

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 5  
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	14-1304	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	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2009 TIME 10:07

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: MERCER COUNTY HOSPITAL 14-1304 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.

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ECR ENCRYPTION INFORMATION  
DATE: 11/24/2009 TIME 10:07

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Qe1Db04rliiWRZLQlxIGLCLF9c97Q  
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PI ENCRYPTION INFORMATION  
DATE: 11/24/2009 TIME 10:07

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\_\_\_\_\_  
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	-479	82,780	0	0
3	SWING BED - SNF	0	-2,940	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
9	RHC	0	0	31,707	0	0
100	TOTAL	0	-3,419	114,487	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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 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
 (42 USC 1395g).

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1304		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2009 TIME 12:29

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: MERCER COUNTY HOSPITAL 14-1304 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	5	
1	HOSPITAL	0	-479	82,780	0	
3	SWING BED - SNF	0	-2,940	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
9	RHC	0	0	31,707	0	
100	TOTAL	0	-3,419	114,487	0	

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

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











HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 14-1304  
HHA NO: 14-7462  
COUNTY: MERCER  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,126	61	560
2 UNDUPLICATED CENSUS COUNT		125.00	5.00	31.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	2,747
2 UNDUPLICATED CENSUS COUNT	161.00

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)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	2.73		2.73
6 DIRECTING NURSING SERVICE	3.30		3.30
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.26		.26
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.80		1.80
17 HOME HEALTH AIDE SUPERVISOR			
18 HOMEMAKER	.16		.16
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	1	
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).		19340	

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,897	162	42	0
22 SKILLED NURSING VISIT CHARGES	210,201	21,660	4,545	0
23 PHYSICAL THERAPY VISITS	222	0	0	0
24 PHYSICAL THERAPY VISIT CHARGES	26,350	0	0	0
25 OCCUPATIONAL THERAPY VISITS	26	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	3,381	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	1,428	0	1	0
32 HOME HEALTH AIDE VISIT CHARGES	77,769	0	55	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,573	162	43	0
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	317,701	21,660	4,600	0
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	223	0	15	0
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	13,659	2,243	181	0

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

PROVIDER NO: 14-1304  
 HHA NO: 14-7462  
 COUNTY: MERCER  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,101
22 SKILLED NURSING VISIT CHARGES	0	0	236,406
23 PHYSICAL THERAPY VISITS	0	0	222
24 PHYSICAL THERAPY VISIT CHARGES	0	0	26,350
25 OCCUPATIONAL THERAPY VISITS	0	0	26
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	3,381
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	1,429
32 HOME HEALTH AIDE VISIT CHARGES	0	0	77,824
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,778
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	343,961
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	238
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	16,083

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1007 NW 3RD STREET  
 1.01 CITY: ALEDO STATE: IL ZIP CODE: 61231 COUNTY: MERCER  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			730	1800	730	1800	730	1800	730	1800	730	1800		

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

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

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

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

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

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

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET S-9
14-1593		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	1,937			
3 INPATIENT RESPIRE CARE	5			
4 GENERAL INPATIENT CARE	46			
5 TOTAL HOSPICE DAYS	1,988			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	30	1,967
3 INPATIENT RESPIRE CARE		5
4 GENERAL INPATIENT CARE	7	53
5 TOTAL HOSPICE DAYS	37	2,025

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	43			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	46.23			
9 UNDUPLICATED CENSUS COUNT	43			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	7	50
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	5.29	40.50
9 UNDUPLICATED CENSUS COUNT	7	50

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1304  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
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		90,965	90,965	97,253	188,218
3.01	0301 FOUNDATION BLDG				79,000	79,000
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		398,981	398,981	62,599	461,580
5	0500 EMPLOYEE BENEFITS	75,232	1,019,079	1,094,311		1,094,311
6.01	0610 ADMITTING	93,536	15,265	108,801		108,801
6.02	0650 A&G HOSPITAL ONLY	362,877	225,584	588,461	21,021	609,482
6.03	0660 SHARED ADMIN & GENERAL	262,169	604,430	866,599	307,307	1,173,906
7	0700 MAINTENANCE & REPAIRS	157,110	134,845	291,955		291,955
8	0800 OPERATION OF PLANT		277,767	277,767		277,767
9	0900 LAUNDRY & LINEN SERVICE	13,651	46,653	60,304		60,304
10	1000 HOUSEKEEPING	75,358	29,411	104,769		104,769
11	1100 DIETARY	163,075	168,392	331,467	-15,347	316,120
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	93,683	8,024	101,707		101,707
15	1500 CENTRAL SERVICES & SUPPLY	4,945	-98,136	-93,191	15,347	-77,844
17	1700 MEDICAL RECORDS & LIBRARY	112,063	64,318	176,381		176,381
18	1800 SOCIAL SERVICE	48,915	4,486	53,401		53,401
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS		166,320	166,320		166,320
25	2500 ADULTS & PEDIATRICS	743,954	216,110	960,064		960,064
36	3600 OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS	182,566	29,528	212,094		212,094
37	3700 OPERATING ROOM	113,014	134,789	247,803		247,803
40	4000 ANESTHESIOLOGY		460	460		460
41	4100 RADIOLOGY-DIAGNOSTIC	405,979	435,570	841,549	158,195	999,744
44	4400 LABORATORY	379,443	559,598	939,041	-27,350	911,691
47	4700 BLOOD STORING, PROCESSING & TRANS.				27,350	27,350
49	4900 RESPIRATORY THERAPY	130,676	38,306	168,982		168,982
50	5000 PHYSICAL THERAPY	246,501	24,559	271,060		271,060
51	5100 OCCUPATIONAL THERAPY		19,698	19,698		19,698
52	5200 SPEECH PATHOLOGY		1,825	1,825		1,825
53	5300 ELECTROCARDIOLOGY		180,818	180,818	-158,195	22,623
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	168,218	376,675	544,893		544,893
60	6000 CLINIC	67,049	11,369	78,418		78,418
61	6100 EMERGENCY	448,298	901,264	1,349,562		1,349,562
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTE					
63.50	6310 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	1,103,404	546,406	1,649,810	-125,612	1,524,198
65	6500 AMBULANCE SERVICES					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	353,650	137,555	491,205	-44,942	446,263
88	8800 INTEREST EXPENSE		140,279	140,279	-140,279	
90	9000 OTHER CAPITAL RELATED COSTS		255,627	255,627	-255,627	
93	9300 HOSPICE	43,651	63,529	107,180	-720	106,460
95	SUBTOTALS NONREIMBURS COST CENTERS	5,849,017	7,230,349	13,079,366	-0-	13,079,366
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 BOARD OF HEALTH					
100.01	7951 VACANT PHYSICIAN OFFICE					
100.02	7952 JAIL MEALS					
100.03	7953 KIDNEY CENTER					
101	TOTAL	5,849,017	7,230,349	13,079,366	-0-	13,079,366

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1304  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		188,218
3.01	0301 FOUNDATION BLDG	-23,164	55,836
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-347	461,233
5	0500 EMPLOYEE BENEFITS	-2,547	1,091,764
6.01	0610 ADMITTING		108,801
6.02	0650 A&G HOSPITAL ONLY		609,482
6.03	0660 SHARED ADMIN & GENERAL	-114,333	1,059,573
7	0700 MAINTENANCE & REPAIRS		291,955
8	0800 OPERATION OF PLANT		277,767
9	0900 LAUNDRY & LINEN SERVICE		60,304
10	1000 HOUSEKEEPING		104,769
11	1100 DIETARY	-67,228	248,892
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		101,707
15	1500 CENTRAL SERVICES & SUPPLY	-1,210	-79,054
17	1700 MEDICAL RECORDS & LIBRARY	-2,889	173,492
18	1800 SOCIAL SERVICE		53,401
20	2000 NONPHYSICIAN ANESTHETISTS	-166,320	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,268	958,796
36	3600 OTHER LONG TERM CARE		212,094
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		247,803
40	4000 ANESTHESIOLOGY		460
41	4100 RADIOLOGY-DIAGNOSTIC	-148,971	850,773
44	4400 LABORATORY	-630	911,061
47	4700 BLOOD STORING, PROCESSING & TRANS.		27,350
49	4900 RESPIRATORY THERAPY	-555	168,427
50	5000 PHYSICAL THERAPY		271,060
51	5100 OCCUPATIONAL THERAPY		19,698
52	5200 SPEECH PATHOLOGY		1,825
53	5300 ELECTROCARDIOLOGY	-13,255	9,368
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS	-231,296	313,597
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-55,683	22,735
61	6100 EMERGENCY	-112,961	1,236,601
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTE		
63.50	6310 RURAL HEALTH CLINIC	-50,025	1,474,173
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
71	7100 HOME HEALTH AGENCY	-320	445,943
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		106,460
95	SUBTOTALS	-993,002	12,086,364
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 BOARD OF HEALTH		
100.01	7951 VACANT PHYSICIAN OFFICE		
100.02	7952 JAIL MEALS		
100.03	7953 KIDNEY CENTER		
101	TOTAL	-993,002	12,086,364

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	FOUNDATION BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0610	NONPATIENT TELEPHONES
6.02	A&G HOSPITAL ONLY	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	SHARED ADMIN & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTE	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	BOARD OF HEALTH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	VACANT PHYSICIAN OFFICE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	JAIL MEALS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	KIDNEY CENTER	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
141304

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

PREPARED 11/24/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 INTEREST RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT	3		73,076
2		NEW CAP REL COSTS-MVBLE EQUIP	4		36,971
3		SHARED ADMIN & GENERAL	6.03		30,232
4 MRI RECLASS	B	RADIOLOGY-DIAGNOSTIC	41		158,195
5 RENT PAID TO FOUNDATION RECLASS	C	FOUNDATION BLDG	3.01		79,000
6					
7					
8					
9 RHC & HHA CLERK SALARY RECLASS	D	A&G HOSPITAL ONLY	6.02	21,021	
10		SHARED ADMIN & GENERAL	6.03	80,773	
11 BLOOD RECLASS	F	BLOOD STORING, PROCESSING & TRANS.	47		27,350
12 MALPRACTICE INSURANCE RECLASS	G	SHARED ADMIN & GENERAL	6.03		205,822
13 PURCHASING MANAGER	I	CENTRAL SERVICES & SUPPLY	15	15,347	
36 TOTAL RECLASSIFICATIONS				117,141	610,646

(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:  
141304

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

PREPARED 11/24/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 INTEREST RECLASS	A	INTEREST EXPENSE	88		140,279	11
2						11
3						
4 MRI RECLASS	B	ELECTROCARDIOLOGY	53		158,195	
5 RENT PAID TO FOUNDATION RECLASS	C	SHARED ADMIN & GENERAL	6.03		9,520	10
6		RURAL HEALTH CLINIC	63.50		54,600	
7		HOME HEALTH AGENCY	71		14,160	
8		HOSPICE	93		720	
9 RHC & HHA CLERK SALARY RECLASS	D	RURAL HEALTH CLINIC	63.50	71,012		
10		HOME HEALTH AGENCY	71	30,782		
11 BLOOD RECLASS	F	LABORATORY	44		27,350	
12 MALPRACTICE INSURANCE RECLASS	G	OTHER CAPITAL RELATED COSTS	90		205,822	
13 PURCHASING MANAGER	I	DIETARY	11	15,347		
36 TOTAL RECLASSIFICATIONS				117,141	610,646	

(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:  
141304

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

PREPARED 11/24/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION: INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	73,076	INTEREST EXPENSE	88	140,279	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	36,971				0
3.00	SHARED ADMIN & GENERAL	6.03	30,232				0
TOTAL RECLASSIFICATIONS FOR CODE A			140,279			140,279	

RECLASS CODE: B  
EXPLANATION: MRI RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	158,195	ELECTROCARDIOLOGY	53	158,195	
TOTAL RECLASSIFICATIONS FOR CODE B			158,195			158,195	

RECLASS CODE: C  
EXPLANATION: RENT PAID TO FOUNDATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FOUNDATION BLDG	3.01	79,000	SHARED ADMIN & GENERAL	6.03	9,520	
2.00			0	RURAL HEALTH CLINIC	63.50	54,600	
3.00			0	HOME HEALTH AGENCY	71	14,160	
4.00			0	HOSPICE	93	720	
TOTAL RECLASSIFICATIONS FOR CODE C			79,000			79,000	

RECLASS CODE: D  
EXPLANATION: RHC & HHA CLERK SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	A&G HOSPITAL ONLY	6.02	21,021	RURAL HEALTH CLINIC	63.50	71,012	
2.00	SHARED ADMIN & GENERAL	6.03	80,773	HOME HEALTH AGENCY	71	30,782	
TOTAL RECLASSIFICATIONS FOR CODE D			101,794			101,794	

RECLASS CODE: F  
EXPLANATION: BLOOD RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BLOOD STORING, PROCESSING & TR	47	27,350	LABORATORY	44	27,350	
TOTAL RECLASSIFICATIONS FOR CODE F			27,350			27,350	

RECLASS CODE: G  
EXPLANATION: MALPRACTICE INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SHARED ADMIN & GENERAL	6.03	205,822	OTHER CAPITAL RELATED COSTS	90	205,822	
TOTAL RECLASSIFICATIONS FOR CODE G			205,822			205,822	

RECLASS CODE: I  
EXPLANATION: PURCHASING MANAGER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	15,347	DIETARY	11	15,347	
TOTAL RECLASSIFICATIONS FOR CODE I			15,347			15,347	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3		4	5	6	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	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3		4	5	6	7
1 LAND	43,583						43,583	
2 LAND IMPROVEMENTS	9,289						9,289	
3 BUILDINGS & FIXTURE	3,829,569						3,829,569	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	4,051,860	63,630			63,630		4,115,490	
7 SUBTOTAL	7,934,301	63,630			63,630		7,997,931	
8 RECONCILING ITEMS	620,371	478,349			478,349	15,367	1,083,353	
9 TOTAL	7,313,930	-414,719			-414,719	-15,367	6,914,578	

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	
*								8
3	NEW CAP REL COSTS-BL	3,882,441		3,882,441	.485431	24,177		24,177
3 01	FOUNDATION BLDG							
4	NEW CAP REL COSTS-MV	4,115,490		4,115,490	.514569	25,628		25,628
5	TOTAL	7,997,931		7,997,931	1.000000	49,805		49,805

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	90,965		73,076	24,177			188,218
3 01	FOUNDATION BLDG		55,836					55,836
4	NEW CAP REL COSTS-MV	398,634		36,971	25,628			461,233
5	TOTAL	489,599	55,836	110,047	49,805			705,287

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	90,965						90,965
3 01	FOUNDATION BLDG							
4	NEW CAP REL COSTS-MV	398,981						398,981
5	TOTAL	489,946						489,946

\* 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

DESCRIPTION (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	-339,650			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-23,164			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
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					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	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 SERVICE CHARGE REVENUE	B	-78,645	SHARED ADMIN & GENERAL	6.03	
38 CAFETERIA REVENUE	B	-40,006	DIETARY	11	
39 VENDING SUPPLIES	B	-12,636	DIETARY	11	
40 MISC REV - DIET	B	-4,891	DIETARY	11	
41 VENDING REVENUE	B	-9,695	DIETARY	11	
42 MISC REV - SPECIAL SERVICES	B	-1,268	ADULTS & PEDIATRICS	25	
43 MISC REV - MED RECORDS	B	-2,889	MEDICAL RECORDS & LIBRARY	17	
44 DISCOUNT	B	-20	SHARED ADMIN & GENERAL	6.03	
45 EMPLOYEE DRUG REVENUE	B	-1,364	DRUGS CHARGED TO PATIENTS	56	
46 MISC REV - PHARMACY	B	-229,932	DRUGS CHARGED TO PATIENTS	56	
47 MISC REV - LAB	B	-630	LABORATORY	44	
48 MISC REV - CARDIO	B	-555	RESPIRATORY THERAPY	49	
49 MISC REV - SUPPLIES	B	-1,210	CENTRAL SERVICES & SUPPLY	15	
49.01 MISC REV - HHA	B	-238	HOME HEALTH AGENCY	71	
49.02 RENTAL REVENUE	B	-10,596	RURAL HEALTH CLINIC	63.50	
49.03 VENDOR REBATES	B	-2,267	SHARED ADMIN & GENERAL	6.03	
49.04					
49.05 MISC INCOME - OTHER REV	B	-2,718	SHARED ADMIN & GENERAL	6.03	
49.06 OFFSET EX UNSHELT BOND SINK	A	-329	NEW CAP REL COSTS-MVBLE E	4	9
49.07 PATIENT PHONES EQUIP	A	-18	NEW CAP REL COSTS-MVBLE E	4	9
49.08 PATIENT PHONES SALARY	A	-334	SHARED ADMIN & GENERAL	6.03	
49.09 PATIENT PHONES BENEFITS	A	-97	EMPLOYEE BENEFITS	5	
49.10 PATIENT PHONES COST	A	-1,450	SHARED ADMIN & GENERAL	6.03	
49.11 LOBBYING EXPENSE	A	-7,088	SHARED ADMIN & GENERAL	6.03	
49.12 CRNA FEES AFTER 1/1/07	A	-166,320	NONPHYSICIAN ANESTHETISTS	20	
49.13 ADVERTISING	A	-9,149	RURAL HEALTH CLINIC	63.50	
49.14 ADVERTISING	A	-12,686	SHARED ADMIN & GENERAL	6.03	
49.15 ADVERTISING	A	-2,450	EMPLOYEE BENEFITS	5	
49.16 ADVERTISING	A	-82	HOME HEALTH AGENCY	71	
49.17 COUNTRY CLUB MEMBERSHIP	A	-625	SHARED ADMIN & GENERAL	6.03	
49.18 PHYSICIAN PRACTICE AMORTIZATION	A	-8,500	SHARED ADMIN & GENERAL	6.03	
49.19 PHYS PRACTICE ACQUISITION PYMT	A	-21,500	RURAL HEALTH CLINIC	63.50	
50 TOTAL (SUM OF LINES 1 THRU 49)		-993,002			

(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

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	3 1	FOUNDATION BLDG	RENT EXPENSE	55,836	79,000	-23,164	10
2							
3							
4							
5		TOTALS		55,836	79,000	-23,164	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
A	MERCER COUNTY HOSPITAL	100.00	MERCER FOUNDATION FOR HTL	0.00	NOT-FOR-PROFIT
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
  - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	EMERGENCY RM	730,141	112,961	617,180				
2 63 50	RHC	252,597	8,780	243,817				
3 53	EKG	13,255	13,255					
4 41	RADIOLOGY	148,971	148,971					
5 60	PODIATRY CLINIC	55,683	55,683					
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,200,647	339,650	860,997				



REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1304

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

PREPARED 11/24/2009 WORKSHEET A-8-4 PARTS I - VII

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	48
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	720
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	260
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.50
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	.55

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		433.00		
10	AHSEA (SEE INSTRUCTIONS)		66.46		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.23	33.23		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	28,777
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	28,777
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	28,777

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	66.46
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	47,851
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	47,851

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE  
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	8,640
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	8,640
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,430
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	10,070
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN 8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)	10,070

OCCUPATIONAL THERAPY

- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE  
 STANDARD TRAVEL EXPENSE

- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;  
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART III, LINE 23)	47,851
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	10,070
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	57,921
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	19,681
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	19,681
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1304

PERIOD: FROM 7/1/2008 TO 6/30/2009 PREPARED 11/24/2009 WORKSHEET A-8-4 PARTS I - VII

OCCUPATIONAL THERAPY

67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	19,681
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET A-8-4  
 PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	27
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	405
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	32
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.50
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	.55

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		35.12		
10	AHSEA (SEE INSTRUCTIONS)		63.86		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	31.93	31.93		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	2,243
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	2,243
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	2,243

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	63.87
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	25,867
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	25,867

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	1,022
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	1,022
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	176
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	1,198
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN 8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)	1,198

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET A-8-4  
 PARTS I - VII

SPEECH PATHOLOGY

- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE  
 STANDARD TRAVEL EXPENSE

- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;  
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART III, LINE 23)	25,867
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	1,198
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	27,065
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	1,825
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	1,825
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1304

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

PREPARED 11/24/2009 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	1,825
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	FOUNDATION BLDG	30	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	ADMITTING	16	GROSS REVENUES	ENTERED
6.02	A&G HOSPITAL ONLY	-6	ACCUM. COST	ENTERED
6.03	SHARED ADMIN & GENERAL	-8	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	38	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	38	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTE'S	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS REVENUES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & DG	FOUNDATION BL	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FI TS	ADMITTING	SUBTOTAL
	0	3	3.01	4	5	6.01	6a.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG	188,218	188,218	55,836				
004 NEW CAP REL COSTS-MVBLE E	461,233			461,233			
005 EMPLOYEE BENEFITS	1,091,764	652			1,092,416		
006 01 ADMITTING	108,801	707		2,505	17,698	129,711	
006 02 A&G HOSPITAL ONLY	609,482	3,819		4,068	72,639		690,008
006 03 SHARED ADMIN & GENERAL	1,059,573	15,464	12,965	181,996	64,826		1,334,824
007 MAINTENANCE & REPAIRS	291,955			1,880	29,727		323,562
008 OPERATION OF PLANT	277,767	14,151					291,918
009 LAUNDRY & LINEN SERVICE	60,304	4,234			2,583		67,121
010 HOUSEKEEPING	104,769	1,804		1,549	14,259		122,381
011 DIETARY	248,892	11,781		636	27,952		289,261
012 CAFETERIA		5,951					5,951
014 NURSING ADMINISTRATION	101,707	965			17,726		120,398
015 CENTRAL SERVICES & SUPPLY	-79,054	13,863			3,840		-61,351
017 MEDICAL RECORDS & LIBRARY	173,492	6,547		10,593	21,204		211,836
018 SOCIAL SERVICE	53,401	470			9,255		63,126
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	958,796	37,293		17,996	140,767	11,221	1,166,073
036 OTHER LONG TERM CARE	212,094	7,432		358	34,544	1,512	255,940
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	247,803	13,413		13,043	21,384	6,026	301,669
041 ANESTHESIOLOGY	460	596				1,197	2,253
044 RADIOLOGY-DIAGNOSTIC	850,773	12,893		195,301	76,817	31,781	1,167,565
047 LABORATORY	911,061	6,542		5,923	71,796	33,977	1,029,299
049 BLOOD STORING, PROCESSING	27,350					696	28,046
050 RESPIRATORY THERAPY	168,427	990		1,741	24,726	4,168	200,052
051 PHYSICAL THERAPY	271,060	4,714		3,947	46,641	5,948	332,310
052 OCCUPATIONAL THERAPY	19,698					759	20,457
053 SPEECH PATHOLOGY	1,825					45	1,870
055 ELECTROCARDIOLOGY	9,368	253				1,920	11,541
056 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS	313,597	2,577		1,547	31,829	12,221	361,771
061 OUTPAT SERVICE COST CNTRS							
061 CLINIC	22,735	1,182			12,687	1,386	37,990
062 EMERGENCY	1,236,601	8,629		2,285	84,824	16,854	1,349,193
063 OBSERVATION BEDS (NON-DIS							
063 50 OTHER OUTPATIENT SERVICE			24,068	15,865	195,342		1,709,448
065 RURAL HEALTH CLINIC	1,474,173						
071 OTHER REIMBURS COST CNTRS							
071 01 AMBULANCE SERVICES							
071 02 HOME HEALTH AGENCY	445,943	1,182	8,713		61,091		516,929
093 SPEC PURPOSE COST CENTERS							
093 01 HOSPICE	106,460	293	474		8,259		115,486
095 SUBTOTALS	12,086,364	178,397	46,220	461,233	1,092,416	129,711	12,066,927
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		1,793					1,793
098 PHYSICIANS' PRIVATE OFFICE							
100 BOARD OF HEALTH			9,616				9,616
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS							
100 03 KIDNEY CENTER		8,028					8,028
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	12,086,364	188,218	55,836	461,233	1,092,416	129,711	12,086,364

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY	SUBTOTAL	SHARED ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.02	6a.02	6.03	7	8	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 A&G HOSPITAL ONLY	690,008						
006 03 SHARED ADMIN & GENERAL	80,523	1,415,347	1,415,347				
007 MAINTENANCE & REPAIRS	19,519	343,081	45,319	388,400			
008 OPERATION OF PLANT	17,610	309,528	40,887	28,523	378,938		
009 LAUNDRY & LINEN SERVICE	4,049	71,170	9,401	8,534	10,456	99,561	
010 HOUSEKEEPING	7,383	129,764	17,141	3,635	4,455	995	155,990
011 DIETARY	17,450	306,711	40,515	23,747	29,098	995	12,469
012 CAFETERIA	359	6,310	834	11,996	14,699		6,299
014 NURSING ADMINISTRATION	7,263	127,661	16,863	1,945	2,383		1,021
015 CENTRAL SERVICES & SUPPLY		-61,351		27,943	34,239		14,672
017 MEDICAL RECORDS & LIBRARY	12,779	224,615	29,670	13,198	16,171		6,930
018 SOCIAL SERVICE	3,808	66,934	8,842	947	1,160		497
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	70,343	1,236,416	163,323	75,172	92,110	38,830	39,472
036 OTHER LONG TERM CARE	15,440	271,380	35,848	14,980	18,355	27,877	7,865
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	18,198	319,867	42,253	27,037	33,129	3,485	14,196
040 ANESTHESIOLOGY	136	2,389	316	1,202	1,472		631
041 RADIOLOGY-DIAGNOSTIC	70,433	1,237,998	163,532	25,988	31,843	2,489	13,645
044 LABORATORY	62,092	1,091,391	144,166	13,187	16,159	995	6,924
047 BLOOD STORING, PROCESSING	1,692	29,738	3,928				
049 RESPIRATORY THERAPY	12,068	212,120	28,020	1,996	2,446	995	1,048
050 PHYSICAL THERAPY	20,047	352,357	46,544	9,501	11,642	12,943	4,989
051 OCCUPATIONAL THERAPY	1,234	21,691	2,865				
052 SPEECH PATHOLOGY	113	1,983	262				
053 ELECTROCARDIOLOGY	696	12,237	1,616	509	624		267
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	21,824	383,595	50,671	5,193	6,364		2,727
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,292	40,282	5,321	2,383	2,920		1,251
061 EMERGENCY	81,390	1,430,583	188,971	17,393	21,312	9,957	9,132
062 OBSERVATION BEDS (NON-DIS)							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	103,116	1,812,564	239,425	54,236			
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	31,184	548,113	72,402	2,383	2,920		1,251
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	6,967	122,453	16,175	591	724		310
095 SUBTOTALS	690,008	12,066,927	1,415,110	372,219	354,681	99,561	145,596
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,793	237		4,430		1,898
098 PHYSICIANS' PRIVATE OFFICE							
100 BOARD OF HEALTH		9,616					
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS							
100 03 KIDNEY CENTER		8,028		16,181	19,827		8,496
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	690,008	12,086,364	1,415,347	388,400	378,938	99,561	155,990

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		11	12	14	15	17	18	20
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG							
004	004 NEW CAP REL COSTS-MVBLE E							
005	005 EMPLOYEE BENEFITS							
006	01 ADMITTING							
006	02 A&G HOSPITAL ONLY							
006	03 SHARED ADMIN & GENERAL							
007	007 MAINTENANCE & REPAIRS							
008	008 OPERATION OF PLANT							
009	009 LAUNDRY & LINEN SERVICE							
010	010 HOUSEKEEPING							
011	011 DIETARY	413,535						
012	012 CAFETERIA	196,442	236,580					
014	014 NURSING ADMINISTRATION		2,833	152,706				
015	015 CENTRAL SERVICES & SUPPLY		2,351		17,854			
017	017 MEDICAL RECORDS & LIBRARY		10,114			27	300,725	
018	018 SOCIAL SERVICE		2,890					81,270
020	020 NONPHYSICIAN ANESTHETISTS							
025	025 INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	117,628	50,681	61,317	1,510	26,015		71,488
036	036 OTHER LONG TERM CARE	99,425	17,734	10,706	71	3,505		6,020
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		6,176	11,528	2,010	13,969		
040	040 ANESTHESIOLOGY				10	2,774		
041	041 RADIOLOGY-DIAGNOSTIC		23,004		1,327	73,679		
044	044 LABORATORY		29,774		755	78,784		
047	047 BLOOD STORING, PROCESSING					1,613		
049	049 RESPIRATORY THERAPY		8,641		541	9,662		
050	050 PHYSICAL THERAPY		13,400		63	13,790		
051	051 OCCUPATIONAL THERAPY					1,760		
052	052 SPEECH PATHOLOGY					105		
053	053 ELECTROCARDIOLOGY				25	4,452		
055	055 MEDICAL SUPPLIES CHARGED							
056	056 DRUGS CHARGED TO PATIENTS		6,261	5,307	7,221	28,331		
060	060 OUTPAT SERVICE COST CNTRS							
060	CLINIC		2,323			3,213		
061	061 EMERGENCY		21,672	34,228	2,549	39,073		
062	062 OBSERVATION BEDS (NON-DIS							
063	063 OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC		38,726		609			
065	065 OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
071	071 HOME HEALTH AGENCY			25,538	456			
093	093 SPEC PURPOSE COST CENTERS							
093	HOSPICE			4,082	680			3,762
095	095 SUBTOTALS	413,495	236,580	152,706	17,854	300,725		81,270
096	096 NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	098 PHYSICIANS' PRIVATE OFFIC							
100	100 BOARD OF HEALTH							
100	01 VACANT PHYSICIAN OFFICE							
100	02 JAIL MEALS	40						
100	03 KIDNEY CENTER							
101	101 CROSS FOOT ADJUSTMENT							
102	102 NEGATIVE COST CENTER							
103	103 TOTAL	413,535	236,580	152,706	17,854	300,725		81,270

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 01 ADMITTING			
006 02 A&G HOSPITAL ONLY			
006 03 SHARED ADMIN & GENERAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	1,973,962		1,973,962
036 OTHER LONG TERM CARE	513,766		513,766
037 ANCILLARY SRVC COST CNTRS			
040 OPERATING ROOM	473,650		473,650
041 ANESTHESIOLOGY	8,794		8,794
044 RADIOLOGY-DIAGNOSTIC	1,573,505		1,573,505
047 LABORATORY	1,382,135		1,382,135
049 BLOOD STORING, PROCESSING	35,279		35,279
050 RESPIRATORY THERAPY	265,469		265,469
051 PHYSICAL THERAPY	465,229		465,229
052 OCCUPATIONAL THERAPY	26,316		26,316
053 SPEECH PATHOLOGY	2,350		2,350
055 ELECTROCARDIOLOGY	19,730		19,730
056 MEDICAL SUPPLIES CHARGED			
060 DRUGS CHARGED TO PATIENTS	495,670		495,670
061 OUTPAT SERVICE COST CNTRS			
061 CLINIC	57,693		57,693
062 EMERGENCY	1,774,870		1,774,870
063 OBSERVATION BEDS (NON-DIS			
063 OTHER OUTPATIENT SERVICE			
063 50 RURAL HEALTH CLINIC	2,145,560		2,145,560
065 OTHER REIMBURS COST CNTRS			
071 AMBULANCE SERVICES			
071 HOME HEALTH AGENCY	653,063		653,063
093 SPEC PURPOSE COST CENTERS			
093 HOSPICE	148,777		148,777
095 SUBTOTALS	12,015,818		12,015,818
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	8,358		8,358
098 PHYSICIANS' PRIVATE OFFICE			
100 BOARD OF HEALTH	9,616		9,616
100 01 VACANT PHYSICIAN OFFICE			
100 02 JAIL MEALS	40		40
100 03 KIDNEY CENTER	52,532		52,532
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	12,086,364		12,086,364

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & DG	FOUNDATI ON BL DG	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMITTING
	0	3	3.01	4	4a	5	6.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	652				652	652	
006 01 ADMITTING	707			2,505	3,212	11	3,223
006 02 A&G HOSPITAL ONLY	3,819			4,068	7,887	43	
006 03 SHARED ADMIN & GENERAL MAINTENANCE & REPAIRS	15,464		12,965	181,996	210,425	39	
007				1,880	1,880	18	
008 OPERATION OF PLANT	14,151				14,151		
009 LAUNDRY & LINEN SERVICE	4,234				4,234	2	
010 HOUSEKEEPING	1,804			1,549	3,353	9	
011 DIETARY	11,781			636	12,417	17	
012 CAFETERIA	5,951				5,951		
014 NURSING ADMINISTRATION	965				965	11	
015 CENTRAL SERVICES & SUPPLY	13,863				13,863	2	
017 MEDICAL RECORDS & LIBRARY	6,547			10,593	17,140	13	
018 SOCIAL SERVICE	470				470	6	
020 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	37,293			17,996	55,289	84	278
036 OTHER LONG TERM CARE	7,432			358	7,790	21	37
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,413			13,043	26,456	13	149
040 ANESTHESIOLOGY	596				596		30
041 RADIOLOGY-DIAGNOSTIC	12,893			195,301	208,194	46	788
044 LABORATORY	6,542			5,923	12,465	43	850
047 BLOOD STORING, PROCESSING							17
049 RESPIRATORY THERAPY	990			1,741	2,731	15	103
050 PHYSICAL THERAPY	4,714			3,947	8,661	28	148
051 OCCUPATIONAL THERAPY							19
052 SPEECH PATHOLOGY							1
053 ELECTROCARDIOLOGY	253				253		48
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	2,577			1,547	4,124	19	303
OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,182				1,182	8	34
061 EMERGENCY	8,629			2,285	10,914	51	418
062 OBSERVATION BEDS (NON-DIS)							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC			24,068	15,865	39,933	112	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	1,182		8,713		9,895	36	
SPEC PURPOSE COST CENTERS							
093 HOSPICE	293		474		767	5	
095 SUBTOTALS	178,397		46,220	461,233	685,850	652	3,223
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,793				1,793		
098 PHYSICIANS' PRIVATE OFFICE							
100 BOARD OF HEALTH			9,616		9,616		
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS							
100 03 KIDNEY CENTER		8,028			8,028		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		188,218	55,836	461,233	705,287	652	3,223

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1304  
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 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY	SHARED ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.02	6.03	7	8	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 A&G HOSPITAL ONLY	7,930						
006 03 SHARED ADMIN & GENERAL	925	211,389					
007 MAINTENANCE & REPAIRS	224	6,769	8,891				
008 OPERATION OF PLANT	202	6,107	653	21,113			
009 LAUNDRY & LINEN SERVICE	47	1,404	195	583	6,465		
010 HOUSEKEEPING	85	2,560	83	248	65	6,403	
011 DIETARY	200	6,051	544	1,621	65	512	21,427
012 CAFETERIA	4	124	275	819		259	10,178
014 NURSING ADMINISTRATION	83	2,519	45	133		42	
015 CENTRAL SERVICES & SUPPLY			640	1,908		602	
017 MEDICAL RECORDS & LIBRARY	147	4,431	302	901		284	
018 SOCIAL SERVICE	44	1,321	22	65		20	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	808	24,393	1,717	5,130	2,520	1,620	6,095
036 OTHER LONG TERM CARE	177	5,354	343	1,023	1,810	323	5,152
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	209	6,311	619	1,846	226	583	
040 ANESTHESIOLOGY	2	47	28	82		26	
041 RADIOLOGY-DIAGNOSTIC	809	24,424	595	1,774	162	560	
044 LABORATORY	713	21,532	302	900	65	284	
047 BLOOD STORING, PROCESSING	19	587					
049 RESPIRATORY THERAPY	139	4,185	46	136	65	43	
050 PHYSICAL THERAPY	230	6,952	217	649	840	205	
051 OCCUPATIONAL THERAPY	14	428					
052 SPEECH PATHOLOGY	1	39					
053 ELECTROCARDIOLOGY	8	241	12	35		11	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	251	7,568	119	355		112	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	26	795	55	163		51	
061 EMERGENCY	935	28,224	398	1,187	647	375	
062 OBSERVATION BEDS (NON-DIS)							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	1,190	35,758	1,242				
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	358	10,814	55	163		51	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	80	2,416	14	40		13	
095 SUBTOTALS	7,930	211,354	8,521	19,761	6,465	5,976	21,425
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		35		247		78	
098 PHYSICIANS' PRIVATE OFFICE							
100 BOARD OF HEALTH							
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS							2
100 03 KIDNEY CENTER			370	1,105		349	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,930	211,389	8,891	21,113	6,465	6,403	21,427

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG							
004 01 NEW CAP REL COSTS-MVBLE EMPLOYEE BENEFITS							
005 01 ADMITTING							
006 02 A&G HOSPITAL ONLY							
006 03 SHARED ADMIN & GENERAL MAINTENANCE & REPAIRS							
007 03 OPERATION OF PLANT							
008 03 LAUNDRY & LINEN SERVICE							
009 03 HOUSEKEEPING							
010 03 DIETARY							
011 03 CAFETERIA	17,610						
012 03 NURSING ADMINISTRATION	211	4,009					
014 03 CENTRAL SERVICES & SUPPLY	175		3,167				
015 03 MEDICAL RECORDS & LIBRARY	753		5	23,976			
017 03 SOCIAL SERVICE	215				2,163		
018 03 NONPHYSICIAN ANESTHETISTS							
020 03 INPAT ROUTINE SRVC CNTRS							
025 03 ADULTS & PEDIATRICS	3,773	1,610	268	2,074	1,903		107,562
036 03 OTHER LONG TERM CARE	1,320	281	13	279	160		24,083
037 03 ANCILLARY SRVC COST CNTRS							
040 03 OPERATING ROOM	460	303	356	1,114			38,645
041 03 ANESTHESIOLOGY			2	221			1,034
044 03 RADIOLOGY-DIAGNOSTIC	1,712		235	5,873			245,172
047 03 LABORATORY	2,216		134	6,285			45,789
049 03 BLOOD STORING, PROCESSING				129			752
050 03 RESPIRATORY THERAPY	643		96	770			8,972
051 03 PHYSICAL THERAPY	997		11	1,099			20,037
052 03 OCCUPATIONAL THERAPY				140			601
053 03 SPEECH PATHOLOGY				8			49
055 03 ELECTROCARDIOLOGY			4	355			967
056 03 MEDICAL SUPPLIES CHARGED							
060 03 DRUGS CHARGED TO PATIENTS	466	139	1,281	2,258			16,995
061 03 OUTPAT SERVICE COST CNTRS							
062 03 CLINIC	173			256			2,743
063 03 EMERGENCY	1,613	899	452	3,115			49,228
063 50 OBSERVATION BEDS (NON-DIS)							
065 50 OTHER OUTPATIENT SERVICE							
071 50 RURAL HEALTH CLINIC	2,883		108				81,226
071 50 OTHER REIMBURS COST CNTRS							
093 50 AMBULANCE SERVICES							
095 50 HOME HEALTH AGENCY		670	81				22,123
096 50 SPEC PURPOSE COST CENTERS							
098 50 HOSPICE		107	121		100		3,663
100 50 SUBTOTALS	17,610	4,009	3,167	23,976	2,163		669,641
101 50 NONREIMBURS COST CENTERS							
102 50 GIFT, FLOWER, COFFEE SHOP							2,153
103 50 PHYSICIANS' PRIVATE OFFICE							
100 01 BOARD OF HEALTH							9,616
100 02 VACANT PHYSICIAN OFFICE							2
100 03 JAIL MEALS							9,852
101 03 KIDNEY CENTER							
102 03 CROSS FOOT ADJUSTMENTS							
103 03 NEGATIVE COST CENTER			14,023				14,023
103 TOTAL	17,610	4,009	17,190	23,976	2,163		705,287

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
DESCRIPTION	26	27
003 GENERAL SERVICE COST CNTR		
003 01 NEW CAP REL COSTS-BLDG & FOUNDATION BLDG		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 01 ADMITTING		
006 02 A&G HOSPITAL ONLY		
006 03 SHARED ADMIN & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
020 NONPHYSICIAN ANESTHETISTS		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		107,562
036 OTHER LONG TERM CARE		24,083
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		38,645
040 ANESTHESIOLOGY		1,034
041 RADIOLOGY-DIAGNOSTIC		245,172
044 LABORATORY		45,789
047 BLOOD STORING, PROCESSING		752
049 RESPIRATORY THERAPY		8,972
050 PHYSICAL THERAPY		20,037
051 OCCUPATIONAL THERAPY		601
052 SPEECH PATHOLOGY		49
053 ELECTROCARDIOLOGY		967
055 MEDICAL SUPPLIES CHARGED		
056 DRUGS CHARGED TO PATIENTS		16,995
OUTPAT SERVICE COST CNTRS		
060 CLINIC		2,743
061 EMERGENCY		49,228
062 OBSERVATION BEDS (NON-DIS		
063 OTHER OUTPATIENT SERVICE		
063 50 RURAL HEALTH CLINIC		81,226
OTHER REIMBURS COST CNTRS		
065 AMBULANCE SERVICES		
071 HOME HEALTH AGENCY		22,123
SPEC PURPOSE COST CENTERS		
093 HOSPICE		3,663
095 SUBTOTALS		669,641
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		2,153
098 PHYSICIANS' PRIVATE OFFIC		
100 BOARD OF HEALTH		9,616
100 01 VACANT PHYSICIAN OFFICE		
100 02 JAIL MEALS		2
100 03 KIDNEY CENTER		9,852
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		14,023
103 TOTAL		705,287



COST CENTER DESCRIPTION	A&G HOSPITAL ONLY		SHARED ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	( ACCUM. COST )	RECONCILIATION	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF ) LAUNDRY	( SQUARE FEET )
	6.02	6a.03	6.03	7	8	9	10
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD FOUNDATION BLDG							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATION							
006 02 A&G HOSPITAL ONLY	11,438,270						
006 03 SHARED ADMIN & GENERAL	1,334,824	-1,415,347	10,714,724				
007 MAINTENANCE & REPAIRS	323,562		343,081	38,141			
008 OPERATION OF PLANT	291,918		309,528	2,801	30,369		
009 LAUNDRY & LINEN SERVICE	67,121		71,170	838	838	80,643	
010 HOUSEKEEPING	122,381		129,764	357	357	806	29,174
011 DIETARY	289,261		306,711	2,332	2,332	806	2,332
012 CAFETERIA	5,951		6,310	1,178	1,178		1,178
014 NURSING ADMINISTRATION	120,398		127,661	191	191		191
015 CENTRAL SERVICES & SUPPORT		61,351		2,744	2,744		2,744
017 MEDICAL RECORDS & LIBRARY	211,836		224,615	1,296	1,296		1,296
018 SOCIAL SERVICE	63,126		66,934	93	93		93
020 NONPHYSICIAN ANESTHETIC INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	1,166,073		1,236,416	7,382	7,382	31,451	7,382
036 OTHER LONG TERM CARE	255,940		271,380	1,471	1,471	22,580	1,471
037 ANCILLARY SERVICE CENTER OPERATING ROOM	301,669		319,867	2,655	2,655	2,823	2,655
040 ANESTHESIOLOGY	2,253		2,389	118	118		118
041 RADIOLOGY-DIAGNOSTIC	1,167,565		1,237,998	2,552	2,552	2,016	2,552
044 LABORATORY	1,029,299		1,091,391	1,295	1,295	806	1,295
047 BLOOD STORAGE, PROCESSING	28,046		29,738				
049 RESPIRATORY THERAPY	200,052		212,120	196	196	806	196
050 PHYSICAL THERAPY	332,310		352,357	933	933	10,484	933
051 OCCUPATIONAL THERAPY	20,457		21,691				
052 SPEECH PATHOLOGY	1,870		1,983				
053 ELECTROCARDIOLOGY	11,541		12,237	50	50		50
055 MEDICAL SUPPLIES CHARACTERIZED AS CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT OUTPATIENT SERVICE COST CENTER	361,771		383,595	510	510		510
060 CLINIC	37,990		40,282	234	234		234
061 EMERGENCY	1,349,193		1,430,583	1,708	1,708	8,065	1,708
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	1,709,448		1,812,564	5,326			
065 OTHER REIMBURSABLE COST CENTER							
071 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	516,929		548,113	234	234		234
093 SPECIAL PURPOSE COST CENTER							
095 HOSPICE	115,486		122,453	58	58		58
095 SUBTOTALS	11,438,270	-1,353,996	10,712,931	36,552	28,425	80,643	27,230
096 NONREIMBURSABLE COST CENTER							
098 GIFT, FLOWER, COFFEE			1,793		355		355
100 PHYSICIANS' PRIVATE OFFICE							
100 BOARD OF HEALTH		-9,616					
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS							
100 03 KIDNEY CENTER		-8,028		1,589	1,589		1,589
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	690,008		1,415,347	388,400	378,938	99,561	155,990
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.060325		.132094	10.183267	12.477790	1.234589	5.346884
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	7,930		211,389	8,891	21,113	6,465	6,403
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000693		.019729	.233109	.695216	.080168	.219476

COST ALLOCATION - STATISTICAL BASIS

14-1304

FROM 7/ 1/2008

WORKSHEET B-1

TO

6/30/2009

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (TIME SPENT)
	11	12	14	15	17	18	20
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD FOUNDATION BLDG							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATION							
006 02 A&G HOSPITAL ONLY							
006 03 SHARED ADMIN & GENERAL MAINTENANCE & REPAIRS							
007 OPERATION OF PLANT							
008 LAUNDRY & LINEN SERVICE							
009 HOUSEKEEPING							
010 DIETARY	20,605						
012 CAFETERIA	9,788	8,351					
014 NURSING ADMINISTRATION		100	59,850				
015 CENTRAL SERVICES & SUPPLY		83		863,345			
017 MEDICAL RECORDS & LIBRARY		357		1,308	14,555,291		
018 SOCIAL SERVICE		102		5		324	
020 NONPHYSICIAN ANESTHETIC INPAT ROUTINE SRVC CN							100
025 ADULTS & PEDIATRICS	5,861	1,789	24,032	73,032	1,259,131	285	
036 OTHER LONG TERM CARE	4,954	626	4,196	3,431	169,625	24	
037 ANCILLARY SRVC COST CENTER OPERATING ROOM		218	4,518	97,182	676,127		
040 ANESTHESIOLOGY				460	134,276		100
041 RADIOLOGY-DIAGNOSTIC		812		64,173	3,566,090		
044 LABORATORY		1,051		36,513	3,813,219		
047 BLOOD STORAGE, PROCESSING					78,061		
049 RESPIRATORY THERAPY		305		26,169	467,628		
050 PHYSICAL THERAPY		473		3,069	667,429		
051 OCCUPATIONAL THERAPY				17	85,167		
052 SPEECH PATHOLOGY					5,099		
053 ELECTROCARDIOLOGY				1,221	215,493		
055 MEDICAL SUPPLIES CHARACTERIZED AS DRUGS CHARGED TO PATIENT		221	2,080	349,126	1,371,247		
056 OUTPAT SERVICE COST CENTER CLINIC		82			155,532		
061 EMERGENCY		765	13,415	123,246	1,891,167		
062 OBSERVATION BEDS (NON)							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC		1,367		29,469			
065 OTHER REIMBURS COST CENTER							
071 AMBULANCE SERVICES			10,009	22,064			
093 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER							
095 HOSPICE			1,600	32,860		15	
095 SUBTOTALS	20,603	8,351	59,850	863,345	14,555,291	324	100
096 NONREIMBURS COST CENTER							
098 GIFT, FLOWER, COFFEE							
100 PHYSICIANS' PRIVATE OFFICE							
100 BOARD OF HEALTH							
100 01 VACANT PHYSICIAN OFFICE							
100 02 JAIL MEALS	2						
100 03 KIDNEY CENTER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	413,535	236,580	152,706	17,854	300,725	81,270	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	20.069643	28.329541	2.551479	.020680	.020661	250.833333	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	21,427	17,610	4,009	3,167	23,976	2,163	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.039893	2.108729	.066984	.003668	.001647	6.675926	









WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	473,650	38,645	435,005			473,650
40	ANESTHESIOLOGY	8,794	1,034	7,760			8,794
41	RADIOLOGY-DIAGNOSTIC	1,573,505	245,172	1,328,333			1,573,505
44	LABORATORY	1,382,135	45,789	1,336,346			1,382,135
47	BLOOD STORING, PROCESSING	35,279	752	34,527			35,279
49	RESPIRATORY THERAPY	265,469	8,972	256,497			265,469
50	PHYSICAL THERAPY	465,229	20,037	445,192			465,229
51	OCCUPATIONAL THERAPY	26,316	601	25,715			26,316
52	SPEECH PATHOLOGY	2,350	49	2,301			2,350
53	ELECTROCARDIOLOGY	19,730	967	18,763			19,730
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	495,670	16,995	478,675			495,670
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	57,693	2,743	54,950			57,693
61	EMERGENCY	1,774,870	49,228	1,725,642			1,774,870
62	OBSERVATION BEDS (NON-DIS	222,991		222,991			222,991
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	2,145,560	81,226	2,064,334			2,145,560
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	8,949,241	512,210	8,437,031			8,949,241
102	LESS OBSERVATION BEDS	222,991		222,991			222,991
103	TOTAL	8,726,250	512,210	8,214,040			8,726,250

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	676,127	.700534	.700534
40	ANESTHESIOLOGY	134,276	.065492	.065492
41	RADIOLOGY-DIAGNOSTIC	3,566,090	.441241	.441241
44	LABORATORY	3,813,219	.362459	.362459
47	BLOOD STORING, PROCESSING	78,061	.451941	.451941
49	RESPIRATORY THERAPY	467,628	.567693	.567693
50	PHYSICAL THERAPY	667,429	.697046	.697046
51	OCCUPATIONAL THERAPY	85,167	.308993	.308993
52	SPEECH PATHOLOGY	5,099	.460875	.460875
53	ELECTROCARDIOLOGY	215,493	.091557	.091557
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	1,371,247	.361474	.361474
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	155,532	.370940	.370940
61	EMERGENCY	1,891,167	.938505	.938505
62	OBSERVATION BEDS (NON-DIS	121,146	1.840680	1.840680
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	2,030,679	1.056573	1.056573
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	15,278,360		
102	LESS OBSERVATION BEDS	121,146		
103	TOTAL	15,157,214		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	473,650	38,645	435,005			473,650
40	ANESTHESIOLOGY	8,794	1,034	7,760			8,794
41	RADIOLOGY-DIAGNOSTIC	1,573,505	245,172	1,328,333			1,573,505
44	LABORATORY	1,382,135	45,789	1,336,346			1,382,135
47	BLOOD STORING, PROCESSING	35,279	752	34,527			35,279
49	RESPIRATORY THERAPY	265,469	8,972	256,497			265,469
50	PHYSICAL THERAPY	465,229	20,037	445,192			465,229
51	OCCUPATIONAL THERAPY	26,316	601	25,715			26,316
52	SPEECH PATHOLOGY	2,350	49	2,301			2,350
53	ELECTROCARDIOLOGY	19,730	967	18,763			19,730
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	495,670	16,995	478,675			495,670
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	57,693	2,743	54,950			57,693
61	EMERGENCY	1,774,870	49,228	1,725,642			1,774,870
62	OBSERVATION BEDS (NON-DIS	222,991		222,991			222,991
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	2,145,560	81,226	2,064,334			2,145,560
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	8,949,241	512,210	8,437,031			8,949,241
102	LESS OBSERVATION BEDS	222,991		222,991			222,991
103	TOTAL	8,726,250	512,210	8,214,040			8,726,250

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	676,127	.700534	.700534
40	ANESTHESIOLOGY	134,276	.065492	.065492
41	RADIOLOGY-DIAGNOSTIC	3,566,090	.441241	.441241
44	LABORATORY	3,813,219	.362459	.362459
47	BLOOD STORING, PROCESSING	78,061	.451941	.451941
49	RESPIRATORY THERAPY	467,628	.567693	.567693
50	PHYSICAL THERAPY	667,429	.697046	.697046
51	OCCUPATIONAL THERAPY	85,167	.308993	.308993
52	SPEECH PATHOLOGY	5,099	.460875	.460875
53	ELECTROCARDIOLOGY	215,493	.091557	.091557
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	1,371,247	.361474	.361474
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	155,532	.370940	.370940
61	EMERGENCY	1,891,167	.938505	.938505
62	OBSERVATION BEDS (NON-DIS	121,146	1.840680	1.840680
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	2,030,679	1.056573	1.056573
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	15,278,360		
102	LESS OBSERVATION BEDS	121,146		
103	TOTAL	15,157,214		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	473,650	676,127			
40	ANESTHESIOLOGY	8,794	134,276			
41	RADIOLOGY-DIAGNOSTIC	1,573,505	3,566,090			
44	LABORATORY	1,382,135	3,813,219			
47	BLOOD STORING, PROCESSING	35,279	78,061			
49	RESPIRATORY THERAPY	265,469	467,628			
50	PHYSICAL THERAPY	465,229	667,429			
51	OCCUPATIONAL THERAPY	26,316	85,167			
52	SPEECH PATHOLOGY	2,350	5,099			
53	ELECTROCARDIOLOGY	19,730	215,493			
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	495,670	1,371,247			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	57,693	155,532			
61	EMERGENCY	1,774,870	1,891,167			
62	OBSERVATION BEDS (NON-DIS	222,991	121,146			
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	2,145,560	2,030,679			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL	8,949,241	15,278,360			

COMPUTATION OF OUTPATIENT COST PER VISIT -  
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET C  
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	473,650		473,650	676,127			
40	ANESTHESIOLOGY	8,794		8,794	134,276			
41	RADIOLOGY-DIAGNOSTIC	1,573,505	148,971	1,722,476	3,566,090			
44	LABORATORY	1,382,135		1,382,135	3,813,219			
47	BLOOD STORING, PROCESSING	35,279		35,279	78,061			
49	RESPIRATORY THERAPY	265,469		265,469	467,628			
50	PHYSICAL THERAPY	465,229		465,229	667,429			
51	OCCUPATIONAL THERAPY	26,316		26,316	85,167			
52	SPEECH PATHOLOGY	2,350		2,350	5,099			
53	ELECTROCARDIOLOGY	19,730	13,255	32,985	215,493			
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS	495,670		495,670	1,371,247			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	57,693	55,683	113,376	155,532			
61	EMERGENCY	1,774,870	112,961	1,887,831	1,891,167			
62	OBSERVATION BEDS (NON-DIS	222,991		222,991	121,146			
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	6,803,681	330,870	7,134,551	13,247,681			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.700534		.700534		
40 ANESTHESIOLOGY	.065492		.065492		
41 RADIOLOGY-DIAGNOSTIC	.441241		.441241		
44 LABORATORY	.362459		.362459		
47 BLOOD STORING, PROCESSING & TRANS.	.451941		.451941		
49 RESPIRATORY THERAPY	.567693		.567693		
50 PHYSICAL THERAPY	.697046		.697046		
51 OCCUPATIONAL THERAPY	.308993		.308993		
52 SPEECH PATHOLOGY	.460875		.460875		
53 ELECTROCARDIOLOGY	.091557		.091557		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.361474		.361474		
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.370940		.370940		
61 EMERGENCY	.938505		.938505		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.840680		1.840680		
63 OTHER OUTPATIENT SERVICE COST CENTE					
63 50 RURAL HEALTH CLINIC					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					



TITLE XVIII, PART B

HOSPITAL

Cost Center Description	HOSPITAL		Hospital I/P Part B Charges	Hospital I/P Part B Costs
	All	Other		
	9	10	10	11
(A) ANCILLARY SRVC COST CNTRS				
37 OPERATING ROOM		179,922		
40 ANESTHESIOLOGY		3,027		
41 RADIOLOGY-DIAGNOSTIC		457,629		
44 LABORATORY		539,056		
47 BLOOD STORING, PROCESSING & TRANS.		5,956		
49 RESPIRATORY THERAPY		36,230		
50 PHYSICAL THERAPY		158,195		
51 OCCUPATIONAL THERAPY		2,428		
52 SPEECH PATHOLOGY		1,174		
53 ELECTROCARDIOLOGY		8,254		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				
56 DRUGS CHARGED TO PATIENTS		106,809		
60 OUTPAT SERVICE COST CNTRS				
60 CLINIC		27,168		
61 EMERGENCY		646,878		
62 OBSERVATION BEDS (NON-DISTINCT PART)		96,045		
63 OTHER OUTPATIENT SERVICE COST CENTE				
63 50 RURAL HEALTH CLINIC				
65 OTHER REIMBURS COST CNTRS				
65 AMBULANCE SERVICES				
101 SUBTOTAL		2,268,771		
102 CRNA CHARGES				
103 LESS PBP CLINIC LAB SVCS-				
103 PROGRAM ONLY CHARGES				
104 NET CHARGES		2,268,771		





TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	208
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,072.07
85	OBSERVATION BED COST	222,991

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS		463,554	
37	OPERATING ROOM	.700534	10,675	7,478
40	ANESTHESIOLOGY	.065492	2,828	185
41	RADIOLOGY-DIAGNOSTIC	.441241	132,696	58,551
44	LABORATORY	.362459	177,743	64,425
47	BLOOD STORING, PROCESSING & TRANS.	.451941	8,444	3,816
49	RESPIRATORY THERAPY	.567693	145,614	82,664
50	PHYSICAL THERAPY	.697046	13,966	9,735
51	OCCUPATIONAL THERAPY	.308993	7,995	2,470
52	SPEECH PATHOLOGY	.460875	623	287
53	ELECTROCARDIOLOGY	.091557	15,746	1,442
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.361474	314,947	113,845
60	CLINIC	.370940	2,210	820
61	EMERGENCY	.938505	2,577	2,419
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.840680	25	46
63	OTHER OUTPATIENT SERVICE COST CENTE			
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		836,089	348,183
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		836,089	

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			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.700534	1,963	1,375
40	ANESTHESIOLOGY	.065492		
41	RADIOLOGY-DIAGNOSTIC	.441241	18,761	8,278
44	LABORATORY	.362459	79,686	28,883
47	BLOOD STORING, PROCESSING & TRANS.	.451941	2,588	1,170
49	RESPIRATORY THERAPY	.567693	106,270	60,329
50	PHYSICAL THERAPY	.697046	122,553	85,425
51	OCCUPATIONAL THERAPY	.308993	45,764	14,141
52	SPEECH PATHOLOGY	.460875	841	388
53	ELECTROCARDIOLOGY	.091557	5,613	514
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.361474	232,334	83,983
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.370940		
61	EMERGENCY	.938505		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.840680		
63	OTHER OUTPATIENT SERVICE COST CENTE			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		616,373	284,486
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		616,373	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2008	11/24/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
14-1304		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,268,771
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,268,771

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,291,459
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	16,583
18.01	CAH ACTUAL BILLED COINSURANCE	573,300
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,701,576
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,701,576
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,701,576

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	58,929
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	58,929
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	58,135
28	SUBTOTAL	1,760,505
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,760,505
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,677,725
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	82,780
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1304  
 COMPONENT NO: 14-1304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET E-1

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		843,301		1,529,351
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		1/30/2009	97,249
ADJUSTMENTS TO PROVIDER	.02		5/15/2009	51,125
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50	1/30/2009		9,580
ADJUSTMENTS TO PROGRAM	.51	5/15/2009		3,490
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			148,374
4 TOTAL INTERIM PAYMENTS		-13,070		1,677,725
		830,231		
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)				82,780
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02		479	
7 TOTAL MEDICARE PROGRAM LIABILITY			829,752	1,760,505

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1304  
 COMPONENT NO: 14-Z304  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET E-1

TITLE XVII SWING BED 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		1,154,349		
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	1/30/2009	9,792		
ADJUSTMENTS TO PROGRAM .51	5/15/2009	2,784		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-12,576		NONE
4 TOTAL INTERIM PAYMENTS		1,141,773		
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)		2,940		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,138,833		

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.

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
14-1304	FROM 7/ 1/2008	
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-2
14-Z304		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	864,705	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	287,331	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	800	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,152,036	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,152,036	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,152,036	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	13,203	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,138,833	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,138,833	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,141,773	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	-2,940	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
14-1304	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART II
14-1304		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	960,326
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	960,326
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	969,929
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	969,929
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	140,626
21	EXCESS REASONABLE COST	
22	SUBTOTAL	829,303
23	COI NSURANCE	
24	SUBTOTAL	829,303
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	449
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	449
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	449
26	SUBTOTAL	829,752
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	829,752
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	830,231
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-479
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	98,134			
2	TEMPORARY INVESTMENTS	121,408			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	1,984,452			
5	OTHER RECEIVABLES	113,477			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	275,466			
8	PREPAID EXPENSES	103,751			
9	OTHER CURRENT ASSETS	104,145			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	2,800,833			
FIXED ASSETS					
12	LAND	43,583			
12.01	LAND IMPROVEMENTS	9,289			
13	LESS ACCUMULATED DEPRECIATION	-5,369			
13.01	BUILDINGS	4,912,921			
14	LESS ACCUMULATED DEPRECIATION	-2,961,847			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	4,115,492			
18	LESS ACCUMULATED DEPRECIATION	-3,282,409			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	2,831,660			
21	OTHER ASSETS				
22	INVESTMENTS	1,629,003			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	70,529			
26	TOTAL OTHER ASSETS	1,699,532			
27	TOTAL ASSETS	7,332,025			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	230,923			
29 SALARIES, WAGES & FEES PAYABLE	677,848			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,620,818			
32 DEFERRED INCOME	200,872			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	2,730,461			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	1,312,396			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	217,586			
42 TOTAL LONG-TERM LIABILITIES	1,529,982			
43 TOTAL LIABILITIES	4,260,443			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	3,071,582			
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	3,071,582			
52 TOTAL LIABILITIES AND FUND BALANCES	7,332,025			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		3,840,470		
2	NET INCOME (LOSS)		-768,888		
3	TOTAL		3,071,582		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		3,071,582		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		3,071,582		

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



STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	18,403,545
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	7,069,215
3	NET PATIENT REVENUES	11,334,330
4	LESS: TOTAL OPERATING EXPENSES	13,079,366
5	NET INCOME FROM SERVICE TO PATIENTS	-1,745,036
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	1,040
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	2,267
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	TAX REVENUE	399,455
24.01	OTHER REVENUE	468,893
24.02	FARM INCOME	99,125
24.03	GAIN ON SALE OF ASSETS	5,350
24.04		18
25	TOTAL OTHER INCOME	976,148
26	TOTAL	-768,888
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-768,888

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
5	117,083	9,156	57,943	3,831	43,320	231,333
HHA REIMBURSABLE SERVICES						
6	168,873	13,206				182,079
7	16,108		432	3,154	2	19,696
8						
9						
10						
11	48,876	3,822				52,698
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22	2,710	212	1,430		1,046	5,398
23						
23.50						
24	353,650	26,396	59,805	6,985	44,368	491,204

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
5	-44,942	186,391	-319	186,072
HHA REIMBURSABLE SERVICES				
6		182,079		182,079
7		19,696		19,696
8				
9				
10				
11		52,698		52,698
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22		5,398		5,398
23				
23.50				
24	-44,942	446,262	-319	445,943

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		186,072				186,072	186,072
HHA REIMBURSABLE SERVICES							
6		182,079				182,079	130,371
7		19,696				19,696	14,103
8							
9							
10							
11		52,698				52,698	37,733
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22		5,398				5,398	3,865
23							
23.50							
24		445,943				445,943	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		312,450					
7		33,799					
8							
9							
10							
11		90,431					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22		9,263					
23							
23.50							
24		445,943					

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				-186,072	259,871
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					182,079
7	PHYSICAL THERAPY					19,696
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					52,698
12	SUPPLIES					
13	DRUGS					
13. 20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					5,398
23	ALL OTHERS					
23. 50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-186,072	259,871
25	COST TO BE ALLOCATED					186,072
26	UNIT COST MULTIPLIER					.716017

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	FOUNDATION B LDG 3.01	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	ADMINITTING 6.01
1 ADMIN & GENERAL		1,182	8,713		16,329	
2 SKILLED NURSING CARE	312,450				31,953	
3 PHYSICAL THERAPY	33,799				3,048	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	90,431				9,248	
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	9,263				513	
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	445,943	1,182	8,713		61,091	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 6A.01	A&G HOSPITAL ONLY 6.02	SUBTOTAL 6A.02	SHARED ADMIN & GENERAL 6.03	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8
1 ADMIN & GENERAL	26,224	1,582	27,806	3,673	2,383	2,920
2 SKILLED NURSING CARE	344,403	20,776	365,179	48,238		
3 PHYSICAL THERAPY	36,847	2,223	39,070	5,161		
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	99,679	6,013	105,692	13,961		
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	9,776	590	10,366	1,369		
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	516,929	31,184	548,113	72,402	2,383	2,920
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL		1,251			25,538	456
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)		1,251			25,538	456
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	NONPHYSICI AN ANESTHETIST 20	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				64,027		64,027
2 SKILLED NURSING CARE				413,417		413,417
3 PHYSICAL THERAPY				44,231		44,231
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				119,653		119,653
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				11,735		11,735
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				653,063		653,063
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	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	44,937	458,354
3 PHYSICAL THERAPY	4,808	49,039
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE	13,006	132,659
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	1,276	13,011
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	64,027	653,063
21 UNIT COST MULTIPLIER	0.108698	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3	FOUNDATION B LDG (SQUARE FEET ) 3.01	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE ) 4	EMPLOYEE BEN EFITS (GROSS SALARIES ) 5	ADMITTING (GROSS REVENUES ) 6.01	RECONCILIATION 6A.02
1 ADMIN & GENERAL	234	1,928		86,301		
2 SKILLED NURSING CARE				168,873		
3 PHYSICAL THERAPY				16,108		
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				48,876		
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				2,710		
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	234	1,928		322,868		
21 COST TO BE ALLOCATED	1,182	8,713		61,091		
22 UNIT COST MULTIPLIER	5.051282	4.519191		0.189214		

HHA COST CENTER	A&G HOSPITAL ONLY ( ACCUM. COST ) 6.02	RECONCILIATION 6A.03	SHARED ADMIN & GENERAL ( ACCUM. COST ) 6.03	MAINTENANCE & REPAIRS (SQUARE FEET ) 7	OPERATION OF PLANT (SQUARE FEET ) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY ) 9
1 ADMIN & GENERAL	26,224		27,806	234	234	
2 SKILLED NURSING CARE	344,403		365,179			
3 PHYSICAL THERAPY	36,847		39,070			
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	99,679		105,692			
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	9,776		10,366			
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	516,929		548,113	234	234	
21 COST TO BE ALLOCATED	31,184		72,402	2,383	2,920	
22 UNIT COST MULTIPLIER	0.060325		0.132093	10.183761	12.478632	

HHA 1

HHA COST CENTER	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLIES (REQUIS.)	MEDICAL RECORDS & LIBRARIES (GROSS REVENUES)
	10	11	12	14	15	17
1 ADMIN & GENERAL	234			10,009	22,064	
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)	234			10,009	22,064	
21 COST TO BE ALLOCATED	1,251			25,538	456	
22 UNIT COST MULTIPLIER	5.346154			2.551504	0.020667	

HHA COST CENTER	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETIST (TIME SPENT)
	18	20
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 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	458,354		458,354	3,422	133.94	749
2	PHYSICAL THERAPY	3	49,039		49,039	478	102.59	149
3	OCCUPATIONAL THERAPY	4				67		18
4	SPEECH PATHOLOGY	5						
5	MEDICAL SOCIAL SERVICES	6						
6	HOME HEALTH AIDE SERVICE	7	132,659		132,659	2,562	51.78	218
7	TOTAL		640,052		640,052	6,529		1,134

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1	SKILLED NURSING	1,352		100,321	181,087	281,408
2	PHYSICAL THERAPY	73		15,286	7,489	22,775
3	OCCUPATIONAL THERAPY	8				
4	SPEECH PATHOLOGY					
5	MEDICAL SOCIAL SERVICES					
6	HOME HEALTH AIDE SERVICES	1,211		11,288	62,706	73,994
7	TOTAL	2,644		126,895	251,282	378,177

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

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

PROVIDER NO: 14-1304  
 HHA NO: 14-7462  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART I)	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				24,324		3,555
16 COST OF DRUGS	9.00				276		
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	-----PART B-----	-----PART B-----	-----PART B-----	-----PART B-----
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	PART A 9	10
15 COST OF MEDICAL SUPPLIES		12,528		
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1  
 AMOUNT 2

162	PROGRAM UNDUP CENSUS FROM WRKST S-4
17	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	.697046		COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.308993		COL 2, LN 3
3	SPEECH PATHOLOGY	52	.460875		COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55			COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.361474		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 COSTS		PROG VISITS ON OR AFTER 1/1/1999
			----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1	PHYSICAL THERAPY	2	2.01	3	3.01	4	5
2	OCCUPATIONAL THERAPY	3					
3	SPEECH PATHOLOGY	4					
4	TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
14-1304	FROM 7/ 1/2008	WORKSHEET H-7
HHA NO:	TO 6/30/2009	PARTS I & II
14-7462		

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A  
SERVICES  
1

PART B  
SERVICES  
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	141,404	277,958
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	2,184	4,129
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	856	3,181
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES		
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	1,211	1,750
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	145,655	287,018
13	EXCESS REASONABLE COST		
14	SUBTOTAL	145,655	287,018
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	145,655	287,018
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	145,655	287,018
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	145,655	287,018
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	145,655	287,018
25	INTERIM PAYMENTS	145,655	287,018
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		



RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1593		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	400	32		
10 NURSING CARE	43,251	3,418	9,003	586
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	43,651	3,450	9,003	586

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1593		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		432		432
10 NURSING CARE	5,278	61,536	-720	60,816
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	12,353	12,353		12,353
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	32,859	32,859		32,859
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)	50,490	107,180	-720	106,460

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1593		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		432
10 NURSING CARE		60,816
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		12,353
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		32,859
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)		106,460

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-1
14-1593		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE	2,126	1,272
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES		
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)	2,126	1,272

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-1
14-1593		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				400
10 NURSING CARE	36,056		3,797	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	36,056		3,797	400

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-1
14-1593		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	400
13	NURSING CARE	43,251
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	43,651

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-2
14-1593		

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				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			168	100
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)			168	100

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-2
14-1593		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				32
10 NURSING CARE	2,850		300	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,850		300	32

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-2
14-1593		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	32
13	NURSING CARE	3,418
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	3,450

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-3
14-1593		

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-3
14-1593		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	586			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	586			

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-3
14-1593		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	586
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	586

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1593		PART I

HOSPICE 1

NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
0	1	2	3

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	432		
13	NURSING CARE	60,816		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	12,353		
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	32,859		
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)	106,460		

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1593		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES			432	
10 NURSING CARE			60,816	
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			12,353	
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			32,859	
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)			106,460	

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1593		PART I

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	432
13	NURSING CARE	60,816
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	11 PHYSICAL THERAPY	
16	12 OCCUPATIONAL THERAPY	
17	13 SPEECH/LANGUAGE PATHOLOGY	
18	14 MEDICAL SOCIAL SERVICES	
19	15 SPIRITUAL COUNSELING	
20	16 DIETARY COUNSELING	
21	17 COUNSELING - OTHER	
22	18 HOME HEALTH AIDE AND HOMEMAKER	
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	19 OTHER	
26	20 DRUGS BIOLOGICAL AND INFUSION THERAPY	12,353
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	22 PATIENT TRANSPORTATION	
32	23 IMAGING SERVICES	
33	24 LABS AND DIAGNOSTICS	
34	25 MEDICAL SUPPLIES	32,859
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	
39	30 BEREAVEMENT PROGRAM COSTS	
40	31 VOLUNTEER PROGRAM COSTS	
41	32 FUNDRAISING	
42	33 OTHER PROGRAM COSTS	
43	34 TOTAL (SUM OF LINES 1 THRU 33)	106,460

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1593		PART II

HOSPICE 1

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

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

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

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1593		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	5	6A	6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL			106,460
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			432
13 NURSING CARE			60,816
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			12,353
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			32,859
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

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	FOUNDATION BLDG	NEW CAP REL COSTS-MVBLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6		293	474	
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	432			
5.00 NURSING CARE	10	60,816			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	12,353			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	32,859			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		106,460	293	474	
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	EMPLOYEE BENEFITS	ADMINITTING	SUBTOTAL	A&G HOSPITAL ONLY
	5	6.01	6A.01	6.02
1.00 ADMINISTRATIVE AND GENERAL			767	46
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	76		508	31
5.00 NURSING CARE	8,183		68,999	4,163
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			12,353	745
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			32,859	1,982
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	8,259		115,486	6,967
30.00 UNIT COST MULTIPLIER				





HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES	49	659
5.00 NURSING CARE	6,658	89,485
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	1,192	16,020
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	3,170	42,613
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		148,777
30.00 UNIT COST MULTIPLIER	.080380	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.  
(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	FOUNDATION BLDG (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	3	3.01	4	5
1.00 ADMINISTRATIVE AND GENERAL	58	105		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				400
5.00 NURSING CARE				43,251
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)	58	105		43,651
30.00 TOTAL COST TO BE ALLOCATED	293	474		8,259
31.00 UNIT COST MULTIPLIER	5.051724	4.514286	.000000	.189205

HOSPICE COST CENTER	ADMITTING (GROSS REVENUES)	RECONCILIATION 6A.02	A&G HOSPITAL ONLY (ACCUMULATED COST)	RECONCILIATION 6A.03
	6.01	6A.02	6.02	6A.03
1.00 ADMINISTRATIVE AND GENERAL			767	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			508	
5.00 NURSING CARE			68,999	
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			12,353	
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			32,859	
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)			115,486	
30.00 TOTAL COST TO BE ALLOCATED			6,967	
31.00 UNIT COST MULTIPLIER	.000000		.060328	



HOSPI CE 1

HOSPI CE COST CENTER	HOUSEKEEPING	DI ETARY	CAFETERI A	NURSI NG ADM NI STRATI ON
	(SQUARE FEET)	(MEALS SERVED)	(FTE' S)	(DI RECT NRSI NG HRS)
	10	11	12	14
1.00 ADM NI STRATI VE AND GENERAL	58			1,600
2.00 INPAT IENT - GENERAL CARE				
3.00 INPAT IENT - RESPI TE CARE				
4.00 PHYSI CI AN SERVI CES				
5.00 NURSI NG CARE				
5.20 NURSI NG CARE-CONTI NUOUS HOME CARE				
6.00 PHYSI CAL THERAPY				
7.00 OCCUPATI ONAL THERAPY				
8.00 SPEECH/LANGU AGE PATHOLOGY				
9.00 MEDI CAL SOCI AL SERVI CES				
10.00 SPI RI TUAL COUNSEL I NG				
11.00 DI ETARY COUNSEL I NG				
12.00 COUNSEL I NG - OTHER				
13.00 HOME HEALTH AI DE AND HOME MAKER				
13.20 HH AI DE&HOME MAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY				
15.30 ANALGESI CS				
15.31 SEDATI VES / HYPNOTI CS				
15.32 OTHER				
16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN				
17.00 PAT IENT TRANSPORTATI ON				
18.00 I MAGI NG SERVI CES				
19.00 LABS AND DI AGNOSTI CS				
20.00 MEDI CAL SUPPLI ES				
21.00 OUTPAT IENT SERVI CES (INCL. E/R DEPT.)				
22.00 RADI ATI ON THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAI SI NG				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	58			1,600
30.00 TOTAL COST TO BE ALLOCATED	310			4,082
31.00 UNI T COST MUL TIPLI ER	5.344828	.000000	.000000	2.551250

HOSPI CE COST CENTER	CENTRAL SERVI CES & SUPPLY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	NONPHYSI CI AN ANESTHETI STS
	(REQUI S.)	(GROSS REVENUES)	(TI ME SPENT)	(TI ME SPENT)
	15	17	18	20
1.00 ADM NI STRATI VE AND GENERAL	32,860			15
2.00 INPAT IENT - GENERAL CARE				
3.00 INPAT IENT - RESPI TE CARE				
4.00 PHYSI CI AN SERVI CES				
5.00 NURSI NG CARE				
5.20 NURSI NG CARE-CONTI NUOUS HOME CARE				
6.00 PHYSI CAL THERAPY				
7.00 OCCUPATI ONAL THERAPY				
8.00 SPEECH/LANGU AGE PATHOLOGY				
9.00 MEDI CAL SOCI AL SERVI CES				
10.00 SPI RI TUAL COUNSEL I NG				
11.00 DI ETARY COUNSEL I NG				
12.00 COUNSEL I NG - OTHER				
13.00 HOME HEALTH AI DE AND HOME MAKER				
13.20 HH AI DE&HOME MAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY				
15.30 ANALGESI CS				
15.31 SEDATI VES / HYPNOTI CS				
15.32 OTHER				
16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN				
17.00 PAT IENT TRANSPORTATI ON				
18.00 I MAGI NG SERVI CES				
19.00 LABS AND DI AGNOSTI CS				
20.00 MEDI CAL SUPPLI ES				
21.00 OUTPAT IENT SERVI CES (INCL. E/R DEPT.)				
22.00 RADI ATI ON THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAI SI NG				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	32,860			15
30.00 TOTAL COST TO BE ALLOCATED	680			3,762
31.00 UNI T COST MUL TIPLI ER	.020694	.000000	250.800000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-5
14-1593		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.697046	
2	OCCUPATIONAL THERAPY	51	.308993	
3	SPEECH PATHOLOGY	52	.460875	
4	DRUGS CHARGED TO PATIENTS	56	.361474	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.362459	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		
8	EMERGENCY	61	.938505	
9	RADIOLOGY-DIAGNOSTIC	41	.441241	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2008	11/24/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-6
14-1593		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				148,777
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				2,025
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				73.47
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	1,988			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	146,058			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			37	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			2,718	

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

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO: 14-1304  
COMPONENT NO: 14-3453  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET M-1

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	579,379	293,772	873,151
2	PHYSICIAN ASSISTANT	127,267	8,748	136,015
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	260,880	17,933	278,813
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS	1,219	84	1,303
10	SUBTOTAL (SUM OF LINES 1-9)	968,745	320,537	1,289,282
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT		47,077	47,077
14	SUBTOTAL (SUM OF LINES 11-13)		47,077	47,077
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		26,539	26,539
16	TRANSPORTATION (HEALTH CARE STAFF)		5,408	5,408
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS		8,608	8,608
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		40,555	40,555
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	968,745	408,169	1,376,914
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS	134,659	95,559	230,218
30	ADMINISTRATIVE COSTS		42,678	42,678
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	134,659	138,237	272,896
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,103,404	546,406	1,649,810
				-54,600
				-71,012
				-125,612
				-125,612

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO: 14-1304  
COMPONENT NO: 14-3453  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET M-1

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	873,151	873,151
2	PHYSICIAN ASSISTANT	136,015	136,015
3	NURSE PRACTITIONER		
4	VISITING NURSE		
5	OTHER NURSE	278,813	278,813
6	CLINICAL PSYCHOLOGIST		
7	CLINICAL SOCIAL WORKER		
8	LABORATORY TECHNICIAN		
9	OTHER FACILITY HEALTH CARE STAFF COSTS	1,303	1,303
10	SUBTOTAL (SUM OF LINES 1-9)	1,289,282	1,289,282
COSTS UNDER AGREEMENT			
11	PHYSICIAN SERVICES UNDER AGREEMENT		
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		
13	OTHER COSTS UNDER AGREEMENT	47,077	47,077
14	SUBTOTAL (SUM OF LINES 11-13)	47,077	16,797
OTHER HEALTH CARE COSTS			
15	MEDICAL SUPPLIES	26,539	26,539
16	TRANSPORTATION (HEALTH CARE STAFF)	5,408	5,408
17	DEPRECIATION-MEDICAL EQUIPMENT		
18	PROFESSIONAL LIABILITY INSURANCE		
19	OTHER HEALTH CARE COSTS	8,608	8,608
20	ALLOWABLE GME COSTS		
21	SUBTOTAL (SUM OF LINES 15-20)	40,555	40,555
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,376,914	1,346,634
COSTS OTHER THAN RHC/FQHC SERVICES			
23	PHARMACY		
24	DENTAL		
25	OPTOMETRY		
26	ALL OTHER NONREIMBURSABLE COSTS		
27	NONALLOWABLE GME COSTS		
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		
FACILITY OVERHEAD			
29	FACILITY COSTS	175,618	165,022
30	ADMINISTRATIVE COSTS	-28,334	-37,483
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	147,284	127,539
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,524,198	1,474,173

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
14-1304	FROM 7/ 1/2008	WORKSHEET M-2
COMPONENT NO:	TO 6/30/2009	
14-3453		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	3.56	12,579	4,200
2	PHYSICIAN ASSISTANTS	.84	3,053	2,100
3	NURSE PRACTITIONERS			2,100
4	SUBTOTAL (SUM OF LINES 1-3)	4.40	15,632	
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	4.40	15,632	
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)	1,346,634		
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)	1,346,634		
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)	127,539		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	671,387		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	798,926		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	798,926		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	798,926		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	2,145,560		
		GREATER OF COL. 2 OR COL. 4 5		
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	16,716		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	16,716		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
FOR RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1304	FROM 7/ 1/2008	11/24/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET M-3
14-3453		

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)	2, 145, 560
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	2, 145, 560
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	16, 716
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	16, 716
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	128. 35

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	75. 63 76. 84
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	128. 35 128. 35
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	4, 184
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	537, 016
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)*	537, 016
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	46, 438
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	490, 578
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	392, 462
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	392, 462
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)	392, 462
25	INTERIM PAYMENTS	360, 755
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	31, 707
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.

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR  
 SERVICES RENDERED TO PROGRAM BENEFICIARIES  
 RHC  FQHC

PROVIDER NO: 14-1304  
 COMPONENT NO: 14-3453  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET M-5

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY 1	B AMOUNT 2
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		303,441
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	1/30/2009	57,314
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		57,314
4 TOTAL INTERIM PAYMENTS		360,755
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
TENTATIVE TO PROGRAM .99		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02	31,707
7 TOTAL MEDICARE PROGRAM LIABILITY		392,462

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.