	16,045	9,435
063 52 RURAL HEALTH CLINIC - NEO		13,230	1,560	14,790	110	20,751	3,848
063 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY			1,983	1,983	437	85,530	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			539	539	213	53,849	
095 SUBTOTALS		1,318,434	8,072,888	9,391,322	11,246	2,129,378	283,371
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		7,902		7,902		195	2,299
098 PHYSICIANS' PRIVATE OFFIC		388,469	161,727	550,196	3,892	736,420	113,001
100 OTHER NONREIMBURSABLE COS							
100 01 WELLNESS			859	859	20	5,162	
100 02 LIFELINE		575	155	730	6	3,868	167
100 03 OCCUPATIONAL HEALTH		11,468	6,813	18,281	84	13,786	3,336
100 04 EAP		4,421	107	4,528	14	2,350	1,286
100 05 MI SC. NONREIMBURSABLE		13,174	43,519	56,693	180	52,208	3,832
100 06 RETAIL PHARMACY		6,220		6,220		154	1,809
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,750,663	8,286,068	10,036,731	15,442	2,943,521	409,101

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	17,435						
011 HOUSEKEEPING		105,444					
012 DIETARY	102	5,723	127,442				
014 CAFETERIA				57,150			
015 NURSING ADMINISTRATION		320		1,287	52,606		
016 CENTRAL SERVICES & SUPPLY	456	924				211,352	
017 PHARMACY		1,031					198,354
025 MEDICAL RECORDS & LIBRARY		586		2,573			
027 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	5,836	693	93,065	10,224	22,651		
033 CORONARY CARE UNIT	576	5,989	4,603	1,219	2,670		
034 SUBPROVIDER	327	5,474	17,865	1,490	2,874		
037 NURSERY	210			542	986		
038 SKILLED NURSING FACILITY	380	3,537	8,006	745	1,694		
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	2,145	9,206	2,290	3,386	7,392		
041 RECOVERY ROOM	382	2,950		677	1,437		
042 DELIVERY ROOM & LABOR ROO	488			677	1,427		
043 ANESTHESIOLOGY		1,475		1,151			
044 RADIOLOGY-DIAGNOSTIC	1,716	2,630		2,031			
045 RADIOLOGY-THERAPEUTIC	221	2,968		677			
046 01 CAT SCAN		960		474			
047 RADIOISOTOPE		1,653		1,083			
048 LABORATORY	3	2,470		5,417			
049 RESPIRATORY THERAPY		942		1,083			
050 PHYSICAL THERAPY	264	1,848		1,016			
051 OCCUPATIONAL THERAPY		124		339			
052 SPEECH PATHOLOGY		569		609			
053 ELECTROCARDIOLOGY	219	3,430		880			
054 ELECTROENCEPHALOGRAPHY	42	515		474			
055 MEDICAL SUPPLIES CHARGED				745		211,352	
056 DRUGS CHARGED TO PATIENTS				1,083			198,354
058 ASC (NON-DISTINCT PART)	1,077	9,810		1,693	3,715		
059 01 CARDIAC CATHETERIZATION L	51	1,013		203			
061 PSYCHIATRIC/PSYCHOLOGICAL				542			
062 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY	2,913	17,793	1,613	3,860	7,760		
064 OBSERVATION BEDS (NON-DIS							
065 OTHER OUTPATIENT SERVICE							
066 50 RURAL HEALTH CLINIC - CAS							
067 51 RURAL HEALTH CLINIC - SUL							
068 52 RURAL HEALTH CLINIC - NEO							
069 OTHER REIMBURS COST CNTRS							
070 HOME HEALTH AGENCY		604					
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE		551					
095 SUBTOTALS	17,408	85,788	127,442	46,180	52,606	211,352	198,354
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		16,244		9,074			
100 OTHER NONREIMBURSABLE COS							
100 01 WELLNESS				203			
100 02 LIFELINE		213					
100 03 OCCUPATIONAL HEALTH	27	249		542			
100 04 EAP		160		135			
100 05 MISC. NONREIMBURSABLE		2,790		1,016			
100 06 RETAIL PHARMACY							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	17,435	105,444	127,442	57,150	52,606	211,352	198,354

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	131,538			
025 INPAT ROUTINE SRVC CNTRS				
027 ADULTS & PEDIATRICS	8,126	895,387		895,387
031 CORONARY CARE UNIT	1,072	137,618		137,618
033 SUBPROVIDER	1,369	139,799		139,799
034 NURSERY	501	26,819		26,819
034 SKILLED NURSING FACILITY	532	77,423		77,423
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	7,069	809,387		809,387
038 RECOVERY ROOM	1,528	94,481		94,481
039 DELIVERY ROOM & LABOR ROO	1,669	83,121		83,121
040 ANESTHESIOLOGY	2,858	102,449		102,449
041 RADIOLOGY-DIAGNOSTIC	6,789	1,176,941		1,176,941
042 RADIOLOGY-THERAPEUTIC	2,406	501,486		501,486
042 01 CAT SCAN	11,316	602,940		602,940
043 RADIOISOTOPE	10,052	758,911		758,911
044 LABORATORY	18,975	605,899		605,899
049 RESPIRATORY THERAPY	2,662	76,608		76,608
050 PHYSICAL THERAPY	2,488	126,568		126,568
051 OCCUPATIONAL THERAPY	469	14,027		14,027
052 SPEECH PATHOLOGY	587	45,934		45,934
053 ELECTROCARDIOLOGY	1,785	171,879		171,879
054 ELECTROENCEPHALOGRAPHY	1,793	65,861		65,861
055 MEDICAL SUPPLIES CHARGED	8,608	337,506		337,506
056 DRUGS CHARGED TO PATIENTS	16,748	385,171		385,171
058 ASC (NON-DISTINCT PART)	8,229	369,570		369,570
058 01 CARDIAC CATHETERIZATION L	421	147,753		147,753
059 PSYCHIATRIC/PSYCHOLOGICAL	90	11,073		11,073
061 OUTPAT SERVICE COST CNTRS				
061 EMERGENCY	12,435	295,816		295,816
062 OBSERVATION BEDS (NON-DIS				
063 OTHER OUTPATIENT SERVICE				
063 50 RURAL HEALTH CLINIC - CAS	308	112,659		112,659
063 51 RURAL HEALTH CLINIC - SUL	256	59,912		59,912
063 52 RURAL HEALTH CLINIC - NEO	397	39,896		39,896
071 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		88,554		88,554
093 SPEC PURPOSE COST CENTERS				
093 HOSPICE		55,152		55,152
095 SUBTOTALS	131,538	8,416,600		8,416,600
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		10,396		10,396
098 PHYSICIANS' PRIVATE OFFIC		1,428,827		1,428,827
100 OTHER NONREIMBURSABLE COS				
100 01 WELLNESS		6,244		6,244
100 02 LIFELINE		4,984		4,984
100 03 OCCUPATIONAL HEALTH		36,305		36,305
100 04 EAP		8,473		8,473
100 05 MISC. NONREIMBURSABLE		116,719		116,719
100 06 RETAIL PHARMACY		8,183		8,183
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	131,538	10,036,731		10,036,731

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	S RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	374,621					
005 NEW CAP REL COSTS-MVB		7,023,186				
006 EMPLOYEE BENEFITS	3,113	758	80,294,885			
008 ADMINISTRATIVE & GENERAL	41,304	2,329,679	9,930,548	-24,036,689	119,222,562	
009 OPERATION OF PLANT	29,251	148,334	880,757		3,938,187	300,953
010 LAUNDRY & LINEN SERV	1,062	32	28,554		444,950	1,062
011 HOUSEKEEPING	6,137	25,331	969,327		1,553,345	6,137
012 DIETARY	6,564	44,660	547,863		1,183,657	6,564
014 CAFETERIA	3,973	14,104	627,556		665,197	3,973
015 NURSING ADMINISTRATIO	116	8,408	1,180,428		1,626,315	116
016 CENTRAL SERVICES & SU	6,379	124,557	328,708		991,296	6,379
017 PHARMACY	2,635	119,661	1,076,151		1,621,865	2,635
025 MEDICAL RECORDS & LIB	3,452	50,407	1,298,551		1,937,510	3,452
027 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRICS	33,121	278,819	6,385,963		9,105,578	33,121
031 CORONARY CARE UNIT	4,432	48,922	1,057,534		1,491,807	4,432
033 SUBPROVIDER	8,717	13,225	2,226,042		1,692,446	8,717
034 NURSERY	617	8,929	325,721		415,582	617
037 SKILLED NURSING FACIL	5,385	8,238	596,870		818,591	5,385
038 ANCILLARY SRVC COST C						
038 OPERATING ROOM	24,159	436,277	2,560,325		4,736,535	24,159
039 RECOVERY ROOM	1,573	47,567	570,700		882,508	1,573
040 DELIVERY ROOM & LABOR	1,407	44,458	494,301		721,988	1,407
041 ANESTHESIOLOGY	646	49,951	4,253,673		1,349,515	646
042 RADIOLOGY-DIAGNOSTIC	13,536	849,059	1,462,072		3,244,582	13,536
042 RADIOLOGY-THERAPEUTIC	6,842	352,886	1,041,593		1,514,744	6,842
043 CAT SCAN	1,526	457,838	392,903		1,650,344	1,526
044 RADIOISOTOPE	3,991	551,427	953,264		2,887,199	3,991
049 LABORATORY	7,903	263,108	3,600,544		8,920,940	7,903
050 RESPIRATORY THERAPY	1,545	29,775	717,291		1,107,116	1,545
051 PHYSICAL THERAPY	7,727	24,741	1,280,026		1,818,735	7,727
052 OCCUPATIONAL THERAPY		3,060	299,871		381,814	
053 SPEECH PATHOLOGY	2,522	19,784	545,847		223,141	2,522
054 ELECTROCARDIOLOGY	5,733	91,413	624,217		932,007	5,733
054 ELECTROENCEPHALOGRAPH	1,242	35,215	309,427		564,577	1,242
055 MEDICAL SUPPLIES CHAR					4,730,894	
056 DRUGS CHARGED TO PATI					6,844,594	
058 ASC (NON-DISTINCT PAR	10,823	174,834	1,277,617		2,966,474	10,823
058 CARDIAC CATHETERIZATI	2,842	99,253	176,470		477,418	2,842
059 PSYCHIATRIC/PSYCHOLOG		469	306,059		398,102	
061 OUTPAT SERVICE COST C						
061 EMERGENCY	7,838	72,600	5,589,143		4,675,405	7,838
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC -	14,244	9,845	313,423		597,393	14,244
063 51 RURAL HEALTH CLINIC -	6,941	1,413	382,463		649,879	6,941
063 52 RURAL HEALTH CLINIC -	2,831	1,322	574,870		840,508	2,831
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY		1,681	2,274,761		3,464,308	
093 SPEC PURPOSE COST CEN						
095 HOSPICE		457	1,110,135		2,181,100	
095 SUBTOTALS	282,129	6,842,497	58,571,568	-24,036,689	86,248,146	208,461
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,691				7,902	1,691
098 PHYSICIANS' PRIVATE O	83,128	137,078	20,142,275		29,826,362	83,128
100 OTHER NONREIMBURSABLE						
100 01 WELLNESS		728	104,473		209,064	
100 02 LIFELINE	123	131	28,998		156,672	123
100 03 OCCUPATIONAL HEALTH	2,454	5,775	435,526		558,396	2,454
100 04 EAP	946	91	75,201		95,181	946
100 05 MI SC. NONREIMBURSABLE	2,819	36,886	936,844		2,114,619	2,819
100 06 RETAIL PHARMACY	1,331				6,220	1,331
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,750,663	8,286,068	15,339,437		24,036,689	4,732,173
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	4.673158		.191039		.201612	
(WRKSHT B, PT I)		1.179816				15.723960
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER			15,442		2,943,521	409,101
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000192		.024689	1.359352
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED) EQUI S.	PHARMACY (COSTED) EQUI S.	R
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	653,125							
010 HOUSEKEEPING		5,933						
011 DIETARY	3,834	322	130,434					
012 CAFETERIA				844				
014 NURSING ADMINISTRATION		18		19	656,378			
015 CENTRAL SERVICES & SUPPLY	17,098	52				100		
016 PHARMACY		58					100	
017 MEDICAL RECORDS & LIBRARY		33		38				
025 INPAT ROUTINE SRVC CN								
027 ADULTS & PEDIATRICS	218,625	39	95,250	151	282,611			
031 CORONARY CARE UNIT	21,567	337	4,711	18	33,311			
033 SUBPROVIDER	12,256	308	18,284	22	35,861			
034 NURSERY	7,865			8	12,297			
037 SKILLED NURSING FACILITY	14,246	199	8,194	11	21,136			
038 ANCILLARY SRVC COST CENTER								
039 OPERATING ROOM	80,342	518	2,344	50	92,237			
040 RECOVERY ROOM	14,312	166		10	17,936			
041 DELIVERY ROOM & LABOR	18,292			10	17,808			
042 ANESTHESIOLOGY		83		17				
043 RADIOLOGY-DIAGNOSTIC	64,290	148		30				
044 RADIOLOGY-THERAPEUTIC	8,277	167		10				
049 CAT SCAN		54		7				
050 RADIOISOTOPE		93		16				
051 LABORATORY	95	139		80				
052 RESPIRATORY THERAPY		53		16				
053 PHYSICAL THERAPY	9,885	104		15				
054 OCCUPATIONAL THERAPY		7		5				
055 SPEECH PATHOLOGY		32		9				
056 ELECTROCARDIOLOGY	8,202	193		13				
058 ELECTROENCEPHALOGRAPH	1,575	29		7				
059 MEDICAL SUPPLIES CHARACTERIZED AS DRUGS CHARGED TO PATIENT				11		100		
061 ASC (NON-DIAGNOSTIC PAR)	40,332	552		25	46,356			100
062 CARDIAC CATHETERIZATION	1,912	57		3				
063 PSYCHIATRIC/PSYCHOLOG				8				
064 OUTPAT SERVICE COST CENTER								
065 EMERGENCY	109,103	1,001	1,651	57	96,825			
066 OBSERVATION BEDS (NON)								
067 OTHER OUTPATIENT SERVICE								
068 50 RURAL HEALTH CLINIC -								
069 51 RURAL HEALTH CLINIC -								
070 52 RURAL HEALTH CLINIC -								
071 OTHER REIMBURSABLE COST CENTER								
093 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER		34						
095 HOSPICE		31						
096 SUBTOTALS	652,108	4,827	130,434	682	656,378	100	100	
098 NONREIMBURSABLE COST CENTER								
100 GIFT, FLOWER, COFFEE								
101 PHYSICIANS' PRIVATE OFFICE		914		134				
102 OTHER NONREIMBURSABLE								
103 01 WELLNESS				3				
104 02 LIFELINE		12						
105 03 OCCUPATIONAL HEALTH	1,017	14		8				
106 04 EAP		9		2				
107 05 MI SC. NONREIMBURSABLE		157		15				
108 06 RETAIL PHARMACY								
109 CROSS FOOT ADJUSTMENT								
110 NEGATIVE COST CENTER								
111 COST TO BE ALLOCATED (WRKSHT B, PART I)	551,356	1,963,016	1,635,283	861,780	1,981,380	1,323,095	2,009,475	
112 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.844181	330.863981	12.537245	1,021.066351	3.018657	13,230.950000	20,094.750000	
113 COST TO BE ALLOCATED (WRKSHT B, PART II)								
114 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
115 COST TO BE ALLOCATED (WRKSHT B, PART III)	17,435	105,444	127,442	57,150	52,606	211,352	198,354	
116 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.026695	17.772459	.977061	67.713270	.080146	2,113.520000	1,983.540000	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	17
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENE	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATIO	
016 CENTRAL SERVICES & SU	
017 PHARMACY	
017 MEDICAL RECORDS & LIB	315,221,906
025 INPAT ROUTINE SRVC CN	
025 ADULTS & PEDIATRICS	19,487,557
027 CORONARY CARE UNIT	2,570,445
031 SUBPROVIDER	3,283,367
033 NURSERY	1,200,692
034 SKILLED NURSING FACIL	1,276,772
037 ANCILLARY SRVC COST C	
037 OPERATING ROOM	16,952,463
038 RECOVERY ROOM	3,663,489
039 DELIVERY ROOM & LABOR	4,002,863
040 ANESTHESIOLOGY	6,853,542
041 RADIOLOGY-DIAGNOSTIC	16,280,052
042 RADIOLOGY-THERAPEUTIC	5,770,677
042 01 CAT SCAN	27,135,585
043 RADIOISOTOPE	24,106,353
044 LABORATORY	45,289,514
049 RESPIRATORY THERAPY	6,383,017
050 PHYSICAL THERAPY	5,965,950
051 OCCUPATIONAL THERAPY	1,125,195
052 SPEECH PATHOLOGY	1,408,501
053 ELECTROCARDIOLOGY	4,280,673
054 ELECTROENCEPHALOGRAPH	4,299,252
055 MEDICAL SUPPLIES CHAR	20,641,895
056 DRUGS CHARGED TO PATI	40,162,116
058 ASC (NON-DISTINCT PAR	19,734,187
058 01 CARDIAC CATHETERIZATI	1,008,460
059 PSYCHIATRIC/PSYCHOLOG	214,950
061 OUTPAT SERVICE COST C	
061 EMERGENCY	29,820,615
062 OBSERVATION BEDS (NON	
063 OTHER OUTPATIENT SERV	
063 50 RURAL HEALTH CLINIC -	738,507
063 51 RURAL HEALTH CLINIC -	613,736
063 52 RURAL HEALTH CLINIC -	951,481
071 OTHER REIMBURS COST C	
071 HOME HEALTH AGENCY	
093 SPEC PURPOSE COST CEN	
093 HOSPICE	
095 SUBTOTALS	315,221,906
095 NONREIMBURS COST CENT	
096 GIFT, FLOWER, COFFEE	
098 PHYSICIANS' PRIVATE O	
100 OTHER NONREIMBURSABLE	
100 01 WELLNESS	
100 02 LIFELINE	
100 03 OCCUPATIONAL HEALTH	
100 04 EAP	
100 05 MIS. NONREIMBURSABLE	
100 06 RETAIL PHARMACY	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	2,432,134
104 (PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
104 (WRKSHT B, PT I)	.007716
105 COST TO BE ALLOCATED	
105 (PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
106 (WRKSHT B, PT II)	
107 COST TO BE ALLOCATED	131,538
107 (PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
108 (WRKSHT B, PT III)	.000417

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,011,454		14,011,454		14,011,454
27	CORONARY CARE UNIT	2,189,799		2,189,799		2,189,799
31	SUBPROVIDER	2,668,261		2,668,261		2,668,261
33	NURSERY	570,263		570,263		570,263
34	SKILLED NURSING FACILITY	1,333,787		1,333,787		1,333,787
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,800,240		6,800,240		6,800,240
38	RECOVERY ROOM	1,244,792		1,244,792		1,244,792
39	DELIVERY ROOM & LABOR ROO	999,968		999,968		999,968
40	ANESTHESIOLOGY	1,729,453		1,729,453	42,754	1,772,207
41	RADIOLOGY-DIAGNOSTIC	4,371,058		4,371,058		4,371,058
42	RADIOLOGY-THERAPEUTIC	2,044,697		2,044,697		2,044,697
42	01 CAT SCAN	2,241,460		2,241,460		2,241,460
43	RADIOISOTOPE	3,765,159		3,765,159		3,765,159
44	LABORATORY	11,320,864		11,320,864	19,681	11,340,545
49	RESPIRATORY THERAPY	1,437,742		1,437,742		1,437,742
50	PHYSICAL THERAPY	2,411,017		2,411,017		2,411,017
51	OCCUPATIONAL THERAPY	474,895		474,895		474,895
52	SPEECH PATHOLOGY	338,431		338,431		338,431
53	ELECTROCARDIOLOGY	1,327,141		1,327,141		1,327,141
54	ELECTROENCEPHALOGRAPHY	749,176		749,176		749,176
55	MEDICAL SUPPLIES CHARGED	7,178,299		7,178,299		7,178,299
56	DRUGS CHARGED TO PATIENTS	10,560,249		10,560,249		10,560,249
58	ASC (NON-DISTINCT PART)	4,269,145		4,269,145		4,269,145
58	01 CARDIAC CATHETERIZATION L	649,675		649,675		649,675
59	PSYCHIATRIC/PSYCHOLOGICAL	488,192		488,192		488,192
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,765,840		6,765,840	72,993	6,838,833
62	OBSERVATION BEDS (NON-DIS	1,629,138		1,629,138		1,629,138
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC - CAS	947,505		947,505		947,505
63	51 RURAL HEALTH CLINIC - SUL	894,778		894,778		894,778
63	52 RURAL HEALTH CLINIC - NEO	1,061,821		1,061,821		1,061,821
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	96,474,299		96,474,299	135,428	96,609,727
102	LESS OBSERVATION BEDS	1,629,138		1,629,138		1,629,138
103	TOTAL	94,845,161		94,845,161	135,428	94,980,589

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	6,800,240		5,990,853			6,800,240
38	OPERATING ROOM	1,244,792	809,387	1,150,311			1,244,792
39	RECOVERY ROOM	999,968	94,481	916,847			999,968
40	DELIVERY ROOM & LABOR ROO	1,729,453	83,121	1,627,004			1,729,453
41	ANESTHESIOLOGY	4,371,058	102,449	3,194,117			4,371,058
42	RADIOLOGY-DIAGNOSTIC	2,044,697	1,176,941	1,543,211			2,044,697
42	RADIOLOGY-THERAPEUTIC	2,241,460	501,486	1,638,520			2,241,460
43	01 CAT SCAN	3,765,159	602,940	3,006,248			3,765,159
44	RADIOISOTOPE	11,320,864	758,911	10,714,965			11,320,864
49	LABORATORY	1,437,742	605,899	1,361,134			1,437,742
50	RESPIRATORY THERAPY	2,411,017	76,608	2,284,449			2,411,017
51	PHYSICAL THERAPY	474,895	126,568	460,868			474,895
52	OCCUPATIONAL THERAPY	338,431	14,027	292,497			338,431
53	SPEECH PATHOLOGY	1,327,141	45,934	1,155,262			1,327,141
54	ELECTROCARDIOLOGY	749,176	171,879	683,315			749,176
55	ELECTROENCEPHALOGRAPHY	7,178,299	65,861	6,840,793			7,178,299
56	MEDICAL SUPPLIES CHARGED	10,560,249	337,506	10,175,078			10,560,249
58	DRUGS CHARGED TO PATIENTS	4,269,145	385,171	3,899,575			4,269,145
58	ASC (NON-DISTINCT PART)	649,675	369,570	501,922			649,675
59	01 CARDIAC CATHETERIZATION L	488,192	147,753	477,119			488,192
61	PSYCHIATRIC/PSYCHOLOGICAL	6,765,840	11,073	6,470,024			6,765,840
62	EMERGENCY	1,629,138	295,816	1,525,030			1,629,138
63	OBSERVATION BEDS (NON-DIS		104,108				
63	OTHER OUTPATIENT SERVICE	947,505		834,846			947,505
63	50 RURAL HEALTH CLINIC - CAS	894,778	112,659	834,866			894,778
63	51 RURAL HEALTH CLINIC - SUL	1,061,821	59,912	1,021,925			1,061,821
63	52 RURAL HEALTH CLINIC - NEO		39,896				
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	75,700,735	7,099,956	68,600,779			75,700,735
102	LESS OBSERVATION BEDS	1,629,138	104,108	1,525,030			1,629,138
103	TOTAL	74,071,597	6,995,848	67,075,749			74,071,597

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	16,952,463	.401136	.401136
38	RECOVERY ROOM	3,663,489	.339783	.339783
39	DELIVERY ROOM & LABOR ROO	4,002,863	.249813	.249813
40	ANESTHESIOLOGY	6,853,542	.252344	.252344
41	RADIOLOGY-DIAGNOSTIC	16,280,052	.268492	.268492
42	RADIOLOGY-THERAPEUTIC	5,770,677	.354325	.354325
42	01 CAT SCAN	27,135,585	.082602	.082602
43	RADIOISOTOPE	24,106,353	.156189	.156189
44	LABORATORY	45,289,514	.249967	.249967
49	RESPIRATORY THERAPY	6,383,017	.225245	.225245
50	PHYSICAL THERAPY	5,965,950	.404130	.404130
51	OCCUPATIONAL THERAPY	1,125,195	.422056	.422056
52	SPEECH PATHOLOGY	1,408,501	.240277	.240277
53	ELECTROCARDIOLOGY	4,280,673	.310031	.310031
54	ELECTROENCEPHALOGRAPHY	4,299,252	.174257	.174257
55	MEDICAL SUPPLIES CHARGED	20,641,895	.347754	.347754
56	DRUGS CHARGED TO PATIENTS	40,162,116	.262941	.262941
58	ASC (NON-DISTINCT PART)	19,734,187	.216332	.216332
58	01 CARDIAC CATHETERIZATION L	1,008,460	.644225	.644225
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	214,950	2.271189	2.271189
61	EMERGENCY	29,820,615	.226885	.226885
62	OBSERVATION BEDS (NON-DIS	2,831,740	.575313	.575313
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC - CAS	738,507	1.283001	1.283001
63	51 RURAL HEALTH CLINIC - SUL	613,736	1.457920	1.457920
63	52 RURAL HEALTH CLINIC - NEO	951,481	1.115967	1.115967
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	290,234,813		
102	LESS OBSERVATION BEDS	2,831,740		
103	TOTAL	287,403,073		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				895,387		895,387
27	CORONARY CARE UNIT				137,618		137,618
31	SUBPROVIDER				139,799		139,799
33	NURSERY				26,819		26,819
101	TOTAL				1,199,623		1,199,623

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					21,209	
27	CORONARY CARE UNIT					1,809	
31	SUBPROVIDER					3,639	
33	NURSERY					1,206	
34	SKILLED NURSING FACILITY					2,495	
101	TOTAL					30,358	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	10,503	
27	CORONARY CARE UNIT	1,027	
31	SUBPROVIDER	848	
33	NURSERY		
34	SKILLED NURSING FACILITY	2,021	
101	TOTAL	14,399	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			16,952,463			3,719,745	
38	RECOVERY ROOM			3,663,489			394,211	
39	DELIVERY ROOM & LABOR ROO			4,002,863			15,624	
40	ANESTHESIOLOGY			6,853,542			785,519	
41	RADIOLOGY-DIAGNOSTIC			16,280,052			1,440,424	
42	RADIOLOGY-THERAPEUTIC			5,770,677			15,970	
42	01 CAT SCAN			27,135,585			3,180,164	
43	RADIOISOTOPE			24,106,353			1,536,944	
44	LABORATORY			45,289,514			5,371,631	
49	RESPIRATORY THERAPY			6,383,017			2,643,962	
50	PHYSICAL THERAPY			5,965,950			325,007	
51	OCCUPATIONAL THERAPY			1,125,195			136,530	
52	SPEECH PATHOLOGY			1,408,501			66,198	
53	ELECTROCARDIOLOGY			4,280,673			828,354	
54	ELECTROENCEPHALOGRAPHY			4,299,252			17,479	
55	MEDICAL SUPPLIES CHARGED			20,641,895			4,695,805	
56	DRUGS CHARGED TO PATIENTS			40,162,116			9,465,228	
58	ASC (NON-DISTINCT PART)			19,734,187				
58	01 CARDIAC CATHETERIZATION L			1,008,460			14,996	
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			214,950				
61	EMERGENCY			29,820,615			1,740,408	
62	OBSERVATION BEDS (NON-DIS			2,831,740				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC - CAS							
63	51 RURAL HEALTH CLINIC - SUL							
63	52 RURAL HEALTH CLINIC - NEO							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			287,931,089			36,394,199	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,851,356	3,730,033				
38	RECOVERY ROOM	415,524	409,197				
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	676,955	602,575				
41	RADIOLOGY-DIAGNOSTIC	1,372,209	1,464,594				
42	RADIOLOGY-THERAPEUTIC	1,205,704	984,253				
42	01 CAT SCAN	3,019,956	3,220,778				
43	RADIOISOTOPE	2,987,586	3,138,840				
44	LABORATORY	501,823	474,037				
49	RESPIRATORY THERAPY	184,613	198,741				
50	PHYSICAL THERAPY	61,640	23,111				
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	69,662	76,469				
53	ELECTROCARDIOLOGY	428,371	690,970				
54	ELECTROENCEPHALOGRAPHY	397,847	445,539				
55	MEDICAL SUPPLIES CHARGED	1,514,724	1,382,028				
56	DRUGS CHARGED TO PATIENTS	4,468,998	5,714,974				
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L	220,706	142,462				
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,863,461	1,987,699				
62	OBSERVATION BEDS (NON-DIS	512,409	505,902				
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	23,753,544	25,192,202				

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
42	01 CAT SCAN										
43	RADIOISOTOPE										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
58	ASC (NON-DISTINCT PART)										
58	01 CARDIAC CATHETERIZATION L										
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	OTHER OUTPATIENT SERVICE										
63	50 RURAL HEALTH CLINIC - CAS										
63	51 RURAL HEALTH CLINIC - SUL										
63	52 RURAL HEALTH CLINIC - NEO										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			16,952,463			1,530	
38	RECOVERY ROOM			3,663,489				
39	DELIVERY ROOM & LABOR ROO			4,002,863				
40	ANESTHESIOLOGY			6,853,542				
41	RADIOLOGY-DIAGNOSTIC			16,280,052			10,871	
42	RADIOLOGY-THERAPEUTIC			5,770,677				
01	CAT SCAN			27,135,585			30,594	
43	RADIOISOTOPE			24,106,353			5,865	
44	LABORATORY			45,289,514			233,983	
49	RESPIRATORY THERAPY			6,383,017			16,170	
50	PHYSICAL THERAPY			5,965,950			2,302	
51	OCCUPATIONAL THERAPY			1,125,195			1,464	
52	SPEECH PATHOLOGY			1,408,501				
53	ELECTROCARDIOLOGY			4,280,673			9,433	
54	ELECTROENCEPHALOGRAPHY			4,299,252			692	
55	MEDICAL SUPPLIES CHARGED			20,641,895			293	
56	DRUGS CHARGED TO PATIENTS			40,162,116			270,120	
58	ASC (NON-DISTINCT PART)			19,734,187				
01	CARDIAC CATHETERIZATION L			1,008,460				
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			214,950				
61	EMERGENCY			29,820,615			106,314	
62	OBSERVATION BEDS (NON-DIS			2,831,740				
63	OTHER OUTPATIENT SERVICE							
50	RURAL HEALTH CLINIC - CAS							
51	RURAL HEALTH CLINIC - SUL							
52	RURAL HEALTH CLINIC - NEO							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			287,931,089			689,631	

TITLE XVIII, PART A

SUBPROVIDER 1

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L						
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			16,952,463			30,342	
38	OPERATING ROOM			3,663,489				
39	RECOVERY ROOM			4,002,863				
40	DELIVERY ROOM & LABOR ROO			6,853,542			1,208	
41	ANESTHESIOLOGY			16,280,052			35,033	
42	RADIOLOGY-DIAGNOSTIC			5,770,677				
42	RADIOLOGY-THERAPEUTIC			27,135,585			24,494	
43	01 CAT SCAN			24,106,353			21,396	
44	RADIOISOTOPE			45,289,514			176,073	
49	LABORATORY			6,383,017			190,372	
50	RESPIRATORY THERAPY			5,965,950			368,966	
51	PHYSICAL THERAPY			1,125,195			219,747	
52	OCCUPATIONAL THERAPY			1,408,501			8,280	
53	SPEECH PATHOLOGY			4,280,673			3,638	
54	ELECTROCARDIOLOGY			4,299,252			442	
55	ELECTROENCEPHALOGRAPHY			20,641,895			106,052	
56	MEDICAL SUPPLIES CHARGED			40,162,116			671,236	
58	DRUGS CHARGED TO PATIENTS			19,734,187				
58	ASC (NON-DISTINCT PART)			1,008,460				
59	01 CARDIAC CATHETERIZATION L			214,950				
59	PSYCHIATRIC/PSYCHOLOGICAL							
59	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			29,820,615				
62	OBSERVATION BEDS (NON-DIS			2,831,740				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC - CAS							
63	51 RURAL HEALTH CLINIC - SUL							
63	52 RURAL HEALTH CLINIC - NEO							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			287,931,089			1,857,279	

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.401136	.401136			
38 RECOVERY ROOM	.339783	.339783			
39 DELIVERY ROOM & LABOR ROOM	.249813	.249813			
40 ANESTHESIOLOGY	.252344	.252344			
41 RADIOLOGY-DIAGNOSTIC	.268492	.268492			
42 RADIOLOGY-THERAPEUTIC	.354325	.354325			
01 42 CAT SCAN	.082602	.082602			
43 RADIOISOTOPE	.156189	.156189			
44 LABORATORY	.249967	.249967			
49 RESPIRATORY THERAPY	.225245	.225245			
50 PHYSICAL THERAPY	.404130	.404130			
51 OCCUPATIONAL THERAPY	.422056	.422056			
52 SPEECH PATHOLOGY	.240277	.240277			
53 ELECTROCARDIOLOGY	.310031	.310031			
54 ELECTROENCEPHALOGRAPHY	.174257	.174257			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.347754	.347754			
56 DRUGS CHARGED TO PATIENTS	.262941	.262941			
58 ASC (NON-DISTINCT PART)	.216332	.216332			
58 01 CARDIAC CATHETERIZATION LABORATORY	.644225	.644225			
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.271189	2.271189			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.226885	.226885			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.575313	.575313			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC - CASEY					
63 51 RURAL HEALTH CLINIC - SULLIVAN					
63 52 RURAL HEALTH CLINIC - NEOGA					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B		HOSPITAL					
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	
Cost Center	Description	5	5.01	5.02	5.03	6	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		3,851,356		3,730,033		
38	RECOVERY ROOM		415,524		409,197		
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY		676,955		602,575		
41	RADIOLOGY-DIAGNOSTIC		1,372,209		1,464,594		
42	RADIOLOGY-THERAPEUTIC		1,205,704		984,253		
01	CAT SCAN		3,019,956		3,220,778		
43	RADIOISOTOPE		2,987,586		3,138,840		
44	LABORATORY		501,823		474,037		
49	RESPIRATORY THERAPY		184,613		198,741		
50	PHYSICAL THERAPY		61,640		23,111		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY		69,662		76,469		
53	ELECTROCARDIOLOGY		428,371		690,970		
54	ELECTROENCEPHALOGRAPHY		397,847		445,539		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,514,724		1,382,028		
56	DRUGS CHARGED TO PATIENTS		4,468,998		5,714,974		
58	ASC (NON-DISTINCT PART)						
01	CARDIAC CATHETERIZATION LABORATORY		220,706		142,462		
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						
61	EMERGENCY		1,863,461		1,987,699		
62	OBSERVATION BEDS (NON-DISTINCT PART)		512,409		505,902		
63	OTHER OUTPATIENT SERVICE COST CENTER						
50	RURAL HEALTH CLINIC - CASEY						
51	RURAL HEALTH CLINIC - SULLIVAN						
52	RURAL HEALTH CLINIC - NEOGA						
101	SUBTOTAL		23,753,544		25,192,202		
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES						
104	NET CHARGES		23,753,544		25,192,202		

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

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center	Description	7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,544,918	
38	RECOVERY ROOM				141,188	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				170,826	
41	RADIOLOGY-DIAGNOSTIC				368,427	
42	RADIOLOGY-THERAPEUTIC				427,211	
01	CAT SCAN				249,454	
43	RADIOISOTOPE				466,628	
44	LABORATORY				125,439	
49	RESPIRATORY THERAPY				41,583	
50	PHYSICAL THERAPY				24,911	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY				16,738	
53	ELECTROCARDIOLOGY				132,808	
54	ELECTROENCEPHALOGRAPHY				69,328	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				526,751	
56	DRUGS CHARGED TO PATIENTS				1,175,083	
58	ASC (NON-DISTINCT PART)					
01	CARDIAC CATHETERIZATION LABORATORY				142,184	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				422,791	
62	OBSERVATION BEDS (NON-DISTINCT PART)				294,796	
63	OTHER OUTPATIENT SERVICE COST CENTER					
63	50 RURAL HEALTH CLINIC - CASEY					
63	51 RURAL HEALTH CLINIC - SULLIVAN					
63	52 RURAL HEALTH CLINIC - NEOGA					
101	SUBTOTAL				6,341,064	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				6,341,064	

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

Health Financial Systems	MCRI F32	FOR SARAH BUSH LINCOLN HEALTH CENTER	IN LIEU OF FORM CMS-2552-96(08/2000)
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST		PROVIDER NO:	PERIOD:
		14-0189	FROM 7/ 1/2008
			TO 6/30/2009
		14-0189	
TITLE XVIII, PART B	HOSPITAL		
PART VI - VACCINE COST APPORTIONMENT			

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.262941
2	PROGRAM VACCINE CHARGES		14,906
3	PROGRAM COSTS		3,919

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,466
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	660.64
85	OBSERVATION BED COST	1,629,138

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	14,011,454		1,629,138	
87	NEW CAPITAL-RELATED COST	895,387	.063904	1,629,138	104,108
88	NON PHYSICIAN ANESTHETIST	14,011,454		1,629,138	
89	MEDICAL EDUCATION	14,011,454		1,629,138	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	733.24
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,668,261			
87	NEW CAPITAL-RELATED COST	139,799	.052393		
88	NON PHYSICIAN ANESTHETIST	2,668,261			
89	MEDICAL EDUCATION	2,668,261			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

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

	1
66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,333,787
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	534.58
68 PROGRAM ROUTINE SERVICE COST	1,080,386
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,080,386
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	77,423
72 PER DIEM CAPITAL-RELATED COSTS	31.03
73 PROGRAM CAPITAL-RELATED COSTS	62,712
74 INPATIENT ROUTINE SERVICE COST	1,017,674
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,017,674
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78 INPATIENT ROUTINE SERVICE COST LIMITATION	
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,080,386
80 PROGRAM INPATIENT ANCILLARY SERVICES	572,564
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	1,652,950

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		9,107,237	
27	CORONARY CARE UNIT		1,431,924	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.401136	3,719,745	1,492,124
38	RECOVERY ROOM	.339783	394,211	133,946
39	DELIVERY ROOM & LABOR ROOM	.249813	15,624	3,903
40	ANESTHESIOLOGY	.258583	785,519	203,122
41	RADIOLOGY-DIAGNOSTIC	.268492	1,440,424	386,742
42	RADIOLOGY-THERAPEUTIC	.354325	15,970	5,659
42	01 CAT SCAN	.082602	3,180,164	262,688
43	RADIOISOTOPE	.156189	1,536,944	240,054
44	LABORATORY	.250401	5,371,631	1,345,062
49	RESPIRATORY THERAPY	.225245	2,643,962	595,539
50	PHYSICAL THERAPY	.404130	325,007	131,345
51	OCCUPATIONAL THERAPY	.422056	136,530	57,623
52	SPEECH PATHOLOGY	.240277	66,198	15,906
53	ELECTROCARDIOLOGY	.310031	828,354	256,815
54	ELECTROENCEPHALOGRAPHY	.174257	17,479	3,046
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.347754	4,695,805	1,632,985
56	DRUGS CHARGED TO PATIENTS	.262941	9,465,228	2,488,797
58	ASC (NON-DISTINCT PART)	.216332		
58	01 CARDIAC CATHETERIZATION LABORATORY	.644225	14,996	9,661
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	2.271189		
61	EMERGENCY	.229332	1,740,408	399,131
62	OBSERVATION BEDS (NON-DISTINCT PART)	.575313		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC - CASEY			
63	51 RURAL HEALTH CLINIC - SULLIVAN			
63	52 RURAL HEALTH CLINIC - NEOGA			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		36,394,199	9,664,148
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		36,394,199	

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			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		761,627	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.401136	1,530	614
38	RECOVERY ROOM	.339783		
39	DELIVERY ROOM & LABOR ROOM	.249813		
40	ANESTHESIOLOGY	.258583		
41	RADIOLOGY-DIAGNOSTIC	.268492	10,871	2,919
42	RADIOLOGY-THERAPEUTIC	.354325		
42	01 CAT SCAN	.082602	30,594	2,527
43	RADIOISOTOPE	.156189	5,865	916
44	LABORATORY	.250401	233,983	58,590
49	RESPIRATORY THERAPY	.225245	16,170	3,642
50	PHYSICAL THERAPY	.404130	2,302	930
51	OCCUPATIONAL THERAPY	.422056	1,464	618
52	SPEECH PATHOLOGY	.240277		
53	ELECTROCARDIOLOGY	.310031	9,433	2,925
54	ELECTROENCEPHALOGRAPHY	.174257	692	121
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.347754	293	102
56	DRUGS CHARGED TO PATIENTS	.262941	270,120	71,026
58	ASC (NON-DISTINCT PART)	.216332		
58	01 CARDIAC CATHETERIZATION LABORATORY	.644225		
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	2.271189		
61	EMERGENCY	.229332	106,314	24,381
62	OBSERVATION BEDS (NON-DISTINCT PART)	.575313		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC - CASEY			
63	51 RURAL HEALTH CLINIC - SULLIVAN			
63	52 RURAL HEALTH CLINIC - NEOGA			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		689,631	169,311
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		689,631	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,080,961	
27	CORONARY CARE UNIT		258,242	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.401136	829,303	332,663
38	RECOVERY ROOM	.339783	172,030	58,453
39	DELIVERY ROOM & LABOR ROOM	.249813	1,903,487	475,516
40	ANESTHESIOLOGY	.252344	299,366	75,543
41	RADIOLOGY-DIAGNOSTIC	.268492	261,157	70,119
42	RADIOLOGY-THERAPEUTIC	.354325	14,916	5,285
42	01 CAT SCAN	.082602	532,843	44,014
43	RADIOISOTOPE	.156189	291,788	45,574
44	LABORATORY	.249967	1,437,461	359,318
49	RESPIRATORY THERAPY	.225245	562,470	126,694
50	PHYSICAL THERAPY	.404130	28,437	11,492
51	OCCUPATIONAL THERAPY	.422056	13,798	5,824
52	SPEECH PATHOLOGY	.240277	30,312	7,283
53	ELECTROCARDIOLOGY	.310031	91,464	28,357
54	ELECTROENCEPHALOGRAPHY	.174257	3,586	625
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.347754	882,316	306,829
56	DRUGS CHARGED TO PATIENTS	.262941	2,177,887	572,656
58	ASC (NON-DISTINCT PART)	.216332	46,706	10,104
58	01 CARDIAC CATHETERIZATION LABORATORY	.644225		
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	2.271189		
61	EMERGENCY	.226885	1,010,383	229,241
62	OBSERVATION BEDS (NON-DISTINCT PART)	.575313		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC - CASEY	1.283001		
63	51 RURAL HEALTH CLINIC - SULLIVAN	1.457920		
63	52 RURAL HEALTH CLINIC - NEOGA	1.115967		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		10,589,710	2,765,590
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,589,710	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		14,030,547		9,666,284
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01		623,440		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		623,440		NONE
4 TOTAL INTERIM PAYMENTS		14,653,987		9,666,284
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		180,281		192,106
7 TOTAL MEDICARE PROGRAM LIABILITY		14,473,706		9,474,178

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.

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		505,318		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			505,318	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01	55,657	
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			560,975	

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.

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		770,553		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			770,553	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02	3	
7 TOTAL MEDICARE PROGRAM LIABILITY			770,556	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 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)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
39	EXCESS OF REASONABLE COST			
40	SUBTOTAL			
41	COINSURANCE			
42	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
43	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
44	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
45	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
46	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
47	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
48	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
49	UTILIZATION REVIEW			
50	SUBTOTAL (SEE INSTRUCTIONS)			
51	INPATIENT ROUTINE SERVICE COST			
52	MEDICARE INPATIENT ROUTINE CHARGES			
53	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
54	PAYMENT FOR SERVICES ON A CHARGE BASIS			
55	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
56	FOR PAYMENT OF PART A SERVICES			
57	RATIO OF LINE 43 TO 44			
58	TOTAL CUSTOMARY CHARGES			
59	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
60	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
61	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
62	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
63	OTHER ADJUSTMENTS (SPECIFY)			
64	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
65	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
66	SUBTOTAL			
67	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
68	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
69	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
70	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
71	INTERIM PAYMENTS			
72	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
73	BALANCE DUE PROVIDER/PROGRAM			

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	15,631,732			
2 TEMPORARY INVESTMENTS	2,758,616			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	38,873,321			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10,645,000			
7 INVENTORY	2,462,634			
8 PREPAID EXPENSES	2,550,857			
9 OTHER CURRENT ASSETS	3,686,442			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	55,318,602			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	58,901,051			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
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	58,901,051			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	103,343,394			
26 TOTAL OTHER ASSETS	103,343,394			
27 TOTAL ASSETS	217,563,047			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,594,390			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,049,180			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	21,579,942			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	28,223,512			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	39,551,453			
42 TOTAL LONG-TERM LIABILITIES	39,551,453			
43 TOTAL LIABILITIES	67,774,965			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	149,788,082			
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	149,788,082			
52 TOTAL LIABILITIES AND FUND BALANCES	217,563,047			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		157,171,599		
2	NET INCOME (LOSS)		-6,654,119		
3	TOTAL		150,517,480		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		150,517,480		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CHANGES IN RESTRICTED AS	729,398			
15					
16					
17					
18	TOTAL DEDUCTIONS		729,398		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		149,788,082		

		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	CHANGES IN RESTRICTED AS				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	665,011	166,347	317,204	31,544	237,901	1,418,007
HHA REIMBURSABLE SERVICES						
6	1,139,619					1,139,619
7	252,622					252,622
8	71,132					71,132
9	20,262					20,262
10	27,445					27,445
11	97,821					97,821
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17	849					849
18						
19						
20						
21						
22						
23						
23.50						
24	2,274,761	166,347	317,204	31,544	237,901	3,027,757

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		1,418,007		1,418,007
HHA REIMBURSABLE SERVICES				
6		1,139,619		1,139,619
7		252,622		252,622
8		71,132		71,132
9		20,262		20,262
10		27,445		27,445
11		97,821		97,821
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17		849		849
18				
19				
20				
21				
22				
23				
23.50				
24		3,027,757		3,027,757

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		1,418,007				1,418,007	1,418,007
HHA REIMBURSABLE SERVICES							
6		1,139,619				1,139,619	1,003,875
7		252,622				252,622	222,531
8		71,132				71,132	62,659
9		20,262				20,262	17,849
10		27,445				27,445	24,176
11		97,821				97,821	86,169
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17		849				849	748
18							
19							
20							
21							
22							
23							
23.50							
24		3,027,757				3,027,757	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		2,143,494					
7		475,153					
8		133,791					
9		38,111					
10		51,621					
11		183,990					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17		1,597					
18							
19							
20							
21							
22							
23							
23.50							
24		3,027,757					
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				-1,418,007	1,609,750
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					1,139,619
7	PHYSICAL THERAPY					252,622
8	OCCUPATIONAL THERAPY					71,132
9	SPEECH PATHOLOGY					20,262
10	MEDICAL SOCIAL SERVICES					27,445
11	HOME HEALTH AIDE					97,821
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					849
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)				-1,418,007	1,609,750
25	COST TO BE ALLOCATED					1,418,007
26	UNIT COST MULTIPLIER					.880886

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL			1,983	434,568	436,551	88,014
2 SKILLED NURSING CARE	2,143,494				2,143,494	432,153
3 PHYSICAL THERAPY	475,153				475,153	95,797
4 OCCUPATIONAL THERAPY	133,791				133,791	26,974
5 SPEECH PATHOLOGY	38,111				38,111	7,684
6 MEDICAL SOCIAL SERVICES	51,621				51,621	10,407
7 HOME HEALTH AIDE	183,990				183,990	37,095
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	1,597				1,597	322
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,027,757		1,983	434,568	3,464,308	698,446
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	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL			11,249			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			11,249			
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	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRAR	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL
	15	16	17	25	26	27
1 ADMIN & GENERAL				535,814		535,814
2 SKILLED NURSING CARE				2,575,647		2,575,647
3 PHYSICAL THERAPY				570,950		570,950
4 OCCUPATIONAL THERAPY				160,765		160,765
5 SPEECH PATHOLOGY				45,795		45,795
6 MEDICAL SOCIAL SERVICES				62,028		62,028
7 HOME HEALTH AIDE				221,085		221,085
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING				1,919		1,919
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)				4,174,003		4,174,003
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	ALLOCATED HHA A & G	TOTAL HHA COSTS
	28	29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	379,328	2,954,975
3 PHYSICAL THERAPY	84,087	655,037
4 OCCUPATIONAL THERAPY	23,677	184,442
5 SPEECH PATHOLOGY	6,744	52,539
6 MEDICAL SOCIAL SERVICES	9,135	71,163
7 HOME HEALTH AIDE	32,560	253,645
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING	283	2,202
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)	535,814	4,174,003
21 UNIT COST MULTIPLIER	0.147275	

- (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)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL		1,681	2,274,761		436,551	
2 SKILLED NURSING CARE					2,143,494	
3 PHYSICAL THERAPY					475,153	
4 OCCUPATIONAL THERAPY					133,791	
5 SPEECH PATHOLOGY					38,111	
6 MEDICAL SOCIAL SERVICES					51,621	
7 HOME HEALTH AIDE					183,990	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING					1,597	
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)		1,681	2,274,761		3,464,308	
21 COST TO BE ALLOCATED		1,983	434,568		698,446	
22 UNIT COST MULTIPLIER		1.179655	0.191039		0.201612	

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		34				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		34				
21 COST TO BE ALLOCATED		11,249				
22 UNIT COST MULTIPLIER		330.852941				

HHA 1

PHARMACY MEDICAL RECO
 RDS & LIBRAR
 (COSTED R (GROSS
 EQUIS.) CHARGES)
 16 17

HHA COST CENTER

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

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM (FROM PART I))	(FROM PART II)				PART A
1 SKILLED NURSING	2	2,954,975	2	2,954,975	17,830	165.73	6,324	
2 PHYSICAL THERAPY	3	655,037	2	655,037	5,037	130.05	2,368	
3 OCCUPATIONAL THERAPY	4	184,442	2	184,442	1,226	150.44	596	
4 SPEECH PATHOLOGY	5	52,539	2	52,539	247	212.71	167	
5 MEDICAL SOCIAL SERVICES	6	71,163	2	71,163	234	304.12	92	
6 HOME HEALTH AIDE SERVICE	7	253,645	2	253,645	4,006	63.32	1,126	
7 TOTAL		4,171,801	2	4,171,801	28,580		10,673	

PROGRAM VISITS	PART B		COST OF SERVICES		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	PART B		
1 SKILLED NURSING	7	8	9	10	11	12
2 SKILLED NURSING	5,534	1,397	1,048,077	307,958	917,150	1,965,227
3 SKILLED NURSING	303	27	89,662	45,583	181,680	489,638
4 PHYSICAL THERAPY	27	35,523	35,523	5,743	5,743	135,245
5 PHYSICAL THERAPY	98	27,979	27,979	29,804	29,804	41,266
6 OCCUPATIONAL THERAPY	1,825	71,298	71,298	115,559	115,559	57,783
7 SPEECH PATHOLOGY	9,184		1,580,497	1,295,519		186,857
TOTAL						2,876,016

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

PROGRAM VISITS	PART B		COST OF SERVICES		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	PART B		
8 SKILLED NURSING	7	8	9	10	11	12
8.01 SKILLED NURSING						
8.02 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
9.02 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
11.02 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
13.02 HOME HEALTH AIDE SERVICE						

PROVIDER NO:	PERIOD:	PREPARED 11/13/2009
14-0189	FROM 7/ 1/2008	WORKSHEET H-6
HHA NO:	TO 6/30/2009	PARTS I II & III
14-7594		HHA 1

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

-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
-----PART B-----		-----PART B-----		
NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	SUBJECT TO DEDUCT & COINSUR	
7	8	9	11	12

14 TOTAL

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

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

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

	PROGRAM COVERED CHARGES -----PART B-----	-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES			
16 COST OF DRUGS			
16.20 COST OF DRUGS			

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
17.01 PER BENE COST LIMITATION (FRM F1)		
17.02 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.404130			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.422056			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.240277			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.347754			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.262941			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE ----- PROGRAM VISITS -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER
	1	2	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	1/1/1999
1 PHYSICAL THERAPY	2	130.05	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	150.44					
3 SPEECH PATHOLOGY	4	212.71					
4 TOTAL (SUM OF LINES 1-3)							

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	2,954,975		2,954,975	17,830	165.73	
2	PHYSICAL THERAPY	3	655,037		655,037	5,037	130.05	
3	OCCUPATIONAL THERAPY	4	184,442		184,442	1,226	150.44	
4	SPEECH PATHOLOGY	5	52,539		52,539	247	212.71	
5	MEDICAL SOCIAL SERVICES	6	71,163		71,163	234	304.12	
6	HOME HEALTH AIDE SERVICE	7	253,645		253,645	4,006	63.32	
7	TOTAL		4,171,801		4,171,801	28,580		

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	PART A 9	10	11	12
1	SKILLED NURSING						
2	PHYSICAL THERAPY						
3	OCCUPATIONAL THERAPY						
4	SPEECH PATHOLOGY						
5	MEDICAL SOCIAL SERVICES						
6	HOME HEALTH AIDE SERVICES						
7	TOTAL						

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

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	PART A 9	10	11	12
8	SKILLED NURSING						
8.01	SKILLED NURSING						
8.02	SKILLED NURSING						
9	PHYSICAL THERAPY						
9.01	PHYSICAL THERAPY						
9.02	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
10.02	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
11.01	SPEECH PATHOLOGY						
11.02	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
12.01	MEDICAL SOCIAL SERVICES						
12.02	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
13.01	HOME HEALTH AIDE SERVICE						
13.02	HOME HEALTH AIDE SERVICE						

PROVIDER NO:	PERIOD:	PREPARED 11/13/2009
14-0189	FROM 7/ 1/2008	WORKSHEET H-6
HHA NO:	TO 6/30/2009	PARTS I II & III
14-7594		HHA 1

TITLE V TITLE XVIII TITLE XIX

-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
-----PART B-----		-----PART B-----		
NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	SUBJECT TO DEDUCT & COINSUR	
7	8	9	11	12

14 TOTAL

[] TITLE V [] TITLE XVIII [X] 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)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

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

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
17.01 PER BENE COST LIMITATION (FRM F1)		
17.02 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.404130			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.422056			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.240277			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.347754			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.262941			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM VISITS		PROGRAM COSTS	PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998	TO 12/31/1998	PRIOR 1/1/1998	TO 12/31/1998		
	1	2	3	4	5	6	7	8
1 PHYSICAL THERAPY		130.05	2.01	3	3.01		4	5
2 OCCUPATIONAL THERAPY		150.44						
3 SPEECH PATHOLOGY		212.71						
4 TOTAL (SUM OF LINES 1-3)								

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 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	1,719,068	1,434,109	
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	1,719,068	1,434,109	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1,719,068	1,434,109	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,464,046	1,238,305
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	15,918	12,643
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	4,164	11,454
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	16,696	16,926
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	3,704	3,905
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,504,528	1,283,233
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,504,528	1,283,233
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,504,528	1,283,233
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,504,528	1,283,233
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	1,504,528	1,283,233
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,504,528	1,283,233
25 INTERIM PAYMENTS	1,504,528	1,283,233
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		

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,504,528		1,283,233
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,504,528		1,283,233
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,504,528		1,283,233

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2008	11/13/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1599		

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	172,466			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	934,347			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	2,610			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY	712			
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,110,135			

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/13/2009
14-0189	FROM 7/1/2008	WORKSHEET K
HOSPICE NO:	TO 6/30/2009	
14-1599		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	858,347	1,030,813		1,030,813
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		934,347		934,347
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		2,610		2,610
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY		712		712
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	858,347	1,968,482		1,968,482

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/13/2009
14-0189	FROM 7/1/2008	WORKSHEET K
HOSPICE NO:	TO 6/30/2009	
14-1599		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		1,030,813
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		934,347
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		2,610
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		712
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)		1,968,482

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		74,659		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			191,322	
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)		74,659	191,322	

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
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				97,807
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	644,282		98,743	
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		2,610		
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY		712		
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				
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)	644,282	3,322	98,743	97,807

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	172,466
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	934,347
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	2,610
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	712
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)	1,110,135

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

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	1,030,813			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	934,347			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	2,610			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY	712			
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)	1,968,482			

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			1,030,813	1,030,813
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			934,347	1,027,161
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			2,610	2,869
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY			712	783
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			937,669	1,030,813

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	1,961,508
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	5,479
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	1,495
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,968,482

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				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
45 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1.00 ADMINISTRATIVE AND GENERAL		457	1,110,135	
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)		457	1,110,135	
30.00 TOTAL COST TO BE ALLOCATED		539	212,079	
31.00 UNIT COST MULTIPLIER	.000000	1.179431	.191039	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10
1.00 ADMINISTRATIVE AND GENERAL	212,618			31
2.00 INPATIENT - GENERAL CARE	1,961,508			
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	5,479			
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY	1,495			
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				

HOSPICE 1

PHARMACY MEDICAL RECORDS
& LIBRARY

HOSPICE COST CENTER

(COSTED
REQUIS.) (GROSS CHARGES)
16 17

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

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 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				2,631,093
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				21,808
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				120.65
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	18,555			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,238,661			
6 UNDUPLICATED MEDICAID DAYS		1,405		
7 AGGREGATE MEDICAID COST		169,513		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	2,949			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	355,797			
10 UNDUPLICATED NF DAYS		256		
11 AGGREGATE NF COST		30,886		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,848	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			222,961	

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	1,124,821	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	18,681	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	56.31	
	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	.00	
	(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	.00	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,143,502	
PART II - HOLD HARMLESS METHOD			
1	NEW CAPITAL		
2	OLD CAPITAL		
3	TOTAL CAPITAL		
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000	
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE		
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT		
7	REDUCED OLD CAPITAL AMOUNT		
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL		
9	SUBTOTAL		
10	PAYMENT UNDER HOLD HARMLESS		
PART III - PAYMENT UNDER REASONABLE COST			
1	PROGRAM INPATIENT ROUTINE CAPITAL COST		
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST		
3	TOTAL INPATIENT PROGRAM CAPITAL COST		
4	CAPITAL COST PAYMENT FACTOR		
5	TOTAL INPATIENT PROGRAM CAPITAL COST		
PART IV - COMPUTATION OF EXCEPTION PAYMENTS			
1	PROGRAM INPATIENT CAPITAL COSTS		
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY		
	CIRCUMSTANCES		
3	NET PROGRAM INPATIENT CAPITAL COSTS		
4	APPLICABLE EXCEPTION PERCENTAGE	.00	
5	CAPITAL COST FOR COMPARISON TO PAYMENTS		
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00	
	CIRCUMSTANCES		
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL		
	FOR EXTRAORDINARY CIRCUMSTANCES		
8	CAPITAL MINIMUM PAYMENT LEVEL		
9	CURRENT YEAR CAPITAL PAYMENTS		
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT		
	LEVEL TO CAPITAL PAYMENTS		
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT		
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL		
	TO CAPITAL PAYMENTS		
13	CURRENT YEAR EXCEPTION PAYMENT		
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD		
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT		
16	CURRENT YEAR OPERATING AND CAPITAL COSTS		
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT		
	(SEE INSTRUCTIONS)		

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2008	11/13/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET M-2
14-3978		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.09	909	4,200	378
2	PHYSICIAN ASSISTANTS	.71	4,050	2,100	1,491
3	NURSE PRACTITIONERS			2,100	
4	SUBTOTAL (SUM OF LINES 1-3)	.80	4,959		1,869
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	.80	4,959		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	315,308			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	315,308			
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)	144,030			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	488,167			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	632,197			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	632,197			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	632,197			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	947,505			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2008	11/13/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET M-2
14-3998		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	1.02	2,230	4,200	4,284
2	PHYSICIAN ASSISTANTS	1.08	1,959	2,100	2,268
3	NURSE PRACTITIONERS			2,100	
4	SUBTOTAL (SUM OF LINES 1-3)	2.10	4,189		6,552
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.10	4,189		
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)	424,994			
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)	424,994			
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)	117,717			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	352,067			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	469,784			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	469,784			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	469,784			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	894,778			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2008	11/13/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET M-2
14-3435		

RHC 3

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	1.00	1,559	4,200
2	PHYSICIAN ASSISTANTS	1.00	4,406	2,100
3	NURSE PRACTITIONERS			2,100
4	SUBTOTAL (SUM OF LINES 1-3)	2.00	5,965	6,300
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.00	5,965	
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)	612,444		
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)	612,444		
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)	103,451		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	345,926		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	449,377		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	449,377		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	449,377		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,061,821		

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	947,505
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	5,358
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	942,147
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	4,959
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	4,959
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	189.99

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1
	1	2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	76.84
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	1,400
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	107,576
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	107,576
16.01	PRIMARY PAYER AMOUNT	368
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	25,622
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	81,586
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	65,269
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	1,191
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	66,460
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	66,460
25	INTERIM PAYMENTS	63,038
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	3,422
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2	

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

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

TITLE XVII RHC 2

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	894,778
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	3,859
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	890,919
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	6,552
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	6,552
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	135.98

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1
	1	2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	76.84
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	830
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	63,777
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	63,777
16.01	PRIMARY PAYER AMOUNT	85
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	11,947
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	51,745
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	41,396
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	221
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	41,617
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	41,617
25	INTERIM PAYMENTS	40,039
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	1,578
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2	

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

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

TITLE XVII I RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	266,731	266,731
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	454	1,329
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	454	1,329
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	315,308	315,308
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	632,197	632,197
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001440	.004215
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	910	2,665
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	1,364	3,994
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	11	122
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	124.00	32.74
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	3	25
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	372	819
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)		5,358
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)		1,191

TITLE XVII I RHC 2

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	371,055	371,055
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	619	1,214
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	619	1,214
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	424,994	424,994
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	469,784	469,784
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001456	.002857
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	684	1,342
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	1,303	2,556
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	15	104
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	86.87	24.58
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES		9
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)		221
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)		3,859
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)		221

TITLE XVII I RHC 3

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	551,073	551,073
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	908	966
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	908	966
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	612,444	612,444
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	449,377	449,377
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001483	.001577
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	666	709
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	1,574	1,675
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	22	80
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	71.55	20.94
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES		7
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)		147
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)		3,249
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)		147

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2 63,038
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER		.01
ADJUSTMENTS TO PROVIDER		.02
ADJUSTMENTS TO PROVIDER		.03
ADJUSTMENTS TO PROVIDER		.04
ADJUSTMENTS TO PROVIDER		.05
ADJUSTMENTS TO PROGRAM		.50
ADJUSTMENTS TO PROGRAM		.51
ADJUSTMENTS TO PROGRAM		.52
ADJUSTMENTS TO PROGRAM		.53
ADJUSTMENTS TO PROGRAM		.54
ADJUSTMENTS TO PROGRAM		.99
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		63,038
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER		.01
TENTATIVE TO PROVIDER		.02
TENTATIVE TO PROVIDER		.03
TENTATIVE TO PROGRAM		.50
TENTATIVE TO PROGRAM		.51
TENTATIVE TO PROGRAM		.52
TENTATIVE TO PROGRAM		.99
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		3,422
SETTLEMENT TO PROVIDER		.01
SETTLEMENT TO PROGRAM		.02
7 TOTAL MEDICARE PROGRAM LIABILITY		66,460

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.

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	6,800,240	809,387	5,990,853			6,800,240
38	OPERATING ROOM	1,244,792	94,481	1,150,311			1,244,792
39	DELIVERY ROOM & LABOR ROO	999,968	83,121	916,847			999,968
40	ANESTHESIOLOGY	1,729,453	102,449	1,627,004			1,729,453
41	RADIOLOGY-DIAGNOSTIC	4,371,058	1,176,941	3,194,117			4,371,058
42	RADIOLOGY-THERAPEUTIC	2,044,697	501,486	1,543,211			2,044,697
42	01 CAT SCAN	2,241,460	602,940	1,638,520			2,241,460
43	RADIOISOTOPE	3,765,159	758,911	3,006,248			3,765,159
44	LABORATORY	11,320,864	605,899	10,714,965			11,320,864
49	RESPIRATORY THERAPY	1,437,742	76,608	1,361,134			1,437,742
50	PHYSICAL THERAPY	2,411,017	126,568	2,284,449			2,411,017
51	OCCUPATIONAL THERAPY	474,895	14,027	460,868			474,895
52	SPEECH PATHOLOGY	338,431	45,934	292,497			338,431
53	ELECTROCARDIOLOGY	1,327,141	171,879	1,155,262			1,327,141
54	ELECTROENCEPHALOGRAPHY	749,176	65,861	683,315			749,176
55	MEDICAL SUPPLIES CHARGED	7,178,299	337,506	6,840,793			7,178,299
56	DRUGS CHARGED TO PATIENTS	10,560,249	385,171	10,175,078			10,560,249
58	ASC (NON-DISTINCT PART)	4,269,145	369,570	3,899,575			4,269,145
58	01 CARDIAC CATHETERIZATION L	649,675	147,753	501,922			649,675
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	488,192	11,073	477,119			488,192
61	EMERGENCY	6,765,840	295,816	6,470,024			6,765,840
62	OBSERVATION BEDS (NON-DIS	1,629,138	104,108	1,525,030			1,629,138
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS	947,505	112,659	834,846			947,505
63	51 RURAL HEALTH CLINIC - SUL	894,778	59,912	834,866			894,778
63	52 RURAL HEALTH CLINIC - NEO	1,061,821	39,896	1,021,925			1,061,821
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	75,700,735	7,099,956	68,600,779			75,700,735
102	LESS OBSERVATION BEDS	1,629,138	104,108	1,525,030			1,629,138
103	TOTAL	74,071,597	6,995,848	67,075,749			74,071,597

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	16,952,463	.401136	.401136
38	RECOVERY ROOM	3,663,489	.339783	.339783
39	DELIVERY ROOM & LABOR ROO	4,002,863	.249813	.249813
40	ANESTHESIOLOGY	6,853,542	.252344	.252344
41	RADIOLOGY-DIAGNOSTIC	16,280,052	.268492	.268492
42	RADIOLOGY-THERAPEUTIC	5,770,677	.354325	.354325
42	01 CAT SCAN	27,135,585	.082602	.082602
43	RADIOISOTOPE	24,106,353	.156189	.156189
44	LABORATORY	45,289,514	.249967	.249967
49	RESPIRATORY THERAPY	6,383,017	.225245	.225245
50	PHYSICAL THERAPY	5,965,950	.404130	.404130
51	OCCUPATIONAL THERAPY	1,125,195	.422056	.422056
52	SPEECH PATHOLOGY	1,408,501	.240277	.240277
53	ELECTROCARDIOLOGY	4,280,673	.310031	.310031
54	ELECTROENCEPHALOGRAPHY	4,299,252	.174257	.174257
55	MEDICAL SUPPLIES CHARGED	20,641,895	.347754	.347754
56	DRUGS CHARGED TO PATIENTS	40,162,116	.262941	.262941
58	ASC (NON-DISTINCT PART)	19,734,187	.216332	.216332
58	01 CARDIAC CATHETERIZATION L	1,008,460	.644225	.644225
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	214,950	2.271189	2.271189
61	EMERGENCY	29,820,615	.226885	.226885
62	OBSERVATION BEDS (NON-DIS	2,831,740	.575313	.575313
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC - CAS	738,507	1.283001	1.283001
63	51 RURAL HEALTH CLINIC - SUL	613,736	1.457920	1.457920
63	52 RURAL HEALTH CLINIC - NEO	951,481	1.115967	1.115967
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	290,234,813		
102	LESS OBSERVATION BEDS	2,831,740		
103	TOTAL	287,403,073		