

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

| | | | | | | | | |
|--|--|--------------|--|----------------|--|-------------------------|--|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | | PROVIDER NO: | | PERIOD | | INTERMEDIARY USE ONLY | | DATE RECEIVED: |
| COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | | 14-1307 | | FROM 5/ 1/2008 | | --AUDITED --DESK REVIEW | | / / |
| | | | | TO 4/30/2009 | | --INITIAL --REOPENED | | INTERMEDIARY NO: |
| | | | | | | --FINAL 1-MCR CODE | | |
| | | | | | | 00 - # OF REOPENINGS | | |

ELECTRONICALLY FILED COST REPORT DATE: 8/14/2009 TIME 13:51

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: PINCKNEYVILLE COMMUNITY HOSPITAL 14-1307 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2008 AND ENDING 4/30/2009 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 | -159,218 | 47,140 | 0 | |
| 3 | SWING BED - SNF | 0 | -44,540 | 0 | 0 | |
| 5 | HOSPITAL-BASED SNF | 0 | 0 | 0 | 0 | |
| 6 | HOSPITAL-BASED NF | 0 | 0 | 0 | 0 | |
| 7 | HOSPITAL-BASED HHA | 0 | 0 | 0 | 0 | |
| 9 | RHC | 0 | 0 | -3,651 | 0 | |
| 100 | TOTAL | 0 | -203,758 | 43,489 | 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.

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HHA 1

| | TITLE V 1 | TITLE XVIII 2 | TITLE XIX 3 | OTHER 4 |
|-----------------------------|--------------|------------------|----------------|------------|
| 1 HOME HEALTH AIDE HOURS | 0 | 0 | 0 | 0 |
| 2 UNDUPLICATED CENSUS COUNT | | | | |
| TOTAL | 5 | | | |

| | |
|---|-------|
| 1 HOME HEALTH AIDE HOURS | 0 |
| 2 UNDUPLICATED CENSUS COUNT | |
| HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT) | |
| ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK | 40.00 |

HHA NO. OF FTE EMPLOYEES (2080 HRS)

| | STAFF 1 | CONTRACT 2 | TOTAL 3 |
|--|------------|---------------|------------|
| 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S) | | | |
| 4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S) | | | |
| 5 OTHER ADMINISTRATIVE PERSONEL | .04 | | .04 |
| 6 DIRECTING NURSING SERVICE | | | |
| 7 NURSING SUPERVISOR | | | |
| 8 PHYSICAL THERAPY SERVICE | | | |
| 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 | | | |
| 17 HOME HEALTH AIDE SUPERVISOR | | | |
| 18 | | | |
| HOME HEALTH AGENCY MSA CODES | 1 | 1.01 | |
| 19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? | 0 | 0 | |
| 20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). | | | |

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

| | FULL EPI SODES | | LUPA EPI SODES 3 | PEP ONLY EPI SODES 4 |
|---|--------------------------|-----------------------|------------------------|----------------------------|
| | WITHOUT OUTLIERS 1 | WITH OUTLIERS 2 | | |
| 21 SKILLED NURSING VISITS | 0 | 0 | 0 | 0 |
| 22 SKILLED NURSING VISIT CHARGES | 0 | 0 | 0 | 0 |
| 23 PHYSICAL THERAPY VISITS | 0 | 0 | 0 | 0 |
| 24 PHYSICAL THERAPY VISIT CHARGES | 0 | 0 | 0 | 0 |
| 25 OCCUPATIONAL THERAPY VISITS | 0 | 0 | 0 | 0 |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES | 0 | 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 | 0 | 0 | 0 | 0 |
| 32 HOME HEALTH AIDE VISIT CHARGES | 0 | 0 | 0 | 0 |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31) | 0 | 0 | 0 | 0 |
| 34 OTHER CHARGES | 0 | 0 | 0 | 0 |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 0 | 0 | 0 | 0 |
| 36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER) | 0 | 0 | 0 | 0 |
| 37 TOTAL NUMBER OF OUTLIER EPI SODES | 0 | 0 | 0 | 0 |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | 0 | 0 | 0 | 0 |

HHA 1

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

| | SCIC WITHIN A PEP 5 | SCIC ONLY EPIISODES 6 | TOTAL (COLS. 1-6) 7 |
|---|---------------------------|-----------------------------|---------------------------|
| 21 SKILLED NURSING VISITS | 0 | 0 | 0 |
| 22 SKILLED NURSING VISIT CHARGES | 0 | 0 | 0 |
| 23 PHYSICAL THERAPY VISITS | 0 | 0 | 0 |
| 24 PHYSICAL THERAPY VISIT CHARGES | 0 | 0 | 0 |
| 25 OCCUPATIONAL THERAPY VISITS | 0 | 0 | 0 |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES | 0 | 0 | 0 |
| 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 | 0 |
| 32 HOME HEALTH AIDE VISIT CHARGES | 0 | 0 | 0 |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31) | 0 | 0 | 0 |
| 34 OTHER CHARGES | 0 | 0 | 0 |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 0 | 0 | 0 |
| 36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER) | 0 | 0 | 0 |
| 37 TOTAL NUMBER OF OUTLIER EPIISODES | 0 | 0 | 0 |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES | 0 | 0 | 0 |

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/ 1/2008 | 8/14/2009 |
| | TO 4/30/2009 | WORKSHEET S-7 |

| | GROUP(1) 1 | M3PI | HIGH COST(2) | SWING BED SNF | TOTAL 5 |
|----|---------------|-------------------|--------------------|---------------|------------|
| | | REVENUE CODE 2 | RUGs DAYS 4. 05 | DAYS 4. 06 | |
| 1 | | RUC | | | |
| 2 | | RUB | | | |
| 3 | | RUA | | | |
| 3 | .01 | RUX | | | |
| 3 | .02 | RUL | | | |
| 4 | | RVC | | | |
| 5 | | RVB | | | |
| 6 | | RVA | | | |
| 6 | .01 | RVX | | | |
| 6 | .02 | RVL | | | |
| 7 | | RHC | | | |
| 8 | | RHB | | | |
| 9 | | RHA | | | |
| 9 | .01 | RHX | | | |
| 9 | .02 | RHL | | | |
| 10 | | RMC | | | |
| 11 | | RMB | | | |
| 12 | | RMA | | | |
| 12 | .01 | RMX | | | |
| 12 | .02 | RML | | | |
| 13 | | RLB | | | |
| 14 | | RLA | | | |
| 14 | .01 | RLX | | | |
| 15 | | SE3 | | | |
| 16 | | SE2 | | | |
| 17 | | SE1 | | | |
| 18 | | SSC | | | |
| 19 | | SSB | | | |
| 20 | | SSA | | | |
| 21 | | CC2 | | | |
| 22 | | CC1 | | | |
| 23 | | CB2 | | | |
| 24 | | CB1 | | | |
| 25 | | CA2 | | | |
| 26 | | CA1 | | | |
| 27 | | IB2 | | | |
| 28 | | IB1 | | | |
| 29 | | IA2 | | | |
| 30 | | IA1 | | | |
| 31 | | BB2 | | | |
| 32 | | BB1 | | | |
| 33 | | BA2 | | | |
| 34 | | BA1 | | | |
| 35 | | PE2 | | | |
| 36 | | PE1 | | | |
| 37 | | PD2 | | | |
| 38 | | PD1 | | | |
| 39 | | PC2 | | | |
| 40 | | PC1 | | | |
| 41 | | PB2 | | | |
| 42 | | PB1 | | | |
| 43 | | PA2 | | | |
| 44 | | PA1 | | | |
| 45 | | AAA | | | |
| 46 | | TOTAL | | | |

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 101 NORTH WALNUT STREET
 1.01 CITY: PINCKNEYVILLE STATE: IL ZIP CODE: 62274 COUNTY: PERRY
 2 DESIGNATION (FOR FOHCS 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:

| | PHYSICIAN NAME | BILLING NUMBER |
|--|--------------------------|----------------|
| 9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT | J. GREGG FOZARD, M. D. | C37083 |
| 9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT | CHRISTOPHER REYES, M. D. | H01276 |
| 9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT | NI SHATH GHANI, M. D. | K41104 |
| 9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT | ANGIE EUBANKS, PAC | R78303 |
| 9.04 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT | STEPHEN PRIEBE, PAC | P12446 |

| | PHYSICIAN NAME | HOURS OF SUPERVISION |
|--|------------------------|----------------------|
| 10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD | J. GREGG FOZARD, M. D. | 2, 210.00 |

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FOHCS? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

| TYPE OPERATION | SUNDAY | | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | | SATURDAY | |
|----------------|--------|----|--------|------|---------|------|-----------|------|----------|------|--------|------|----------|------|
| | FROM | TO | FROM | TO | FROM | TO | FROM | TO | FROM | TO | FROM | TO | FROM | TO |
| 12 CLINIC | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | | | 830 | 1700 | 830 | 1700 | 830 | 1700 | 830 | 1700 | 830 | 1700 | 900 | 1200 |

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER:

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

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

HOSPICE IDENTIFICATION DATA

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/ 1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET S-9 |
| 14-1565 | | |

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 | | | | |
| 3 INPATIENT RESPIRE CARE | | | | |
| 4 GENERAL INPATIENT CARE | | | | |
| 5 TOTAL HOSPICE DAYS | | | | |

PART I - ENROLLMENT DAYS (CONTINUED)

| | OTHER UNDUPLICATED DAYS 5 | TOTAL UNDUPLICATED DAYS 6 |
|--------------------------|------------------------------------|------------------------------------|
| 1 CONTINUOUS HOME CARE | | |
| 2 ROUTINE HOME CARE | | |
| 3 INPATIENT RESPIRE CARE | | |
| 4 GENERAL INPATIENT CARE | | |
| 5 TOTAL HOSPICE DAYS | | |

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

PART II - CENSUS DATA (CONTINUED)

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

| COST CENTER | COST CENTER DESCRIPTION | SALARIES | OTHER | TOTAL | RECLASSIFICATIONS | RECLASSIFIED TRIAL BALANCE |
|-------------|---|-----------|------------|------------|-------------------|----------------------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | GENERAL SERVICE COST CNTR | | | | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 150,851 | 150,851 | -141,998 | 8,853 |
| 3.01 | 0301 NEW CAP REL COSTS-NEW BLDG | | | | 120,882 | 120,882 |
| 3.02 | 0302 NEW CAP REL COSTS-PT BLDG | | | | 8,675 | 8,675 |
| 3.03 | 0303 NEW CAP REL COSTS-RHC BLDG | | | | 54,623 | 54,623 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 620,722 | 620,722 | 38,988 | 659,710 |
| 5 | 0500 EMPLOYEE BENEFITS | 31,450 | 2,681,344 | 2,712,794 | -43,360 | 2,669,434 |
| 6.06 | 0611 NONPATIENT TELEPHONES | | 98,158 | 98,158 | | 98,158 |
| 6.08 | 0630 PURCHASING, RECEIVING AND STORES | 32,993 | 482 | 33,475 | | 33,475 |
| 6.09 | 0640 ADMINISTRATION | 89,434 | 6,739 | 96,173 | | 96,173 |
| 6.10 | 0650 CASHIERING/ACCOUNTS RECEIVABLE | 332,382 | 76,991 | 409,373 | | 409,373 |
| 6.11 | 0660 OTHER ADMINISTRATION AND GENERAL | 505,979 | 1,118,361 | 1,624,340 | -48,220 | 1,576,120 |
| 7 | 0700 MAINTENANCE & REPAIRS | 184,314 | 379,538 | 563,852 | | 563,852 |
| 8 | 0800 OPERATION OF PLANT | | | | | |
| 9 | 0900 LAUNDRY & LINEN SERVICE | 69,889 | 18,765 | 88,654 | | 88,654 |
| 10 | 1000 HOUSEKEEPING | 262,553 | 47,464 | 310,017 | -12,881 | 297,136 |
| 11 | 1100 DIETARY | 303,195 | 139,028 | 442,223 | -233,231 | 208,992 |
| 12 | 1200 CAFETERIA | | | | 233,231 | 233,231 |
| 14 | 1400 NURSING ADMINISTRATION | 349,577 | 22,793 | 372,370 | | 372,370 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | 19,027 | 2,556 | 21,583 | | 21,583 |
| 16 | 1600 PHARMACY | 297,540 | 2,075,168 | 2,372,708 | | 2,372,708 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 300,241 | 48,240 | 348,481 | | 348,481 |
| 18 | 1800 SOCIAL SERVICE | 56,967 | 2,196 | 59,163 | | 59,163 |
| 20 | 2000 NONPHYSICIAN ANESTHETISTS | | 270,055 | 270,055 | | 270,055 |
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 ADULTS & PEDIATRICS | 1,073,363 | 161,515 | 1,234,878 | 221,625 | 1,456,503 |
| 34 | 3400 SKILLED NURSING FACILITY | | | | 13,879 | 13,879 |
| 35 | 3500 NURSING FACILITY | 351,543 | 83,501 | 435,044 | -454 | 434,590 |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 OPERATING ROOM | 183,852 | 89,148 | 273,000 | | 273,000 |
| 40 | 4000 ANESTHESIOLOGY | | 8,345 | 8,345 | | 8,345 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | 496,809 | 495,674 | 992,483 | | 992,483 |
| 41.01 | 4101 ONCOLOGY | 224,677 | 344,731 | 569,408 | | 569,408 |
| 43 | 4300 RADIOISOTOPE | 20,078 | 125,802 | 145,880 | | 145,880 |
| 44 | 4400 LABORATORY | 412,256 | 549,324 | 961,580 | 4,648 | 966,228 |
| 49 | 4900 RESPIRATORY THERAPY | 281,160 | 105,546 | 386,706 | | 386,706 |
| 49.01 | 4901 CARDIAC REHAB | 1,937 | -8 | 1,929 | | 1,929 |
| 50 | 5000 PHYSICAL THERAPY | 543,235 | 35,610 | 578,845 | | 578,845 |
| 53 | 5300 ELECTROCARDIOLOGY | 6,541 | 1,281 | 7,822 | | 7,822 |
| 54 | 5400 ELECTROENCEPHALOGRAPHY | 333 | 1,810 | 2,143 | | 2,143 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 61 | 6100 EMERGENCY | 354,002 | 863,878 | 1,217,880 | 2,270 | 1,220,150 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| 63.50 | 6310 RURAL HEALTH CLINIC | 1,291,709 | 85,539 | 1,377,248 | -185,727 | 1,191,521 |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 67 | 6700 DURABLE MEDICAL EQUIP-SOLD | 41,739 | 25,041 | 66,780 | | 66,780 |
| 71 | 7100 HOME HEALTH AGENCY | 1,247 | 6,295 | 7,542 | | 7,542 |
| | SPEC PURPOSE COST CENTERS | | | | | |
| 88 | 8800 INTEREST EXPENSE | | 56,555 | 56,555 | -32,950 | 23,605 |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | | | | |
| 93 | 9300 HOSPICE | | 2,991 | 2,991 | | 2,991 |
| 95 | SUBTOTALS | 8,120,022 | 10,802,029 | 18,922,051 | -0- | 18,922,051 |
| | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | 7,671 | | 7,671 | | 7,671 |
| 98.01 | 9801 FITNESS CENTER | 55,187 | 6,018 | 61,205 | | 61,205 |
| 98.02 | 9802 RETAIL PHARMACY | 4,171 | 1,486 | 5,657 | | 5,657 |
| 98.03 | 9803 LEASED SPACE | | | | | |
| 98.04 | 9804 VACANT SPACE | | | | | |
| 98.05 | 9805 MEALS ON WHEELS | | | | | |
| 101 | TOTAL | 8,187,051 | 10,809,533 | 18,996,584 | -0- | 18,996,584 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1307

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 8/14/2009
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 | -2,322 | 6,531 |
| 3.01 | 0301 NEW CAP REL COSTS-NEW BLDG | -30,628 | 90,254 |
| 3.02 | 0302 NEW CAP REL COSTS-PT BLDG | | 8,675 |
| 3.03 | 0303 NEW CAP REL COSTS-RHC BLDG | | 54,623 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 659,710 |
| 5 | 0500 EMPLOYEE BENEFITS | -438,832 | 2,230,602 |
| 6.06 | 0611 NONPATIENT TELEPHONES | | 98,158 |
| 6.08 | 0630 PURCHASING, RECEIVING AND STORES | | 33,475 |
| 6.09 | 0640 ADMINISTRATION | -2,310 | 93,863 |
| 6.10 | 0650 CASHIERING/ACCOUNTS RECEIVABLE | | 409,373 |
| 6.11 | 0660 OTHER ADMINISTRATION AND GENERAL | -125,890 | 1,450,230 |
| 7 | 0700 MAINTENANCE & REPAIRS | | 563,852 |
| 8 | 0800 OPERATION OF PLANT | | |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 88,654 |
| 10 | 1000 HOUSEKEEPING | | 297,136 |
| 11 | 1100 DIETARY | -47,055 | 161,937 |
| 12 | 1200 CAFETERIA | | 233,231 |
| 14 | 1400 NURSING ADMINISTRATION | -16 | 372,354 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | | 21,583 |
| 16 | 1600 PHARMACY | -101,321 | 2,271,387 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | -1,270 | 347,211 |
| 18 | 1800 SOCIAL SERVICE | -3,216 | 55,947 |
| 20 | 2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS | | 270,055 |
| 25 | 2500 ADULTS & PEDIATRICS | -236,577 | 1,219,926 |
| 34 | 3400 SKILLED NURSING FACILITY | | 13,879 |
| 35 | 3500 NURSING FACILITY | -2,814 | 431,776 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 OPERATING ROOM | -27 | 272,973 |
| 40 | 4000 ANESTHESIOLOGY | | 8,345 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | -7,943 | 984,540 |
| 41.01 | 4101 ONCOLOGY | -320,000 | 249,408 |
| 43 | 4300 RADIOISOTOPE | | 145,880 |
| 44 | 4400 LABORATORY | -1,625 | 964,603 |
| 49 | 4900 RESPIRATORY THERAPY | -19 | 386,687 |
| 49.01 | 4901 CARDIAC REHAB | | 1,929 |
| 50 | 5000 PHYSICAL THERAPY | -60,791 | 518,054 |
| 53 | 5300 ELECTROCARDIOLOGY | | 7,822 |
| 54 | 5400 ELECTROENCEPHALOGRAPHY | | 2,143 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | |
| 56 | 5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS | | |
| 61 | 6100 EMERGENCY | -404,778 | 815,372 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | |
| 63.50 | 6310 RURAL HEALTH CLINIC | -2,370 | 1,189,151 |
| | OTHER REIMBURS COST CNTRS | | |
| 67 | 6700 DURABLE MEDICAL EQUIP-SOLD | | 66,780 |
| 71 | 7100 HOME HEALTH AGENCY | -88 | 7,454 |
| | SPEC PURPOSE COST CENTERS | | |
| 88 | 8800 INTEREST EXPENSE | -23,605 | -0- |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | -0- |
| 93 | 9300 HOSPICE | | 2,991 |
| 95 | SUBTOTALS | -1,813,497 | 17,108,554 |
| | NONREIMBURS COST CENTERS | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | 7,671 |
| 98.01 | 9801 FITNESS CENTER | | 61,205 |
| 98.02 | 9802 RETAIL PHARMACY | | 5,657 |
| 98.03 | 9803 LEASED SPACE | | |
| 98.04 | 9804 VACANT SPACE | | |
| 98.05 | 9805 MEALS ON WHEELS | | |
| 101 | TOTAL | -1,813,497 | 17,183,087 |

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1307
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 8/14/2009
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|--------------------------------------|----------|---------------------------------------|
| | GENERAL SERVICE COST | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 3.01 | NEW CAP REL COSTS-NEW BLDG | 0301 | NEW CAP REL COSTS-BLDG & FIXT |
| 3.02 | NEW CAP REL COSTS-PT BLDG | 0302 | NEW CAP REL COSTS-BLDG & FIXT |
| 3.03 | NEW CAP REL COSTS-RHC BLDG | 0303 | NEW CAP REL COSTS-BLDG & FIXT |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6.06 | NONPATIENT TELEPHONES | 0611 | NONPATIENT TELEPHONES |
| 6.08 | PURCHASING, RECEIVING AND STORES | 0630 | PURCHASING, RECEIVING AND STORES |
| 6.09 | ADMINISTRATIVE | 0640 | ADMINISTRATIVE |
| 6.10 | CASHIERING/ACCOUNTS RECEIVABLE | 0650 | CASHIERING/ACCOUNTS RECEIVABLE |
| 6.11 | OTHER ADMINISTRATIVE AND 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 | |
| 16 | PHARMACY | 1600 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| 20 | NONPHYSICIAN ANESTHETISTS | 2000 | |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 34 | SKILLED NURSING FACILITY | 3400 | |
| 35 | NURSING FACILITY | 3500 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 41.01 | ONCOLOGY | 4101 | RADIOLOGY-DIAGNOSTIC |
| 43 | RADIOISOTOPE | 4300 | |
| 44 | LABORATORY | 4400 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 49.01 | CARDIAC REHAB | 4901 | RESPIRATORY THERAPY |
| 50 | PHYSICAL THERAPY | 5000 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 54 | ELECTROENCEPHALOGRAPHY | 5400 | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| | OUTPAT SERVICE COST | | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| 63.50 | RURAL HEALTH CLINIC | 6310 | RURAL HEALTH CLINIC ##### |
| | OTHER REIMBURS COST | | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | 6700 | |
| 71 | HOME HEALTH AGENCY | 7100 | |
| | SPEC PURPOSE COST CE | | |
| 88 | INTEREST EXPENSE | 8800 | |
| 90 | OTHER CAPITAL RELATED COSTS | 9000 | |
| 93 | HOSPICE | 9300 | |
| 95 | SUBTOTALS | | OLD CAP REL COSTS-BLDG & FIXT |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 98.01 | FITNESS CENTER | 9801 | PHYSICIANS' PRIVATE OFFICES |
| 98.02 | RETAIL PHARMACY | 9802 | PHYSICIANS' PRIVATE OFFICES |
| 98.03 | LEASED SPACE | 9803 | PHYSICIANS' PRIVATE OFFICES |
| 98.04 | VACANT SPACE | 9804 | PHYSICIANS' PRIVATE OFFICES |
| 98.05 | MEALS ON WHEELS | 9805 | PHYSICIANS' PRIVATE OFFICES |
| 101 | TOTAL | | OLD CAP REL COSTS-BLDG & FIXT |

PROVIDER NO:
141307

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 8/14/2009
WORKSHEET A-6

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION | CODE (1) | COST CENTER 2 | INCREASE | | |
|--|-------------|-------------------------------|-----------------|-------------|------------|
| | | | LINE NO 3 | SALARY 4 | OTHER 5 |
| 1 TO RECLASS INTEREST EXPENSE | A | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 2,322 |
| 2 | | NEW CAP REL COSTS-NEW BLDG | 3.01 | | 30,628 |
| 3 TO RECLASS CAFETERIA | B | CAFETERIA | 12 | 159,907 | 73,324 |
| 4 TO RECLASS SNF & ICF FROM HSKPG | D | SKILLED NURSING FACILITY | 34 | 344 | 55 |
| 5 | | NURSING FACILITY | 35 | 10,757 | 1,725 |
| 6 TO RECLASS DR. SALARY FOR HOSP VISIT | H | ADULTS & PEDIATRICS | 25 | 178,809 | |
| 7 | | EMERGENCY | 61 | 2,270 | |
| 8 TO RECLASS PHYSICIAN BENEFITS | I | ADULTS & PEDIATRICS | 25 | | 42,816 |
| 9 | | NURSING FACILITY | 35 | | 544 |
| 10 TO RECLASS SNF AND ICF EXPENSES | K | SKILLED NURSING FACILITY | 34 | 10,893 | 2,587 |
| 11 TO RECLASS DEPRE EXP | M | NEW CAP REL COSTS-NEW BLDG | 3.01 | | 85,049 |
| 12 | | NEW CAP REL COSTS-PT BLDG | 3.02 | | 8,175 |
| 13 | | NEW CAP REL COSTS-RHC BLDG | 3.03 | | 51,473 |
| 14 TO RECLASS RHC LAB EXP | N | LABORATORY | 44 | 1,275 | 3,373 |
| 15 TO RECLASS PROP INS | O | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 377 |
| 16 | | NEW CAP REL COSTS-NEW BLDG | 3.01 | | 5,205 |
| 17 | | NEW CAP REL COSTS-PT BLDG | 3.02 | | 500 |
| 18 | | NEW CAP REL COSTS-RHC BLDG | 3.03 | | 3,150 |
| 19 | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 38,988 |
| 36 TOTAL RECLASSIFICATIONS | | | | 364,255 | 350,291 |

(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

| EXPLANATION OF RECLASSIFICATION | ----- DECREASE ----- | | | | A-7 REF 10 | |
|--|----------------------|----------------------------------|-----------------|-------------|------------------|------------|
| | CODE (1) 1 | COST CENTER 6 | LINE NO 7 | SALARY 8 | | OTHER 9 |
| 1 TO RECLASS INTEREST EXPENSE | A | INTEREST EXPENSE | 88 | | 32,950 | 11 |
| 2 | | | | | | 11 |
| 3 TO RECLASS CAFETERIA | B | DIETARY | 11 | 159,907 | 73,324 | |
| 4 TO RECLASS SNF & ICF FROM HSKPG | D | HOUSEKEEPING | 10 | 11,101 | 1,780 | |
| 5 | | | | | | |
| 6 TO RECLASS DR. SALARY FOR HOSP VISIT | H | RURAL HEALTH CLINIC | 63.50 | 181,079 | | |
| 7 | | | | | | |
| 8 TO RECLASS PHYSICIAN BENEFITS | I | EMPLOYEE BENEFITS | 5 | | 43,360 | |
| 9 | | | | | | |
| 10 TO RECLASS SNF AND ICF EXPENSES | K | NURSING FACILITY | 35 | 10,893 | 2,587 | |
| 11 TO RECLASS DEPRE EXP | M | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 144,697 | 9 |
| 12 | | | | | | 9 |
| 13 | | | | | | 9 |
| 14 TO RECLASS RHC LAB EXP | N | RURAL HEALTH CLINIC | 63.50 | 1,275 | 3,373 | |
| 15 TO RECLASS PROP INS | O | OTHER ADMINISTRATIVE AND GENERAL | 6.11 | | 48,220 | 12 |
| 16 | | | | | | 12 |
| 17 | | | | | | 12 |
| 18 | | | | | | 12 |
| 19 | | | | | | 12 |
| 36 TOTAL RECLASSIFICATIONS | | | | 364,255 | 350,291 | |

(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:
141307

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 8/14/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS INTEREST EXPENSE

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------------------------|------|--------|----------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 2,322 | INTEREST EXPENSE | 88 | 32,950 | |
| 2.00 | NEW CAP REL COSTS-NEW BLDG | 3.01 | 30,628 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 32,950 | | | 32,950 | |

RECLASS CODE: B
EXPLANATION : TO RECLASS CAFETERIA

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------|------|---------|----------------------|------|---------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | CAFETERIA | 12 | 233,231 | DIETARY | 11 | 233,231 | |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 233,231 | | | 233,231 | |

RECLASS CODE: D
EXPLANATION : TO RECLASS SNF & ICF FROM HSKPG

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------|------|--------|----------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | SKILLED NURSING FACILITY | 34 | 399 | HOUSEKEEPING | 10 | 12,881 | |
| 2.00 | NURSING FACILITY | 35 | 12,482 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 12,881 | | | 12,881 | |

RECLASS CODE: H
EXPLANATION : TO RECLASS DR. SALARY FOR HOSP VISIT

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|---------------------|------|---------|----------------------|-------|---------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | ADULTS & PEDIATRICS | 25 | 178,809 | RURAL HEALTH CLINIC | 63.50 | 181,079 | |
| 2.00 | EMERGENCY | 61 | 2,270 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE H | | | 181,079 | | | 181,079 | |

RECLASS CODE: I
EXPLANATION : TO RECLASS PHYSICIAN BENEFITS

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|---------------------|------|--------|----------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | ADULTS & PEDIATRICS | 25 | 42,816 | EMPLOYEE BENEFITS | 5 | 43,360 | |
| 2.00 | NURSING FACILITY | 35 | 544 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE I | | | 43,360 | | | 43,360 | |

RECLASS CODE: K
EXPLANATION : TO RECLASS SNF AND ICF EXPENSES

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------|------|--------|----------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | SKILLED NURSING FACILITY | 34 | 13,480 | NURSING FACILITY | 35 | 13,480 | |
| TOTAL RECLASSIFICATIONS FOR CODE K | | | 13,480 | | | 13,480 | |

RECLASS CODE: M
EXPLANATION : TO RECLASS DEP RE EXP

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|----------------------------|------|---------|-------------------------------|------|---------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NEW CAP REL COSTS-NEW BLDG | 3.01 | 85,049 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 144,697 | |
| 2.00 | NEW CAP REL COSTS-PT BLDG | 3.02 | 8,175 | | | 0 | |
| 3.00 | NEW CAP REL COSTS-RHC BLDG | 3.03 | 51,473 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE M | | | 144,697 | | | 144,697 | |

RECLASS CODE: N
EXPLANATION : TO RECLASS RHC LAB EXP

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------|------|--------|----------------------|-------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | LABORATORY | 44 | 4,648 | RURAL HEALTH CLINIC | 63.50 | 4,648 | |
| TOTAL RECLASSIFICATIONS FOR CODE N | | | 4,648 | | | 4,648 | |

RECLASS CODE: O
EXPLANATION : TO RECLASS PROP INS

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|----------------------|-------------------------------|------|--------|--------------------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 377 | OTHER ADMINISTRATIVE AND GENER | 6.11 | 48,220 | |

RECLASSIFICATIONS

PROVIDER NO:
141307

PERIOD:
FROM 5/1/2008
TO 4/30/2009

PREPARED 8/14/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: 0
EXPLANATION : TO RECLASS PROP INS

| ----- INCREASE ----- | | | ----- DECREASE ----- | | |
|------------------------------------|-------------------------------|--------|----------------------|-------------|--------|
| LINE | COST CENTER | AMOUNT | LINE | COST CENTER | AMOUNT |
| 2.00 | NEW CAP REL COSTS-NEW BLDG | 5,205 | 3.01 | | 0 |
| 3.00 | NEW CAP REL COSTS-PT BLDG | 500 | 3.02 | | 0 |
| 4.00 | NEW CAP REL COSTS-RHC BLDG | 3,150 | 3.03 | | 0 |
| 5.00 | NEW CAP REL COSTS-MVBLE EQUIP | 38,988 | 4 | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE 0 | | 48,220 | 48,220 | | |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | PURCHASES 2 | ACQUISITIONS DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND | 581,385 | | | | | 581,385 | |
| 2 LAND IMPROVEMENTS | 246,028 | | | | | 246,028 | |
| 3 BUILDINGS & FIXTURE | 5,640,728 | | | | | 5,640,728 | |
| 4 BUILDING IMPROVEMENT | | | | | | | |
| 5 FIXED EQUIPMENT | | | | | | | |
| 6 MOVABLE EQUIPMENT | 5,851,547 | 538,052 | | 538,052 | 683,221 | 5,706,378 | |
| 7 SUBTOTAL | 12,319,688 | 538,052 | | 538,052 | 683,221 | 12,174,519 | |
| 8 RECONCILING ITEMS | | | | | | | |
| 9 TOTAL | 12,319,688 | 538,052 | | 538,052 | 683,221 | 12,174,519 | |

ADJUSTMENTS TO EXPENSES

| DESCRPTION (1) | (2) BASIS/CODE 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST. A-7 REF. 5 |
|---|------------------------|-------------|--|--------------|---------------------------|
| | | | COST CENTER 3 | LINE NO 4 | |
| 1 INVST INCOME-OLD BLDGS AND FIXTURES | | | **COST CENTER DELETED** | 1 | |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIP | | | **COST CENTER DELETED** | 2 | |
| 3 INVST INCOME-NEW BLDGS AND FIXTURES | | | 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 | -957,038 | | | |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 RELATED ORGANIZATION TRANSACTIONS | A-8-1 | | | | |
| 15 LAUNDRY AND LINEN SERVICE | | | | | |
| 16 CAFETERIA--EMPLOYEES AND GUESTS | | | | | |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS | | | | | |
| 18 SALE OF MED AND SURG SUPPLIES | | | | | |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS | | | | | |
| 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 | | **COST CENTER DELETED** | 51 | |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | **COST CENTER DELETED** | 52 | |
| 37 INVST INCOME-NEW BLDGS AND FIXTURES | B | -2,322 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 37.01 INVESTMENT INCOME-OTHER | B | -30,628 | NEW CAP REL COSTS-NEW BLD | 3.01 | 9 |
| 37.02 INTEREST EXPENSE | A | -23,605 | INTEREST EXPENSE | 88 | |
| 37.03 CAFETERIA--EMPLOYEES AND GUESTS | B | -45,335 | DIETARY | 11 | |
| 37.04 SALE OF MEDICAL RECORDS & ABSTRACTS | B | -1,268 | MEDICAL RECORDS & LIBRARY | 17 | |
| 37.05 VENDING MACHINES | B | -747 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 37.06 NURSING SERVICES IN AMB | B | -14,952 | ADULTS & PEDIATRICS | 25 | |
| 37.08 CARECALL | B | -1,137 | SOCIAL SERVICE | 18 | |
| 37.09 MISCELLANEOUS INCOME | B | 107 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 37.10 RHC RENT | B | -2,220 | RURAL HEALTH CLINIC | 63.50 | |
| 37.11 MOBILE PET SCAN PAD RENTAL | B | -4,125 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 37.13 RENTAL REVENUE | B | -8,250 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 37.14 IMAGING REBATE | B | -83 | RADIOLOGY-DIAGNOSTIC | 41 | |
| 37.15 PHARMACY REBATE | B | -101,321 | PHARMACY | 16 | |
| 37.16 DIETARY REBATE | B | -1,715 | DIETARY | 11 | |
| 37.18 PATIENT TELEPHONE SALARY EXPENSE | A | -2,310 | ADMINISTRATIVE | 6.09 | |
| 37.19 PATIENT TELEPHONE BENEFITS EXPENSE | A | -765 | EMPLOYEE BENEFITS | 5 | |
| 37.20 ALCOHOLIC BEVERAGES | A | -65 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 38 NON-ALLOW LOBBY DUES | A | -8,793 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 39 NON-ALLOW LOBBY DUES | A | -88 | HOME HEALTH AGENCY | 71 | |
| 40 NON-ALLOW LOBBY DUES | A | -150 | RURAL HEALTH CLINIC | 63.50 | |
| 41 NON-ALLOW LOBBY DUES | A | -39 | EMERGENCY | 61 | |
| 41.01 NON-ALLOW LOBBY DUES | A | -19 | RESPIRATORY THERAPY | 49 | |
| 42 NON-ALLOW LOBBY DUES | A | -27 | OPERATING ROOM | 37 | |
| 42.01 NON-ALLOW LOBBY DUES | A | -5 | DIETARY | 11 | |
| 42.02 NON-ALLOW LOBBY DUES | A | -2 | MEDICAL RECORDS & LIBRARY | 17 | |
| 42.03 NON-ALLOW LOBBY DUES | A | -16 | NURSING ADMINISTRATION | 14 | |
| 43 GIFTS & DONATIONS | A | -2,870 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 44 PROMOTIONAL ITEMS | A | -14,195 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 45 OTHER ENTERTAINMENT | A | -10,225 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 46 NON-ALLOW ADVERTISING | A | -78,674 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 47 NON-ALLOW ADVERTISING SALARIES | A | -782 | PHYSICAL THERAPY | 50 | |
| 47.01 PHYSICIAN RECRUITMENT | A | -3,714 | EMPLOYEE BENEFITS | 5 | |
| 47.02 CABLE TV EXPENSE | A | -2,480 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 48 COMMUNITY EDUCATION SALARY | A | -5,009 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 49 COMMUNITY EDUCATION OTHER EXP | A | -2,864 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 49.01 OUTSIDE PT SERVICE SALARIES | A | -49,155 | PHYSICAL THERAPY | 50 | |
| 49.02 OUTSIDE PT SERVICE OTHER EXP | A | -10,854 | PHYSICAL THERAPY | 50 | |
| 49.04 OUTSIDE SOCIAL SERVICE OTHER EXP | A | -2,079 | SOCIAL SERVICE | 18 | |
| 49.06 MEDICAID BED TAX | A | 12,300 | OTHER ADMINSTRATIVE AND | 6.11 | |
| 49.07 SELF-INSURANCE (HEALTH) | A | -434,353 | EMPLOYEE BENEFITS | 5 | |
| 49.08 HEALTH FAIR LAB EXP | A | -1,625 | LABORATORY | 44 | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -1,813,497 | | | |

| DESCRIPTION (1) | (2) | | EXPENSE CLASSIFICATION ON | | | WKST. A-7 REF. 5 |
|-----------------------------------|-----------------|-------------|---|------------------|--------------|---------------------------|
| | BASIS/CODE 1 | AMOUNT 2 | WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | COST CENTER 3 | LINE NO 4 | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -1,813,497 | | | | |

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1307
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED: 8/14/2009
 WORKSHEET A-8-2
 GROUP 1

| LINE NO. | WKSHT A | 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 | 44 | PROFESSIONAL FEES LAB | 15,687 | | 15,687 | | | | |
| 2 | 41 | 1 PROFESSIONAL FEES ONCOLOG | 320,000 | 320,000 | | | | | |
| 3 | 41 | PROFESSIONAL FEES XRAY | 7,860 | 7,860 | | | | | |
| 4 | 25 | FOZARD - A&P SALARIES | 86,866 | 86,866 | | | | | |
| 5 | 25 | REYES - A&P SALARIES | 94,155 | 94,155 | | | | | |
| 6 | 25 | GHANI - A&P SALARIES | 35,912 | 35,912 | | | | | |
| 7 | 25 | BI LAL - A&P SALARIES | 4,692 | 4,692 | | | | | |
| 8 | 61 | PROFESSIONAL FEES ER | 784,770 | 404,739 | 380,031 | | | | |
| 9 | 35 | FOZARD - SCU SALARIES | 2,307 | 2,307 | | | | | |
| 10 | 35 | REYES - SCU SALARIES | 446 | 446 | | | | | |
| 11 | 35 | BI LAL - SCU SALARIES | 61 | 61 | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |
| 21 | | | | | | | | | |
| 22 | | | | | | | | | |
| 23 | | | | | | | | | |
| 24 | | | | | | | | | |
| 25 | | | | | | | | | |
| 26 | | | | | | | | | |
| 27 | | | | | | | | | |
| 28 | | | | | | | | | |
| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 101 | | TOTAL | 1,352,756 | 957,038 | 395,718 | | | | |

PHYSICAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 183
 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 |
|---|------------|------------|-------|----------|--------|
| 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) | 1 | 2 | 3 | 4 | 5 |
| 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 II, LINE 23) 960
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 183
 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) 1,143
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 261

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 - 261
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 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)
 67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 261
 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: 14-1307
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 8/14/2009
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | |
|----------|----------------------------------|-----------------|------------------------|-------------|
| | GENERAL SERVICE COST | | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 3 | SQUARE FEET | ENTERED |
| 3.01 | NEW CAP REL COSTS-NEW BLDG | 4 | SQUARE FEET | ENTERED |
| 3.02 | NEW CAP REL COSTS-PT BLDG | 5 | SQUARE FEET | ENTERED |
| 3.03 | NEW CAP REL COSTS-RHC BLDG | 6 | SQUARE FEET | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 7 | DEPRECIATION VALUE | ENTERED |
| 5 | EMPLOYEE BENEFITS | 8 | GROSS SALARIES | ENTERED |
| 6.06 | NONPATIENT TELEPHONES | 10 | # OF PHONES | ENTERED |
| 6.08 | PURCHASING, RECEIVING AND STORES | 11 | COST OF SUPPLIES | ENTERED |
| 6.09 | ADMITTING | 12 | GROSS I/P CHARGES | ENTERED |
| 6.10 | CASHIERING/ACCOUNTS RECEIVABLE | 13 | GROSS CHARGES | ENTERED |
| 6.11 | OTHER ADMINISTRATIVE AND GENERAL | -14 | ACCUM. COST | NOT ENTERED |
| 7 | MAINTENANCE & REPAIRS | 15 | SQUARE FEET | ENTERED |
| 8 | OPERATION OF PLANT | 16 | SQUARE FEET | NOT ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 17 | HOURS OF SERVICE | ENTERED |
| 10 | HOUSEKEEPING | 18 | HOURS OF SERVICE | ENTERED |
| 11 | DIETARY | 19 | MEALS SERVED | ENTERED |
| 12 | CAFETERIA | 20 | FTE'S | ENTERED |
| 14 | NURSING ADMINISTRATION | 22 | DIRECT NRSING HRS | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 23 | COSTED REQUIS. | ENTERED |
| 16 | PHARMACY | 24 | COSTED REQUIS. | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 25 | TIME SPENT | ENTERED |
| 18 | SOCIAL SERVICE | 26 | TIME SPENT | ENTERED |
| 20 | NONPHYSICIAN ANESTHETISTS | 28 | ASSIGNED TIME | ENTERED |

| COST CENTER DESCRIPTION | | NET EXPENSES FOR COST ALLOCATION | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-NEW BLD | NEW CAP REL C OSTS-PT BLDG | NEW CAP REL C OSTS-RHC BLD | NEW CAP REL C OSTS-MVBLE E | EMPLOYEE BENE FITS |
|---------------------------|---------------------------|----------------------------------|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------|
| | | 0 | 3 | 3.01 | 3.02 | 3.03 | 4 | 5 |
| GENERAL SERVICE COST CNTR | | | | | | | | |
| 003 | NEW CAP REL COSTS-BLDG & | 6,531 | 6,531 | | | | | |
| 003 01 | NEW CAP REL COSTS-NEW BLD | 90,254 | | 90,254 | | | | |
| 003 02 | NEW CAP REL COSTS-PT BLDG | 8,675 | | | 8,675 | | | |
| 003 03 | NEW CAP REL COSTS-RHC BLD | 54,623 | | | | 54,623 | | |
| 004 | NEW CAP REL COSTS-MVBLE E | 659,710 | | | | | 659,710 | |
| 005 | EMPLOYEE BENEFITS | 2,230,602 | | | | | | 2,230,602 |
| 006 06 | NONPATIENT TELEPHONES | 98,158 | | | | | | |
| 006 08 | PURCHASING, RECEIVING AND | 33,475 | 123 | | | | | 9,295 |
| 006 09 | ADMINISTRATIVE | 93,863 | 63 | | | | 1,214 | 24,546 |
| 006 10 | CASHIERING/ACCOUNTS RECEI | 409,373 | 319 | | | | | 93,645 |
| 006 11 | OTHER ADMINISTRATIVE AND | 1,450,230 | 1,665 | 28,898 | | 27,312 | 239,179 | 142,554 |
| 007 | MAINTENANCE & REPAIRS | 563,852 | 699 | 8,139 | | | 676 | 51,928 |
| 008 | OPERATION OF PLANT | | | | | | | |
| 009 | LAUNDRY & LINEN SERVICE | 88,654 | | 1,849 | | | 2,141 | 19,690 |
| 010 | HOUSEKEEPING | 297,136 | 76 | 418 | | | 1,281 | 70,844 |
| 011 | DIETARY | 161,937 | 43 | 8,541 | | | 1,592 | 40,370 |
| 012 | CAFETERIA | 233,231 | | 6,992 | | | 1,777 | 45,052 |
| 014 | NURSING ADMINISTRATION | 372,354 | 65 | 8,017 | | | | 97,078 |
| 015 | CENTRAL SERVICES & SUPPLY | 21,583 | 100 | | | | | 5,361 |
| 016 | PHARMACY | 2,271,387 | | 2,234 | | | 49,757 | 83,829 |
| 017 | MEDICAL RECORDS & LIBRARY | 347,211 | 140 | | | | 18,422 | 84,590 |
| 018 | SOCIAL SERVICE | 55,947 | 3 | | | | | 16,050 |
| 020 | NONPHYSICIAN ANESTHETISTS | 270,055 | | | | | | |
| 025 | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | ADULTS & PEDIATRICS | 1,219,926 | 155 | 19,493 | | | 78,462 | 302,408 |
| 034 | SKILLED NURSING FACILITY | 13,879 | 75 | | | | 763 | 3,166 |
| 035 | NURSING FACILITY | 431,776 | 178 | | | | 23,851 | 99,005 |
| 037 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 | OPERATING ROOM | 272,973 | 222 | | | | 69,677 | 51,798 |
| 040 | ANESTHESIOLOGY | 8,345 | | | | | 7,397 | |
| 041 | RADIOLOGY-DIAGNOSTIC | 984,540 | 458 | 593 | | | 83,533 | 139,970 |
| 041 01 | ONCOLOGY | 249,408 | | | | | 1,304 | 63,300 |
| 043 | RADIOISOTOPE | 145,880 | 77 | | | | | 5,657 |
| 044 | LABORATORY | 964,603 | 270 | | | | 40,825 | 116,508 |
| 049 | RESPIRATORY THERAPY | 386,687 | 81 | 1,911 | | | 4,878 | 79,214 |
| 049 01 | CARDIAC REHAB | 1,929 | | | | | 833 | 546 |
| 050 | PHYSICAL THERAPY | 518,054 | | 115 | | | 12,012 | 138,981 |
| 053 | ELECTROCARDIOLOGY | 7,822 | | | 8,675 | | 1,224 | 1,843 |
| 054 | ELECTROENCEPHALOGRAPHY | 2,143 | | | | | | 94 |
| 055 | MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 | DRUGS CHARGED TO PATIENTS | | | | | | | |
| 061 | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 | EMERGENCY | 815,372 | 131 | | | | 2,412 | 99,736 |
| 062 | OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 50 | RURAL HEALTH CLINIC | 1,189,151 | | | | 26,122 | 14,170 | 312,549 |
| 067 | OTHER REIMBURS COST CNTRS | | | | | | | |
| 067 | DURABLE MEDICAL EQUIP-SOL | 66,780 | | | | 1,189 | | 11,760 |
| 071 | HOME HEALTH AGENCY | 7,454 | | | | | 1,327 | 351 |
| 093 | SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 | HOSPICE | 2,991 | | | | | | |
| 095 | SUBTOTALS | 17,108,554 | 4,943 | 87,200 | 8,675 | 54,623 | 658,707 | 2,211,718 |
| 096 | NONREIMBURS COST CENTERS | | | | | | | |
| 096 | GIFT, FLOWER, COFFEE SHOP | | 31 | | | | | |
| 098 | PHYSICIANS' PRIVATE OFFIC | 7,671 | | 3,054 | | | | 2,161 |
| 098 01 | FITNESS CENTER | 61,205 | | | | | 1,003 | 15,548 |
| 098 02 | RETAIL PHARMACY | 5,657 | | | | | | 1,175 |
| 098 03 | LEASED SPACE | | 494 | | | | | |
| 098 04 | VACANT SPACE | | 1,063 | | | | | |
| 098 05 | MEALS ON WHEELS | | | | | | | |
| 101 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | TOTAL | 17,183,087 | 6,531 | 90,254 | 8,675 | 54,623 | 659,710 | 2,230,602 |

| COST CENTER DESCRIPTION | NONPATIENT TELEPHONES | PURCHASING, RECEIVING AND | ADMINISTRATIVE | CASHIERING/ACCOUNTS RECEIVABLE | SUBTOTAL | OTHER ADMINISTRATIVE | MAINTENANCE & REPAIRS |
|---------------------------------------|-----------------------|---------------------------|----------------|--------------------------------|------------|----------------------|-----------------------|
| | 6.06 | 6.08 | 6.09 | 6.10 | 6a.10 | 6.11 | 7 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CAP REL COSTS-NEW BLDG | | | | | | | |
| 003 03 NEW CAP REL COSTS-PT BLDG | | | | | | | |
| 004 03 NEW CAP REL COSTS-RHC BLDG | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 06 NONPATIENT TELEPHONES | 98,158 | | | | | | |
| 006 08 PURCHASING, RECEIVING AND | 1,444 | 44,337 | | | | | |
| 006 09 ADMINISTRATIVE | 722 | 292 | 120,700 | | | | |
| 006 10 CASHIERING/ACCOUNTS RECEIVABLE | 7,939 | 285 | | 511,561 | | | |
| 006 11 OTHER ADMINISTRATIVE AND | 13,710 | 2,402 | | | 1,905,950 | 1,905,950 | |
| 007 MAINTENANCE & REPAIRS | 1,444 | 811 | | | 627,549 | 78,292 | 705,841 |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | 176 | | | 112,510 | 14,037 | 7,275 |
| 010 HOUSEKEEPING | 2,165 | 1,943 | | | 373,863 | 46,642 | 7,936 |
| 011 DIETARY | 1,444 | 743 | | | 214,670 | 26,782 | 37,218 |
| 012 CAFETERIA | 722 | | | | 287,774 | 35,902 | 27,518 |
| 014 NURSING ADMINISTRATION | 2,887 | 337 | | | 480,738 | 59,976 | 37,425 |
| 015 CENTRAL SERVICES & SUPPLY | | 103 | | | 27,147 | 3,387 | 8,325 |
| 016 PHARMACY | 2,165 | 563 | | | 2,409,935 | 300,662 | 8,792 |
| 017 MEDICAL RECORDS & LIBRARY | 5,052 | 254 | | | 455,669 | 56,848 | 11,619 |
| 018 SOCIAL SERVICE | 1,444 | 25 | | | 73,469 | 9,166 | 246 |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | 270,055 | 33,692 | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 4,331 | 4,352 | 38,319 | 32,113 | 1,699,559 | 212,034 | 89,582 |
| 034 SKILLED NURSING FACILITY | | 26 | 736 | 584 | 19,229 | 2,399 | 6,225 |
| 035 NURSING FACILITY | 3,609 | 820 | 10,127 | 8,034 | 577,400 | 72,035 | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | 2,165 | 2,495 | 2,561 | 18,795 | 420,686 | 52,484 | 18,375 |
| 040 ANESTHESIOLOGY | | 253 | 2,377 | 7,823 | 26,195 | 3,268 | |
| 041 RADIOLOGY-DIAGNOSTIC | 7,218 | 2,194 | 9,345 | 91,156 | 1,319,007 | 164,557 | 40,291 |
| 041 01 ONCOLOGY | 2,165 | 1,013 | 3 | 6,244 | 323,437 | 40,351 | |
| 043 RADIOISOTOPE | 4,331 | 3,985 | 500 | 12,145 | 172,575 | 21,530 | 6,354 |
| 044 LABORATORY | | 14,367 | 15,502 | 91,821 | 1,243,896 | 155,186 | 22,383 |
| 049 RESPIRATORY THERAPY | 5,774 | 866 | 6,150 | 16,017 | 501,578 | 62,576 | 14,213 |
| 049 01 CARDIAC REHAB | | | | 93 | 3,401 | 424 | |
| 050 PHYSICAL THERAPY | 7,218 | 363 | 10,569 | 31,913 | 727,900 | 90,811 | 101,512 |
| 053 ELECTROCARDIOLOGY | | 59 | 772 | 4,052 | 15,772 | 1,968 | |
| 054 ELECTROENCEPHALOGRAPHY | | 43 | 5 | 49 | 2,334 | 291 | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | 22,547 | 141,261 | 163,808 | 20,436 | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | 5,052 | 2,298 | 1,187 | 24,366 | 950,554 | 118,589 | 10,828 |
| 062 OBSERVATION BEDS (NON-DIS) | | | | | | | |
| 063 50 RURAL HEALTH CLINIC | 13,713 | 3,100 | | 22,777 | 1,581,582 | 197,315 | 111,059 |
| 067 OTHER REIMBURS COST CNTRS | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | 722 | | | 2,073 | 82,524 | 10,296 | 16,690 |
| 071 HOME HEALTH AGENCY | | | | | 9,132 | 1,139 | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | | 138 | | | 3,129 | 390 | |
| 095 SUBTOTALS | 97,436 | 44,306 | 120,700 | 511,316 | 17,083,027 | 1,893,465 | 583,866 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | 31 | 4 | 2,594 |
| 098 PHYSICIANS' PRIVATE OFFICE | | | | 185 | 13,071 | 1,631 | 12,021 |
| 098 01 FITNESS CENTER | 722 | 31 | | | 78,509 | 9,795 | |
| 098 02 RETAIL PHARMACY | | | | 60 | 6,892 | 860 | |
| 098 03 LEASED SPACE | | | | | 494 | 62 | 19,179 |
| 098 04 VACANT SPACE | | | | | 1,063 | 133 | 88,181 |
| 098 05 MEALS ON WHEELS | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 98,158 | 44,337 | 120,700 | 511,561 | 17,183,087 | 1,905,950 | 705,841 |

| COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |
|----------------------------------|--------------------|-------------------------|--------------|---------|-----------|------------------------|---------------------------|
| | 8 | 9 | 10 | 11 | 12 | 14 | 15 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CAP REL COSTS-NEW BLD | | | | | | | |
| 003 03 NEW CAP REL COSTS-PT BLDG | | | | | | | |
| 003 03 NEW CAP REL COSTS-RHC BLD | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 06 NONPATIENT TELEPHONES | | | | | | | |
| 006 08 PURCHASING, RECEIVING AND | | | | | | | |
| 006 09 ADMINISTRATION | | | | | | | |
| 006 10 CASHIERING/ACCOUNTS RECEI | | | | | | | |
| 006 11 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | 133,822 | | | | | |
| 010 HOUSEKEEPING | | | 428,441 | | | | |
| 011 DIETARY | | 5,315 | 21,636 | 305,621 | | | |
| 012 CAFETERIA | | | 24,170 | 159,361 | 534,725 | | |
| 014 NURSING ADMINISTRATION | | | 975 | | 25,021 | 604,135 | |
| 015 CENTRAL SERVICES & SUPPLY | | | 3,704 | | 3,616 | 14,247 | 60,426 |
| 016 PHARMACY | | | 7,212 | | 19,286 | | |
| 017 MEDICAL RECORDS & LIBRARY | | | 6,238 | | 40,217 | | |
| 018 SOCIAL SERVICE | | | 1,170 | | 5,479 | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 034 ADULTS & PEDIATRICS | | 74,768 | 155,158 | 66,270 | 111,919 | 441,020 | 7,021 |
| 035 SKILLED NURSING FACILITY | | 2,211 | | 1,860 | 1,461 | | 141 |
| 035 NURSING FACILITY | | 21,804 | | 58,252 | 45,294 | | 1,228 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | | 1,984 | 32,942 | 1,599 | 13,442 | 52,900 | 4,028 |
| 041 ANESTHESIOLOGY | | | | | | | 409 |
| 041 RADIOLOGY-DIAGNOSTIC | | 5,572 | 17,153 | | 38,792 | | 3,537 |
| 043 01 ONCOLOGY | | | | 2,294 | 14,721 | | 1,638 |
| 043 RADIOISOTOPE | | | | | 1,388 | | 6,433 |
| 044 LABORATORY | | 394 | 9,551 | | 37,989 | | 23,178 |
| 049 RESPIRATORY THERAPY | | 757 | 15,789 | | 20,638 | | 1,400 |
| 049 01 CARDIAC REHAB | | | 3,314 | | 146 | | |
| 050 PHYSICAL THERAPY | | 4,043 | 29,628 | | 41,605 | | 588 |
| 053 ELECTROCARDIOLOGY | | | | | 804 | | 97 |
| 054 ELECTROENCEPHALOGRAPHY | | | | | 37 | | 67 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 EMERGENCY | | 11,099 | 19,687 | | 24,364 | 95,968 | 3,708 |
| 063 50 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 RURAL HEALTH CLINIC | | | 79,334 | | 75,502 | | 5,003 |
| 067 OTHER REIMBURS COST CNTRS | | | | | | | |
| 071 DURABLE MEDICAL EQUIP-SOL | | | 780 | | 5,808 | | 1,675 |
| 071 HOME HEALTH AGENCY | | | | | 146 | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 HOSPICE | | | | | | | 223 |
| 095 SUBTOTALS | | 127,947 | 428,441 | 289,636 | 527,675 | 604,135 | 60,374 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 098 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 FITNESS CENTER | | 5,875 | | | 6,794 | | 52 |
| 098 02 RETAIL PHARMACY | | | | | 256 | | |
| 098 03 LEASED SPACE | | | | | | | |
| 098 04 VACANT SPACE | | | | | | | |
| 098 05 MEALS ON WHEELS | | | | 15,985 | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | 133,822 | 428,441 | 305,621 | 534,725 | 604,135 | 60,426 |

| COST CENTER DESCRIPTION | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SOCIAL SERVICE 18 | NONPHYSICIAN ANESTHETISTS 20 | SUBTOTAL 25 | I&R COST POST STEP-DOWN ADJ 26 | TOTAL 27 |
|----------------------------------|----------------|---------------------------------|----------------------|---------------------------------|----------------|-----------------------------------|-------------|
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CAP REL COSTS-NEW BLD | | | | | | | |
| 003 03 NEW CAP REL COSTS-PT BLDG | | | | | | | |
| 004 03 NEW CAP REL COSTS-RHC BLD | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 06 NONPATIENT TELEPHONES | | | | | | | |
| 006 08 PURCHASING, RECEIVING AND | | | | | | | |
| 006 09 ADMITTING | | | | | | | |
| 006 10 CASHIERING/ACCOUNTS RECEI | | | | | | | |
| 006 11 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 PHARMACY | 2,745,887 | | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | 570,591 | | | | | |
| 018 SOCIAL SERVICE | | | 89,530 | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | 303,747 | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | 106,434 | 61,699 | | 3,025,464 | | 3,025,464 |
| 034 SKILLED NURSING FACILITY | | | 614 | | 34,140 | | 34,140 |
| 035 NURSING FACILITY | | | 19,100 | | 795,113 | | 795,113 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | | 54,846 | | | 653,286 | | 653,286 |
| 040 ANESTHESIOLOGY | | | | 303,747 | 333,619 | | 333,619 |
| 041 RADIOLOGY-DIAGNOSTIC | | 200,923 | | | 1,789,832 | | 1,789,832 |
| 041 01 ONCOLOGY | | | 6,719 | | 389,160 | | 389,160 |
| 043 RADIOISOTOPE | | | | | 208,280 | | 208,280 |
| 044 LABORATORY | | | | | 1,492,577 | | 1,492,577 |
| 049 RESPIRATORY THERAPY | | 170,919 | | | 787,870 | | 787,870 |
| 049 01 CARDIAC REHAB | | | | | 7,285 | | 7,285 |
| 050 PHYSICAL THERAPY | | | | | 996,087 | | 996,087 |
| 053 ELECTROCARDIOLOGY | | | | | 18,641 | | 18,641 |
| 054 ELECTROENCEPHALOGRAPHY | | | | | 2,729 | | 2,729 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 2,744,609 | | | | 2,928,853 | | 2,928,853 |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | 37,469 | | | 1,272,266 | | 1,272,266 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 50 RURAL HEALTH CLINIC | | | 341 | | 2,050,136 | | 2,050,136 |
| 067 OTHER REIMBURS COST CNTRS | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | 117,773 | | 117,773 |
| 071 HOME HEALTH AGENCY | | | 1,057 | | 11,474 | | 11,474 |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | | | | | 3,742 | | 3,742 |
| 095 SUBTOTALS | 2,744,609 | 570,591 | 89,530 | 303,747 | 16,918,327 | | 16,918,327 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | 2,629 | | 2,629 |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | 26,723 | | 26,723 |
| 098 01 FITNESS CENTER | | | | | 101,025 | | 101,025 |
| 098 02 RETAIL PHARMACY | 1,278 | | | | 9,286 | | 9,286 |
| 098 03 LEASED SPACE | | | | | 19,735 | | 19,735 |
| 098 04 VACANT SPACE | | | | | 89,377 | | 89,377 |
| 098 05 MEALS ON WHEELS | | | | | 15,985 | | 15,985 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 2,745,887 | 570,591 | 89,530 | 303,747 | 17,183,087 | | 17,183,087 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS | NEW CAP REL C OST-BLDG & | NEW CAP REL C OST-NEW BLD | NEW CAP REL C OST-PT BLDG | NEW CAP REL C OST-RHC BLD | NEW CAP REL C OST-MVBLE E | SUBTOTAL |
|----------------------------------|----------------------------------|--------------------------|---------------------------|---------------------------|---------------------------|---------------------------|----------|
| | 0 | 3 | 3.01 | 3.02 | 3.03 | 4 | 4a |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-NEW BLD | | | | | | | |
| 003 02 NEW CAP REL COSTS-PT BLDG | | | | | | | |
| 003 03 NEW CAP REL COSTS-RHC BLD | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 06 NONPATIENT TELEPHONES | | | | | | | |
| 006 08 PURCHASING, RECEIVING AND | | 123 | | | | | 123 |
| 006 09 ADMINITTING | | 63 | | | | 1,214 | 1,277 |
| 006 10 CASHIERING/ACCOUNTS RECEI | | 319 | | | | | 319 |
| 006 11 OTHER ADMINISTRATIVE AND | | 1,665 | 28,898 | | 27,312 | 239,179 | 297,054 |
| 007 MAINTENANCE & REPAIRS | | 699 | 8,139 | | | 676 | 9,514 |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | 1,849 | | | 2,141 | 3,990 |
| 010 HOUSEKEEPING | | 76 | 418 | | | 1,281 | 1,775 |
| 011 DIETARY | | 43 | 8,541 | | | 1,592 | 10,176 |
| 012 CAFETERIA | | | 6,992 | | | 1,777 | 8,769 |
| 014 NURSING ADMINISTRATION | | 65 | 8,017 | | | | 8,082 |
| 015 CENTRAL SERVICES & SUPPLY | | 100 | | | | | 100 |
| 016 PHARMACY | | | 2,234 | | | 49,757 | 51,991 |
| 017 MEDICAL RECORDS & LIBRARY | | 140 | | | | 18,422 | 18,562 |
| 018 SOCIAL SERVICE | | 3 | | | | | 3 |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | 155 | 19,493 | | | 78,462 | 98,110 |
| 034 SKILLED NURSING FACILITY | | 75 | | | | 763 | 838 |
| 035 NURSING FACILITY | | 178 | | | | 23,851 | 24,029 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | | 222 | | | | 69,677 | 69,899 |
| 040 ANESTHESIOLOGY | | | | | | 7,397 | 7,397 |
| 041 RADIOLOGY-DIAGNOSTIC | | 458 | 593 | | | 83,533 | 84,584 |
| 041 01 ONCOLOGY | | | | | | 1,304 | 1,304 |
| 043 RADIOISOTOPE | | 77 | | | | | 77 |
| 044 LABORATORY | | 270 | | | | 40,825 | 41,095 |
| 049 RESPIRATORY THERAPY | | 81 | 1,911 | | | 4,878 | 6,870 |
| 049 01 CARDIAC REHAB | | | | | | 833 | 833 |
| 050 PHYSICAL THERAPY | | | 115 | 8,675 | | 12,012 | 20,802 |
| 053 ELECTROCARDIOLOGY | | | | | | 1,224 | 1,224 |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | | 131 | | | | 2,412 | 2,543 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 50 RURAL HEALTH CLINIC | | | | | 26,122 | 14,170 | 40,292 |
| 067 OTHER REIMBURS COST CNTRS | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | 1,189 | | 1,189 |
| 071 HOME HEALTH AGENCY | | | | | | 1,327 | 1,327 |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | | 4,943 | 87,200 | 8,675 | 54,623 | 658,707 | 814,148 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | 31 | | | | | 31 |
| 098 PHYSICIANS' PRIVATE OFFIC | | | 3,054 | | | | 3,054 |
| 098 01 FITNESS CENTER | | | | | | 1,003 | 1,003 |
| 098 02 RETAIL PHARMACY | | | | | | | |
| 098 03 LEASED SPACE | | 494 | | | | | 494 |
| 098 04 VACANT SPACE | | 1,063 | | | | | 1,063 |
| 098 05 MEALS ON WHEELS | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | 6,531 | 90,254 | 8,675 | 54,623 | 659,710 | 819,793 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | EMPLOYEE FITS | BENEFIT LEPHONES | NONPATIENT TELEPHONE | PURCHASING, RECEIVING AND | ADMINISTRATIVE | CASHIERING/ACCOUNTS RECEIVED | OTHER ADMINISTRATIVE | MAINTENANCE & REPAIRS |
|----------------------------------|---------------|------------------|----------------------|---------------------------|----------------|------------------------------|----------------------|-----------------------|
| | 5 | 6.06 | 6.08 | 6.09 | 6.10 | 6.11 | 7 | |
| 003 GENERAL SERVICE COST CNTR | | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | | |
| 003 02 NEW CAP REL COSTS-NEW BLD | | | | | | | | |
| 003 03 NEW CAP REL COSTS-PT BLDG | | | | | | | | |
| 003 03 NEW CAP REL COSTS-RHC BLD | | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | | |
| 006 06 NONPATIENT TELEPHONES | | | | | | | | |
| 006 08 PURCHASING, RECEIVING AND | | | 123 | | | | | |
| 006 09 ADMINISTRATION | | | 1 | 1,278 | | | | |
| 006 10 CASHIERING/ACCOUNTS RECEI | | | 1 | | 320 | | | |
| 006 11 OTHER ADMINISTRATIVE AND | | | 7 | | | 297,061 | | |
| 007 MAINTENANCE & REPAIRS | | | 2 | | | 12,203 | 21,719 | |
| 008 OPERATION OF PLANT | | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | 2,188 | 224 | |
| 010 HOUSEKEEPING | | | 5 | | | 7,270 | 244 | |
| 011 DIETARY | | | 2 | | | 4,174 | 1,145 | |
| 012 CAFETERIA | | | | | | 5,596 | 847 | |
| 014 NURSING ADMINISTRATION | | | 1 | | | 9,348 | 1,152 | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | 528 | 256 | |
| 016 PHARMACY | | | 2 | | | 46,855 | 271 | |
| 017 MEDICAL RECORDS & LIBRARY | | | 1 | | | 8,860 | 358 | |
| 018 SOCIAL SERVICE | | | | | | 1,429 | 8 | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | 5,251 | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | 12 | 406 | 19 | 33,048 | 2,756 | |
| 034 ADULTS & PEDIATRICS | | | | 8 | | 374 | 192 | |
| 035 SKILLED NURSING FACILITY | | | 2 | 107 | 5 | 11,228 | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | | |
| 040 OPERATING ROOM | | | 7 | 27 | 11 | 8,180 | 565 | |
| 040 ANESTHESIOLOGY | | | 1 | 25 | 5 | 509 | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | 6 | 99 | 55 | 25,648 | 1,240 | |
| 041 01 ONCOLOGY | | | 3 | | 4 | 6,289 | | |
| 043 RADIOISOTOPE | | | 11 | 5 | 7 | 3,356 | 196 | |
| 044 LABORATORY | | | 41 | 164 | 56 | 24,188 | 689 | |
| 049 RESPIRATORY THERAPY | | | 2 | 65 | 10 | 9,753 | 437 | |
| 049 01 CARDIAC REHAB | | | | | | 66 | | |
| 050 PHYSICAL THERAPY | | | 1 | 112 | 19 | 14,154 | 3,124 | |
| 053 ELECTROCARDIOLOGY | | | | 8 | 2 | 307 | | |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | 45 | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | 239 | 97 | 3,185 | | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | | |
| 062 EMERGENCY | | | 6 | 13 | 15 | 18,484 | 333 | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | | |
| 063 50 RURAL HEALTH CLINIC | | | 9 | | 14 | 30,754 | 3,415 | |
| 067 OTHER REIMBURS COST CNTRS | | | | | | | | |
| 071 DURABLE MEDICAL EQUIP-SOL | | | | | 1 | 1,605 | 514 | |
| 071 HOME HEALTH AGENCY | | | | | | 178 | | |
| 093 SPEC PURPOSE COST CENTERS | | | | | | | | |
| 093 HOSPICE | | | | | | 61 | | |
| 095 SUBTOTALS | | | 123 | 1,278 | 320 | 295,114 | 17,966 | |
| 096 NONREIMBURS COST CENTERS | | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | | 1 | 80 | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | 254 | 370 | |
| 098 01 FITNESS CENTER | | | | | | 1,527 | | |
| 098 02 RETAIL PHARMACY | | | | | | 134 | | |
| 098 03 LEASED SPACE | | | | | | 10 | 590 | |
| 098 04 VACANT SPACE | | | | | | 21 | 2,713 | |
| 098 05 MEALS ON WHEELS | | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | | |
| 103 TOTAL | | | 123 | 1,278 | 320 | 297,061 | 21,719 | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1307

FROM 5/1/2008

WORKSHEET B

TO 4/30/2009

PART III

| COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |
|----------------------------------|--------------------|-------------------------|--------------|---------|-----------|------------------------|---------------------------|
| | 8 | 9 | 10 | 11 | 12 | 14 | 15 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CAP REL COSTS-NEW BLD | | | | | | | |
| 003 03 NEW CAP REL COSTS-PT BLDG | | | | | | | |
| 004 03 NEW CAP REL COSTS-RHC BLD | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 006 06 NONPATIENT TELEPHONES | | | | | | | |
| 006 08 PURCHASING, RECEIVING AND | | | | | | | |
| 006 09 ADMINITTING | | | | | | | |
| 006 10 CASHIERING/ACCOUNTS RECEI | | | | | | | |
| 006 11 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | 6,402 | | | | | |
| 010 HOUSEKEEPING | | | 9,294 | | | | |
| 011 DIETARY | | 254 | 469 | 16,220 | | | |
| 012 CAFETERIA | | | 524 | 8,457 | 24,193 | | |
| 014 NURSING ADMINISTRATION | | | 21 | | 1,132 | 19,736 | |
| 015 CENTRAL SERVICES & SUPPLY | | | 80 | | 164 | 465 | 1,593 |
| 016 PHARMACY | | | 156 | | 873 | | |
| 017 MEDICAL RECORDS & LIBRARY | | | 135 | | 1,820 | | |
| 018 SOCIAL SERVICE | | | 25 | | 248 | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 034 ADULTS & PEDIATRICS | | 3,577 | 3,368 | 3,517 | 5,062 | 14,408 | 185 |
| 035 SKILLED NURSING FACILITY | | 106 | | 99 | 66 | | 4 |
| 037 NURSING FACILITY | | 1,043 | | 3,092 | 2,049 | | 32 |
| 040 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 041 OPERATING ROOM | | 95 | 715 | 85 | 608 | 1,728 | 106 |
| 044 ANESTHESIOLOGY | | | | | | | 11 |
| 041 01 RADIOLOGY-DIAGNOSTIC | | 267 | 372 | | 1,755 | | 93 |
| 043 ONCOLOGY | | | | 122 | 666 | | 43 |
| 044 RADIOISOTOPE | | | | | 63 | | 170 |
| 049 LABORATORY | | 19 | 207 | | 1,719 | | 610 |
| 049 01 RESPIRATORY THERAPY | | 36 | 342 | | 934 | | 37 |
| 050 CARDIAC REHAB | | | 72 | | 7 | | |
| 053 PHYSICAL THERAPY | | 193 | 643 | | 1,882 | | 16 |
| 054 ELECTROCARDIOLOGY | | | | | 36 | | 3 |
| 055 ELECTROENCEPHALOGRAPHY | | | | | 2 | | 2 |
| 056 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 061 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 062 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 063 EMERGENCY | | 531 | 427 | | 1,102 | 3,135 | 98 |
| 067 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 071 50 RURAL HEALTH CLINIC | | | 1,721 | | 3,416 | | 132 |
| 093 OTHER REIMBURS COST CNTRS | | | | | | | |
| 095 DURABLE MEDICAL EQUIP-SOL | | | 17 | | 263 | | 44 |
| 096 HOME HEALTH AGENCY | | | | | 7 | | |
| 098 SPEC PURPOSE COST CENTERS | | | | | | | |
| 098 HOSPICE | | | | | | | 6 |
| 098 01 SUBTOTALS | | 6,121 | 9,294 | 15,372 | 23,874 | 19,736 | 1,592 |
| 098 02 NONREIMBURS COST CENTERS | | | | | | | |
| 098 03 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 098 04 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 FITNESS CENTER | | 281 | | | 307 | | 1 |
| 098 02 RETAIL PHARMACY | | | | | 12 | | |
| 098 03 LEASED SPACE | | | | | | | |
| 098 04 VACANT SPACE | | | | | | | |
| 098 05 MEALS ON WHEELS | | | | 848 | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | 6,402 | 9,294 | 16,220 | 24,193 | 19,736 | 1,593 |

| | | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | NONPHYSICIAN ANESTHETISTS | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|-----|------------------------------|----------|---------------------------|----------------|---------------------------|----------|--------------------------|----------|
| | COST CENTER DESCRIPTION | 16 | 17 | 18 | 20 | 25 | 26 | 27 |
| | GENERAL SERVICE COST CNTR | | | | | | | |
| 003 | NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 | 01 NEW CAP REL COSTS-NEW BLD | | | | | | | |
| 003 | 02 NEW CAP REL COSTS-PT BLDG | | | | | | | |
| 003 | 03 NEW CAP REL COSTS-RHC BLD | | | | | | | |
| 004 | NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 | EMPLOYEE BENEFITS | | | | | | | |
| 006 | 06 NONPATIENT TELEPHONES | | | | | | | |
| 006 | 08 PURCHASING, RECEIVING AND | | | | | | | |
| 006 | 09 ADMINISTRATION | | | | | | | |
| 006 | 10 CASHIERING/ACCOUNTS RECEI | | | | | | | |
| 006 | 11 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 | MAINTENANCE & REPAIRS | | | | | | | |
| 008 | OPERATION OF PLANT | | | | | | | |
| 009 | LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 | HOUSEKEEPING | | | | | | | |
| 011 | DIETARY | | | | | | | |
| 012 | CAFETERIA | | | | | | | |
| 014 | NURSING ADMINISTRATION | | | | | | | |
| 015 | CENTRAL SERVICES & SUPPLY | | | | | | | |
| 016 | PHARMACY | 100, 148 | | | | | | |
| 017 | MEDICAL RECORDS & LIBRARY | | 29, 736 | | | | | |
| 018 | SOCIAL SERVICE | | | 1, 713 | | | | |
| 020 | NONPHYSICIAN ANESTHETISTS | | | | 5, 251 | | | |
| 025 | INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 | ADULTS & PEDIATRICS | | 5, 547 | 1, 180 | | 171, 195 | | 171, 195 |
| 034 | SKILLED NURSING FACILITY | | | 12 | | 1, 699 | | 1, 699 |
| 035 | NURSING FACILITY | | | 365 | | 41, 952 | | 41, 952 |
| 037 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 | OPERATING ROOM | | 2, 858 | | | 84, 884 | | 84, 884 |
| 040 | ANESTHESIOLOGY | | | | | 7, 948 | | 7, 948 |
| 041 | RADIOLOGY-DIAGNOSTIC | | 10, 471 | | | 124, 590 | | 124, 590 |
| 041 | 01 ONCOLOGY | | | 129 | | 8, 560 | | 8, 560 |
| 043 | RADIOISOTOPE | | | | | 3, 885 | | 3, 885 |
| 044 | LABORATORY | | | | | 68, 788 | | 68, 788 |
| 049 | RESPIRATORY THERAPY | | 8, 907 | | | 27, 393 | | 27, 393 |
| 049 | 01 CARDIAC REHAB | | | | | 978 | | 978 |
| 050 | PHYSICAL THERAPY | | | | | 40, 946 | | 40, 946 |
| 053 | ELECTROCARDIOLOGY | | | | | 1, 580 | | 1, 580 |
| 054 | ELECTROENCEPHALOGRAPHY | | | | | 49 | | 49 |
| 055 | MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 | DRUGS CHARGED TO PATIENTS | 100, 101 | | | | 103, 622 | | 103, 622 |
| 061 | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 | EMERGENCY | | 1, 953 | | | 28, 640 | | 28, 640 |
| 062 | OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 | 50 RURAL HEALTH CLINIC | | | 7 | | 79, 760 | | 79, 760 |
| 067 | OTHER REIMBURS COST CNTRS | | | | | | | |
| 067 | DURABLE MEDICAL EQUIP-SOL | | | | | 3, 633 | | 3, 633 |
| 071 | HOME HEALTH AGENCY | | | 20 | | 1, 532 | | 1, 532 |
| 093 | SPEC PURPOSE COST CENTERS | | | | | | | |
| 093 | HOSPICE | | | | | 67 | | 67 |
| 095 | SUBTOTALS | 100, 101 | 29, 736 | 1, 713 | | 801, 701 | | 801, 701 |
| 096 | NONREIMBURS COST CENTERS | | | | | | | |
| 096 | GIFT, FLOWER, COFFEE SHOP | | | | | 112 | | 112 |
| 098 | PHYSICIANS' PRIVATE OFFIC | | | | | 3, 678 | | 3, 678 |
| 098 | 01 FITNESS CENTER | | | | | 3, 119 | | 3, 119 |
| 098 | 02 RETAIL PHARMACY | 47 | | | | 193 | | 193 |
| 098 | 03 LEASED SPACE | | | | | 1, 094 | | 1, 094 |
| 098 | 04 VACANT SPACE | | | | | 3, 797 | | 3, 797 |
| 098 | 05 MEALS ON WHEELS | | | | | 848 | | 848 |
| 101 | CROSS FOOT ADJUSTMENTS | | | | 5, 251 | 5, 251 | | 5, 251 |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | TOTAL | 100, 148 | 29, 736 | 1, 713 | 5, 251 | 819, 793 | | 819, 793 |

| COST CENTER DESCRIPTION | NEW CAP REL COSTS-BLDG & OSTS | NEW CAP REL COSTS-NEW BLD OSTS | NEW CAP REL COSTS-PT BLDG OSTS | NEW CAP REL COSTS-RHC BLD OSTS | NEW CAP REL COSTS-MVBLE E OSTS | EMPLOYEE BENEFITS | SA |
|------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------|-----------|
| | (SQUARE FEET) | (SQUARE FEET) | (SQUARE FEET) | (SQUARE FEET) | (DEPRECIATION VALUE) | (GROSS SALARIES) | () |
| GENERAL SERVICE COST | 3 | 3.01 | 3.02 | 3.03 | 4 | 5 | |
| 003 NEW CAP REL COSTS-BLD | 41,773 | | | | | | |
| 003 01 NEW CAP REL COSTS-NEW | | 27,391 | | | | | |
| 003 02 NEW CAP REL COSTS-PT | | | 7,828 | | | | |
| 003 03 NEW CAP REL COSTS-RHC | | | | 19,702 | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | 620,722 | | |
| 005 EMPLOYEE BENEFITS | | | | | | 7,917,265 | |
| 006 06 NONPATIENT TELEPHONES | | | | | | | |
| 006 08 PURCHASING, RECEIVING | 787 | | | | | | 32,993 |
| 006 09 ADMINITTING | 400 | | | | 1,142 | | 87,124 |
| 006 10 CASHIERING/ACCOUNTS R | 2,041 | | | | | | 332,382 |
| 006 11 OTHER ADMINISTRATIVE | 10,659 | 8,770 | | 9,851 | 225,045 | | 505,979 |
| 007 MAINTENANCE & REPAIRS | 4,468 | 2,470 | | | 636 | | 184,314 |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVI | | 561 | | | 2,014 | | 69,889 |
| 010 HOUSEKEEPING | 485 | 127 | | | 1,205 | | 251,452 |
| 011 DIETARY | 278 | 2,592 | | | 1,498 | | 143,288 |
| 012 CAFETERIA | | 2,122 | | | 1,672 | | 159,907 |
| 014 NURSING ADMINISTRATIO | 418 | 2,433 | | | | | 344,568 |
| 015 CENTRAL SERVICES & SU | 642 | | | | | | 19,027 |
| 016 PHARMACY | | 678 | | | 46,816 | | 297,540 |
| 017 MEDICAL RECORDS & LIB | 896 | | | | 17,333 | | 300,241 |
| 018 SOCIAL SERVICE | 19 | | | | | | 56,967 |
| 020 NONPHYSICIAN ANESTHET | | | | | | | |
| INPAT ROUTINE SRVC CN | | | | | | | |
| 025 ADULTS & PEDIATRICS | 992 | 5,916 | | | 73,825 | | 1,073,363 |
| 034 SKILLED NURSING FACIL | 480 | | | | 718 | | 11,237 |
| 035 NURSING FACILITY | 1,138 | | | | 22,441 | | 351,407 |
| ANCILLARY SRVC COST C | | | | | | | |
| 037 OPERATING ROOM | 1,417 | | | | 65,559 | | 183,852 |
| 040 ANESTHESIOLOGY | | | | | 6,960 | | |
| 041 RADIOLOGY-DIAGNOSTIC | 2,927 | 180 | | | 78,596 | | 496,809 |
| 041 01 ONCOLOGY | | | | | 1,227 | | 224,677 |
| 043 RADIOISOTOPE | 490 | | | | | | 20,078 |
| 044 LABORATORY | 1,726 | | | | 38,412 | | 413,531 |
| 049 RESPIRATORY THERAPY | 516 | 580 | | | 4,590 | | 281,160 |
| 049 01 CARDIAC REHAB | | | | | 784 | | 1,937 |
| 050 PHYSICAL THERAPY | | 35 | 7,828 | | 11,302 | | 493,298 |
| 053 ELECTROCARDIOLOGY | | | | | 1,152 | | 6,541 |
| 054 ELECTROENCEPHALOGRAPH | | | | | | | 333 |
| 055 MEDICAL SUPPLIES CHAR | | | | | | | |
| 056 DRUGS CHARGED TO PATI | | | | | | | |
| OUTPAT SERVICE COST C | | | | | | | |
| 061 EMERGENCY | 835 | | | | 2,269 | | 354,002 |
| 062 OBSERVATION BEDS (NON | | | | | | | |
| 063 50 RURAL HEALTH CLINIC | | | | 9,422 | 13,333 | | 1,109,354 |
| OTHER REIMBURS COST C | | | | | | | |
| 067 DURABLE MEDICAL EQUIP | | | | 429 | | | 41,739 |
| 071 HOME HEALTH AGENCY | | | | | 1,249 | | 1,247 |
| SPEC PURPOSE COST CEN | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 31,614 | 26,464 | 7,828 | 19,702 | 619,778 | | 7,850,236 |
| NONREIMBURS COST CENT | | | | | | | |
| 096 GIFT, FLOWER, COFFEE | 200 | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | 927 | | | | | 7,671 |
| 098 01 FITNESS CENTER | | | | | 944 | | 55,187 |
| 098 02 RETAIL PHARMACY | | | | | | | 4,171 |
| 098 03 LEASED SPACE | 3,159 | | | | | | |
| 098 04 VACANT SPACE | 6,800 | | | | | | |
| 098 05 MEALS ON WHEELS | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED | 6,531 | 90,254 | 8,675 | 54,623 | 659,710 | | 2,230,602 |
| (WRKSHT B, PART I) | | | | | | | |
| 104 UNIT COST MULTIPLIER | .156345 | | 1.108201 | | 1.062811 | | .281739 |
| (WRKSHT B, PT I) | | 3.295024 | | 2.772460 | | | |
| 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) | | | | | | | |
| 108 UNIT COST MULTIPLIER | | | | | | | |
| (WRKSHT B, PT III) | | | | | | | |

| COST CENTER DESCRIPTION | NONPATIENT TELEPHONES | PURCHASING, RECEIVING | ADMINISTRATIVE | CASHIERING/ACCOUNTS RECEIVABLE | RECONCILIATION | OTHER ADMINISTRATIVE | MAINTENANCE & REPAIRS |
|------------------------------|-----------------------|-----------------------|---------------------|--------------------------------|----------------|----------------------|-----------------------|
| | (# OF PHONES) | (COST OF SUPPLIES) | (GROSS I/P CHARGES) | (GROSS CHARGES) | | (ACCUM. COST) | (SQUARE FEET) |
| | 6.06 | 6.08 | 6.09 | 6.10 | 6a.11 | 6.11 | 7 |
| GENERAL SERVICE COST | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 02 NEW CAP REL COSTS-NEW | | | | | | | |
| 003 03 NEW CAP REL COSTS-PT | | | | | | | |
| 003 03 NEW CAP REL COSTS-RHC | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 06 NONPATIENT TELEPHONES | 136 | | | | | | |
| 006 08 PURCHASING, RECEIVING | 2 | 960,745 | | | | | |
| 006 09 ADMINISTRATION | 1 | 6,329 | 5,265,888 | | | | |
| 006 10 CASHIERING/ACCOUNTS R | 11 | 6,185 | | 28,134,260 | | | |
| 006 11 OTHER ADMINISTRATIVE | 19 | 52,054 | | | -1,905,950 | 15,277,137 | |
| 007 MAINTENANCE & REPAIRS | 2 | 17,579 | | | | 627,549 | 54,430 |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVI | | 3,805 | | | | 112,510 | 561 |
| 010 HOUSEKEEPING | 3 | 42,099 | | | | 373,863 | 612 |
| 011 DIETARY | 2 | 16,105 | | | | 214,670 | 2,870 |
| 012 CAFETERIA | 1 | | | | | 287,774 | 2,122 |
| 014 NURSING ADMINISTRATION | 4 | 7,299 | | | | 480,738 | 2,886 |
| 015 CENTRAL SERVICES & SU | | 2,234 | | | | 27,147 | 642 |
| 016 PHARMACY | 3 | 12,209 | | | | 2,409,935 | 678 |
| 017 MEDICAL RECORDS & LIB | 7 | 5,507 | | | | 455,669 | 896 |
| 018 SOCIAL SERVICE | 2 | 552 | | | | 73,469 | 19 |
| 020 NONPHYSICIAN ANESTHET | | | | | | 270,055 | |
| 025 INPAT ROUTINE SRVC CN | | | | | | | |
| 034 ADULTS & PEDIATRICS | 6 | 94,301 | 1,671,821 | 1,766,116 | | 1,699,559 | 6,908 |
| 035 SKILLED NURSING FACIL | | 568 | 32,116 | 32,116 | | 19,229 | 480 |
| 037 NURSING FACILITY | 5 | 17,776 | 441,830 | 441,830 | | 577,400 | |
| 040 ANCILLARY SRVC COST C | | | | | | | |
| 041 OPERATING ROOM | 3 | 54,072 | 111,721 | 1,033,648 | | 420,686 | 1,417 |
| 041 ANESTHESIOLOGY | | 5,475 | 103,689 | 430,260 | | 26,195 | |
| 041 RADIOLOGY-DIAGNOSTIC | 10 | 47,535 | 407,686 | 5,013,233 | | 1,319,007 | 3,107 |
| 041 01 ONCOLOGY | 3 | 21,951 | 132 | 343,409 | | 323,437 | |
| 043 RADIOISOTOPE | 6 | 86,351 | 21,800 | 667,956 | | 172,575 | 490 |
| 044 LABORATORY | | 311,293 | 676,312 | 5,049,834 | | 1,243,896 | 1,726 |
| 049 RESPIRATORY THERAPY | 8 | 18,761 | 268,317 | 880,865 | | 501,578 | 1,096 |
| 049 01 CARDIAC REHAB | | | | 5,091 | | 3,401 | |
| 050 PHYSICAL THERAPY | 10 | 7,859 | 461,097 | 1,755,103 | | 727,900 | 7,828 |
| 053 ELECTROCARDIOLOGY | | 1,281 | 33,701 | 222,829 | | 15,772 | |
| 054 ELECTROENCEPHALOGRAPH | | 926 | 206 | 2,675 | | 2,334 | |
| 055 MEDICAL SUPPLIES CHAR | | | | | | | |
| 056 DRUGS CHARGED TO PATI | | | 983,667 | 7,769,130 | | 163,808 | |
| 061 OUTPAT SERVICE COST C | | | | | | | |
| 062 EMERGENCY | 7 | 49,790 | 51,793 | 1,340,018 | | 950,554 | 835 |
| 062 OBSERVATION BEDS (NON | | | | | | | |
| 063 50 RURAL HEALTH CLINIC | 19 | 67,177 | | 1,252,659 | | 1,581,582 | 8,564 |
| 067 OTHER REIMBURS COST C | | | | | | | |
| 071 DURABLE MEDICAL EQUIP | 1 | | | 114,014 | | 82,524 | 1,287 |
| 093 HOME HEALTH AGENCY | | | | | | 9,132 | |
| 095 SPEC PURPOSE COST CEN | | | | | | | |
| 095 HOSPICE | | 2,991 | | | | 3,129 | |
| 095 SUBTOTALS | 135 | 960,064 | 5,265,888 | 28,120,786 | -1,905,950 | 15,177,077 | 45,024 |
| 096 NONREIMBURS COST CENT | | | | | | | |
| 098 GIFT, FLOWER, COFFEE | | | | | | 31 | 200 |
| 098 PHYSICIANS' PRIVATE O | | | | 10,201 | | 13,071 | 927 |
| 098 01 FITNESS CENTER | 1 | 681 | | | | 78,509 | |
| 098 02 RETAIL PHARMACY | | | | 3,273 | | 6,892 | |
| 098 03 LEASED SPACE | | | | | | 494 | 1,479 |
| 098 04 VACANT SPACE | | | | | | 1,063 | 6,800 |
| 098 05 MEALS ON WHEELS | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED | 98,158 | 44,337 | 120,700 | 511,561 | | 1,905,950 | 705,841 |
| (WRKSHT B, PART I) | | | | | | | |
| 104 UNIT COST MULTIPLIER | | .046149 | | .018183 | | .124758 | |
| (WRKSHT B, PT I) | 721.750000 | | .022921 | | | | 12.967867 |
| 105 COST TO BE ALLOCATED | | | | | | | |
| (WRKSHT B, PART II) | | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | | |
| (WRKSHT B, PT II) | | | | | | | |
| 107 COST TO BE ALLOCATED | | 123 | 1,278 | 320 | | 297,061 | 21,719 |
| (WRKSHT B, PART III) | | | | | | | |
| 108 UNIT COST MULTIPLIER | | .000128 | | .000011 | | .019445 | |
| (WRKSHT B, PT III) | | | .000243 | | | | .399026 |

| COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |
|---|--------------------|-------------------------|--------------------|----------------|-----------|------------------------|---------------------------|
| | (SQUARE FEET) | (HOURS OF SERVICE) | (HOURS OF SERVICE) | (MEALS SERVED) | (FTE'S) | (DIRECT NRSING HRS) | (COSTED REQUIS.) |
| | 8 | 9 | 10 | 11 | 12 | 14 | 15 |
| GENERAL SERVICE COST | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 01 NEW CAP REL COSTS-NEW | | | | | | | |
| 003 02 NEW CAP REL COSTS-PT | | | | | | | |
| 003 03 NEW CAP REL COSTS-RHC | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 06 NONPATIENT TELEPHONES | | | | | | | |
| 006 08 PURCHASING, RECEIVING | | | | | | | |
| 006 09 ADMINITTING | | | | | | | |
| 006 10 CASHIERING/ACCOUNTS R | | | | | | | |
| 006 11 OTHER ADMINISTRATIVE | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | 44,190 | | | | | |
| 010 HOUSEKEEPING | | | 2,198 | | | | |
| 011 DIETARY | | 1,755 | 111 | 52,749 | | | |
| 012 CAFETERIA | | | 124 | 27,505 | 14,639 | | |
| 014 NURSING ADMINISTRATION | | | 5 | | 685 | 87,308 | |
| 015 CENTRAL SERVICES & SUPPLY | | | 19 | | 99 | 2,059 | 8,116 |
| 016 PHARMACY | | | 37 | | 528 | | |
| 017 MEDICAL RECORDS & LIB | | | 32 | | 1,101 | | |
| 018 SOCIAL SERVICE | | | 6 | | 150 | | |
| 020 NONPHYSICIAN ANESTHETIC | | | | | | | |
| 025 INPAT ROUTINE SRVC CN | | | | | | | |
| 034 ADULTS & PEDIATRICS | | 24,690 | 796 | 11,438 | 3,064 | 63,735 | 943 |
| 035 SKILLED NURSING FACILITY | | 730 | | 321 | 40 | | 19 |
| 037 NURSING FACILITY | | 7,200 | | 10,054 | 1,240 | | 165 |
| 040 ANCILLARY SRVC COST C | | | | | | | |
| 041 OPERATING ROOM | | 655 | 169 | 276 | 368 | 7,645 | 541 |
| 041 ANESTHESIOLOGY | | | | | | | 55 |
| 041 RADIOLOGY-DIAGNOSTIC | | 1,840 | 88 | | 1,062 | | 475 |
| 041 01 ONCOLOGY | | | | 396 | 403 | | 220 |
| 043 RADIOISOTOPE | | | | | 38 | | 864 |
| 044 LABORATORY | | 130 | 49 | | 1,040 | | 3,113 |
| 049 RESPIRATORY THERAPY | | 250 | 81 | | 565 | | 188 |
| 049 01 CARDIAC REHAB | | | 17 | | 4 | | |
| 050 PHYSICAL THERAPY | | 1,335 | 152 | | 1,139 | | 79 |
| 053 ELECTROCARDIOLOGY | | | | | 22 | | 13 |
| 054 ELECTROENCEPHALOGRAPH | | | | | 1 | | 9 |
| 055 MEDICAL SUPPLIES CHARGED TO PATIENT | | | | | | | |
| 056 OUTPAT SERVICE COST CENTER | | | | | | | |
| 061 EMERGENCY | | 3,665 | 101 | | 667 | 13,869 | 498 |
| 062 OBSERVATION BEDS (NON) | | | | | | | |
| 063 50 RURAL HEALTH CLINIC | | | 407 | | 2,067 | | 672 |
| 067 OTHER REIMBURS COST CENTER | | | | | | | |
| 071 DURABLE MEDICAL EQUIPMENT | | | 4 | | 159 | | 225 |
| 071 HOME HEALTH AGENCY | | | | | 4 | | |
| 093 SPEC PURPOSE COST CENTER | | | | | | | |
| 095 HOSPICE | | | | | | | 30 |
| 096 SUBTOTALS | | 42,250 | 2,198 | 49,990 | 14,446 | 87,308 | 8,109 |
| 098 NONREIMBURS COST CENTER | | | | | | | |
| 098 GIFT, FLOWER, COFFEE | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | | | | | | | |
| 098 01 FITNESS CENTER | | 1,940 | | | 186 | | 7 |
| 098 02 RETAIL PHARMACY | | | | | 7 | | |
| 098 03 LEASED SPACE | | | | | | | |
| 098 04 VACANT SPACE | | | | | | | |
| 098 05 MEALS ON WHEELS | | | | 2,759 | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I) | | 133,822 | 428,441 | 305,621 | 534,725 | 604,135 | 60,426 |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PART I) | | 3.028332 | | 5.793873 | | 6.919584 | |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II) | | | 194.923112 | | 36.527427 | | 7.445293 |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PART II) | | | | | | | |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) | | 6,402 | 9,294 | 16,220 | 24,193 | 19,736 | 1,593 |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PART III) | | .144874 | | .307494 | | .226050 | |
| | | | 4.228389 | | 1.652640 | | .196279 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DI ALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|---------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | ADULTS & PEDIATRICS | 3,025,464 | | 3,025,464 | | 3,025,464 |
| 34 | SKILLED NURSING FACILITY | 34,140 | | 34,140 | | 34,140 |
| 35 | NURSING FACILITY | 795,113 | | 795,113 | | 795,113 |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 653,286 | | 653,286 | | 653,286 |
| 40 | ANESTHESIOLOGY | 333,619 | | 333,619 | | 333,619 |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,789,832 | | 1,789,832 | | 1,789,832 |
| 41 | 01 ONCOLOGY | 389,160 | | 389,160 | | 389,160 |
| 43 | RADIOISOTOPE | 208,280 | | 208,280 | | 208,280 |
| 44 | LABORATORY | 1,492,577 | | 1,492,577 | | 1,492,577 |
| 49 | RESPIRATORY THERAPY | 787,870 | | 787,870 | | 787,870 |
| 49 | 01 CARDIAC REHAB | 7,285 | | 7,285 | | 7,285 |
| 50 | PHYSICAL THERAPY | 996,087 | | 996,087 | | 996,087 |
| 53 | ELECTROCARDIOLOGY | 18,641 | | 18,641 | | 18,641 |
| 54 | ELECTROENCEPHALOGRAPHY | 2,729 | | 2,729 | | 2,729 |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 2,928,853 | | 2,928,853 | | 2,928,853 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 61 | EMERGENCY | 1,272,266 | | 1,272,266 | | 1,272,266 |
| 62 | OBSERVATION BEDS (NON-DIS | 144,928 | | 144,928 | | 144,928 |
| 63 | 50 RURAL HEALTH CLINIC | 2,050,136 | | 2,050,136 | | 2,050,136 |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | 117,773 | | 117,773 | | 117,773 |
| 101 | SUBTOTAL | 17,048,039 | | 17,048,039 | | 17,048,039 |
| 102 | LESS OBSERVATION BEDS | 144,928 | | 144,928 | | 144,928 |
| 103 | TOTAL | 16,903,111 | | 16,903,111 | | 16,903,111 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|---------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 1,671,821 | | 1,671,821 | | | |
| 34 | SKILLED NURSING FACILITY | 32,116 | | 32,116 | | | |
| 35 | NURSING FACILITY | 441,830 | | 441,830 | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 111,721 | 921,927 | 1,033,648 | .632020 | .632020 | .632020 |
| 40 | ANESTHESIOLOGY | 103,689 | 326,571 | 430,260 | .775389 | .775389 | .775389 |
| 41 | RADIOLOGY-DIAGNOSTIC | 407,686 | 4,605,547 | 5,013,233 | .357022 | .357022 | .357022 |
| 41 | 01 ONCOLOGY | 132 | 343,277 | 343,409 | 1.133226 | 1.133226 | 1.133226 |
| 43 | RADIOISOTOPE | 21,800 | 646,156 | 667,956 | .311817 | .311817 | .311817 |
| 44 | LABORATORY | 676,312 | 4,373,522 | 5,049,834 | .295570 | .295570 | .295570 |
| 49 | RESPIRATORY THERAPY | 268,317 | 612,549 | 880,866 | .894427 | .894427 | .894427 |
| 49 | 01 CARDIAC REHAB | | 5,091 | 5,091 | 1.430957 | 1.430957 | 1.430957 |
| 50 | PHYSICAL THERAPY | 461,097 | 1,294,006 | 1,755,103 | .567538 | .567538 | .567538 |
| 53 | ELECTROCARDIOLOGY | 33,701 | 189,128 | 222,829 | .083656 | .083656 | .083656 |
| 54 | ELECTROENCEPHALOGRAPHY | 206 | 2,469 | 2,675 | 1.020187 | 1.020187 | 1.020187 |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 983,667 | 6,785,463 | 7,769,130 | .376986 | .376986 | .376986 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 51,793 | 1,288,226 | 1,340,019 | .949439 | .949439 | .949439 |
| 62 | OBSERVATION BEDS (NON-DIS | | 94,295 | 94,295 | 1.536964 | 1.536964 | 1.536964 |
| 63 | 50 RURAL HEALTH CLINIC | | 1,252,659 | 1,252,659 | 1.636627 | 1.636627 | 1.636627 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | 114,014 | 114,014 | 1.032970 | 1.032970 | 1.032970 |
| 101 | SUBTOTAL | 5,265,888 | 22,854,900 | 28,120,788 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 5,265,888 | 22,854,900 | 28,120,788 | | | |

| 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 | 653,286 | 84,884 | 568,402 | | | 653,286 |
| 40 | ANESTHESIOLOGY | 333,619 | 7,948 | 325,671 | | | 333,619 |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,789,832 | 124,590 | 1,665,242 | | | 1,789,832 |
| 41 | 01 ONCOLOGY | 389,160 | 8,560 | 380,600 | | | 389,160 |
| 43 | RADIOISOTOPE | 208,280 | 3,885 | 204,395 | | | 208,280 |
| 44 | LABORATORY | 1,492,577 | 68,788 | 1,423,789 | | | 1,492,577 |
| 49 | RESPIRATORY THERAPY | 787,870 | 27,393 | 760,477 | | | 787,870 |
| 49 | 01 CARDIAC REHAB | 7,285 | 978 | 6,307 | | | 7,285 |
| 50 | PHYSICAL THERAPY | 996,087 | 40,946 | 955,141 | | | 996,087 |
| 53 | ELECTROCARDIOLOGY | 18,641 | 1,580 | 17,061 | | | 18,641 |
| 54 | ELECTROENCEPHALOGRAPHY | 2,729 | 49 | 2,680 | | | 2,729 |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS | 2,928,853 | 103,622 | 2,825,231 | | | 2,928,853 |
| 61 | EMERGENCY | 1,272,266 | 28,640 | 1,243,626 | | | 1,272,266 |
| 62 | OBSERVATION BEDS (NON-DIS | 144,928 | | 144,928 | | | 144,928 |
| 63 | 50 RURAL HEALTH CLINIC | 2,050,136 | 79,760 | 1,970,376 | | | 2,050,136 |
| 67 | OTHER REIMBURS COST CNTRS | | | | | | |
| | DURABLE MEDICAL EQUIP-SOL | 117,773 | 3,633 | 114,140 | | | 117,773 |
| 101 | SUBTOTAL | 13,193,322 | 585,256 | 12,608,066 | | | 13,193,322 |
| 102 | LESS OBSERVATION BEDS | 144,928 | | 144,928 | | | 144,928 |
| 103 | TOTAL | 13,048,394 | 585,256 | 12,463,138 | | | 13,048,394 |

| 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 | 653,286 | 84,884 | 568,402 | | | 653,286 |
| 40 | ANESTHESIOLOGY | 333,619 | 7,948 | 325,671 | | | 333,619 |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,789,832 | 124,590 | 1,665,242 | | | 1,789,832 |
| 41 | 01 ONCOLOGY | 389,160 | 8,560 | 380,600 | | | 389,160 |
| 43 | RADIOISOTOPE | 208,280 | 3,885 | 204,395 | | | 208,280 |
| 44 | LABORATORY | 1,492,577 | 68,788 | 1,423,789 | | | 1,492,577 |
| 49 | RESPIRATORY THERAPY | 787,870 | 27,393 | 760,477 | | | 787,870 |
| 49 | 01 CARDIAC REHAB | 7,285 | 978 | 6,307 | | | 7,285 |
| 50 | PHYSICAL THERAPY | 996,087 | 40,946 | 955,141 | | | 996,087 |
| 53 | ELECTROCARDIOLOGY | 18,641 | 1,580 | 17,061 | | | 18,641 |
| 54 | ELECTROENCEPHALOGRAPHY | 2,729 | 49 | 2,680 | | | 2,729 |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS | 2,928,853 | 103,622 | 2,825,231 | | | 2,928,853 |
| 61 | EMERGENCY | 1,272,266 | 28,640 | 1,243,626 | | | 1,272,266 |
| 62 | OBSERVATION BEDS (NON-DIS | 144,928 | | 144,928 | | | 144,928 |
| 63 | 50 RURAL HEALTH CLINIC | 2,050,136 | 79,760 | 1,970,376 | | | 2,050,136 |
| 67 | OTHER REIMBURS COST CNTRS | | | | | | |
| | DURABLE MEDICAL EQUIP-SOL | 117,773 | 3,633 | 114,140 | | | 117,773 |
| 101 | SUBTOTAL | 13,193,322 | 585,256 | 12,608,066 | | | 13,193,322 |
| 102 | LESS OBSERVATION BEDS | 144,928 | | 144,928 | | | 144,928 |
| 103 | TOTAL | 13,048,394 | 585,256 | 12,463,138 | | | 13,048,394 |

| 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 | 1,033,648 | .632020 | .632020 |
| 40 | ANESTHESIOLOGY | 430,260 | .775389 | .775389 |
| 41 | RADIOLOGY-DIAGNOSTIC | 5,013,233 | .357022 | .357022 |
| 41 | 01 ONCOLOGY | 343,409 | 1.133226 | 1.133226 |
| 43 | RADIOISOTOPE | 667,956 | .311817 | .311817 |
| 44 | LABORATORY | 5,049,834 | .295570 | .295570 |
| 49 | RESPIRATORY THERAPY | 880,866 | .894427 | .894427 |
| 49 | 01 CARDIAC REHAB | 5,091 | 1.430957 | 1.430957 |
| 50 | PHYSICAL THERAPY | 1,755,103 | .567538 | .567538 |
| 53 | ELECTROCARDIOLOGY | 222,829 | .083656 | .083656 |
| 54 | ELECTROENCEPHALOGRAPHY | 2,675 | 1.020187 | 1.020187 |
| 55 | MEDICAL SUPPLIES CHARGED | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 7,769,130 | .376986 | .376986 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 61 | EMERGENCY | 1,340,019 | .949439 | .949439 |
| 62 | OBSERVATION BEDS (NON-DIS | 94,295 | 1.536964 | 1.536964 |
| 63 | 50 RURAL HEALTH CLINIC | 1,252,659 | 1.636627 | 1.636627 |
| | OTHER REIMBURS COST CNTRS | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | 114,014 | 1.032970 | 1.032970 |
| 101 | SUBTOTAL | 25,975,021 | | |
| 102 | LESS OBSERVATION BEDS | 94,295 | | |
| 103 | TOTAL | 25,880,726 | | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | MED ED NRS SCHOOL COST | MED ED ALLIED HEALTH COST | MED ED ALL OTHER COSTS | BLOOD CLOT FOR HEMOPHILIACS |
|--------------------|---------------------------|-----------------------------|---------------------------|------------------------------|---------------------------|--------------------------------|
| | | 1 | 2 | 2.01 | 2.02 | 2.03 |
| | ANCILLARY SRVC COST CNTRS | | 1.01 | | | |
| 37 | OPERATING ROOM | | | | | |
| 40 | ANESTHESIOLOGY | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | |
| 41 | 01 ONCOLOGY | | | | | |
| 43 | RADIOISOTOPE | | | | | |
| 44 | LABORATORY | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | |
| 49 | 01 CARDIAC REHAB | | | | | |
| 50 | PHYSICAL THERAPY | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 61 | EMERGENCY | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | |
| 101 | TOTAL | | | | | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|---------------------------|---------------------|-----------------------------------|-----------------------|----------------------------------|---|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| | OPERATING ROOM | | | 1,033,648 | | | | |
| 40 | ANESTHESIOLOGY | | | 430,260 | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 5,013,233 | | | 1,165 | |
| 41 | 01 ONCOLOGY | | | 343,409 | | | 20 | |
| 43 | RADIOISOTOPE | | | 667,956 | | | | |
| 44 | LABORATORY | | | 5,049,834 | | | 4,271 | |
| 49 | RESPIRATORY THERAPY | | | 880,866 | | | 5,089 | |
| 49 | 01 CARDIAC REHAB | | | 5,091 | | | | |
| 50 | PHYSICAL THERAPY | | | 1,755,103 | | | 12,327 | |
| 53 | ELECTROCARDIOLOGY | | | 222,829 | | | 104 | |
| 54 | ELECTROENCEPHALOGRAPHY | | | 2,675 | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 7,769,130 | | | 17,212 | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 61 | EMERGENCY | | | 1,340,019 | | | 68 | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 94,295 | | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | 114,014 | | | | |
| 101 | TOTAL | | | 24,722,362 | | | 40,256 | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|---------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 | 01 ONCOLOGY | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 49 | 01 CARDIAC REHAB | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 101 | TOTAL | | | | | | |

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

| | | |
|------|---|-----------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 4,707,384 |
| 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) | 4,707,384 |

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) | 4,754,458 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | |

COMPUTATION OF REIMBURSEMENT SETTLEMENT

| | | |
|--|---|-----------|
| 18 | CAH DEDUCTIBLES | 30,051 |
| 18.01 | CAH ACTUAL BILLED COINSURANCE | 1,708,645 |
| | LINE 17.01 (SEE INSTRUCTIONS) | |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 3,015,762 |
| 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 | 3,015,762 |
| 24 | PRIMARY PAYER PAYMENTS | 985 |
| 25 | SUBTOTAL | 3,014,777 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 155,251 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 155,251 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 112,043 |
| 28 | SUBTOTAL | 3,170,028 |
| 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 | 3,170,028 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 3,122,888 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | 47,140 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2 | |

TITLE XVIII SNF

| DESCRIPTION | INPATIENT-PART A | | PART B | |
|--|------------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 27,377 | | |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER | | .01 | | |
| ADJUSTMENTS TO PROVIDER | | .02 | | |
| ADJUSTMENTS TO PROVIDER | | .03 | | |
| ADJUSTMENTS TO PROVIDER | | .04 | | |
| ADJUSTMENTS TO PROVIDER | | .05 | | |
| ADJUSTMENTS TO PROGRAM | | .50 | | |
| ADJUSTMENTS TO PROGRAM | | .51 | | |
| ADJUSTMENTS TO PROGRAM | | .52 | | |
| ADJUSTMENTS TO PROGRAM | | .53 | | |
| ADJUSTMENTS TO PROGRAM | | .54 | | |
| SUBTOTAL | | .99 | | |
| 4 TOTAL INTERIM PAYMENTS | | | NONE | NONE |
| TO BE COMPLETED BY INTERMEDIARY | | | 27,377 | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| TENTATIVE TO PROVIDER | | .01 | | |
| TENTATIVE TO PROVIDER | | .02 | | |
| TENTATIVE TO PROVIDER | | .03 | | |
| TENTATIVE TO PROGRAM | | .50 | | |
| TENTATIVE TO PROGRAM | | .51 | | |
| TENTATIVE TO PROGRAM | | .52 | | |
| SUBTOTAL | | .99 | | |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | | NONE | NONE |
| SETTLEMENT TO PROVIDER | | .01 | | |
| SETTLEMENT TO PROGRAM | | .02 | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | | 27,377 | |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII 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 | | 1,318,383 | | |
| 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 | 11/ 6/2008 | 19,360 | | |
| ADJUSTMENTS TO PROVIDER .02 | 4/ 3/2009 | 301,219 | | |
| ADJUSTMENTS TO PROVIDER .03 | | | | |
| ADJUSTMENTS TO PROVIDER .04 | | | | |
| ADJUSTMENTS TO PROVIDER .05 | | | | |
| ADJUSTMENTS TO PROGRAM .50 | | | | |
| ADJUSTMENTS TO PROGRAM .51 | | | | |
| ADJUSTMENTS TO PROGRAM .52 | | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | | |
| SUBTOTAL .99 | | 320,579 | | NONE |
| 4 TOTAL INTERIM PAYMENTS | | 1,638,962 | | |
| 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) | | 44,540 | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 1,594,422 | | |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII 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) | 1,169,464 | |
| 2 | INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR) | | |
| 3 | ANCILLARY SERVICES (SEE INSTRUCTIONS) | 463,552 | |
| 4 | PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 5 | PROGRAM DAYS | 1,295 | |
| 6 | INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 7 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY | | |
| 8 | SUBTOTAL | 1,633,016 | |
| 9 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | |
| 10 | SUBTOTAL | 1,633,016 | |
| 11 | DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES) | | |
| 12 | SUBTOTAL | 1,633,016 | |
| 13 | COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES) | 38,594 | |
| 14 | 80% OF PART B COSTS | | |
| 15 | SUBTOTAL | 1,594,422 | |
| 16 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 17 | REIMBURSABLE BAD DEBTS | | |
| 17.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 | TOTAL | 1,594,422 | |
| 19 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 20 | INTERIM PAYMENTS | 1,638,962 | |
| 20.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 21 | BALANCE DUE PROVIDER/PROGRAM | -44,540 | |
| 22 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | | |

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

| | | | |
|--|--|--|-----------|
| 1 | INPATIENT SERVICES | | 2,001,378 |
| 1.01 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | | |
| 2 | ORGAN ACQUISITION | | |
| 3 | COST OF TEACHING PHYSICIANS | | |
| 4 | SUBTOTAL | | 2,001,378 |
| 5 | PRIMARY PAYER PAYMENTS | | |
| 6 | TOTAL COST. FOR CAH (SEE INSTRUCTIONS) | | 2,021,392 |
| | | | |
| 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 | | 2,021,392 |
| 20 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | 283,803 |
| 21 | EXCESS REASONABLE COST | | |
| 22 | SUBTOTAL | | 1,737,589 |
| 23 | COI NSURANCE | | 534 |
| 24 | SUBTOTAL | | 1,737,055 |
| 25 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS) | | 25,159 |
| 25.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | 25,159 |
| 25.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | 19,111 |
| 26 | SUBTOTAL | | 1,762,214 |
| 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 | | 1,762,214 |
| 31 | SEQUESTRATION ADJUSTMENT | | |
| 32 | INTERIM PAYMENTS | | 1,921,432 |
| 32.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 33 | BALANCE DUE PROVIDER/PROGRAM | | -159,218 |
| 34 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | | |

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

| | TITLE XVIII | SNF | PPS TITLE V OR TITLE XIX | TITLE XVIII SNF PPS |
|-------|--|-----|--------------------------------|------------------------|
| | | | 1 | 2 |
| 1 | COMPUTATION OF NET COST OF COVERED SERVICE | | | |
| 2 | INPATIENT HOSPITAL/SNF/NF SERVICES | | | |
| 3 | MEDICAL AND OTHER SERVICES | | | |
| 4 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | | |
| 5 | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY) | | | |
| 6 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | | | |
| 7 | SUBTOTAL | | | |
| 8 | INPATIENT PRIMARY PAYER PAYMENTS | | | |
| 9 | OUTPATIENT PRIMARY PAYER PAYMENTS | | | |
| | SUBTOTAL | | | |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| | REASONABLE CHARGES | | | |
| 10 | ROUTINE SERVICE CHARGES | | | |
| 11 | ANCILLARY SERVICE CHARGES | | | |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES | | | |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | | |
| 14 | TEACHING PHYSICIANS | | | |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | | |
| 16 | TOTAL REASONABLE CHARGES | | | |
| | CUSTOMARY CHARGES | | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 18 | 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) | | | |
| 19 | RATIO OF LINE 17 TO LINE 18 | | | |
| 20 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | | | |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 23 | COST OF COVERED SERVICES | | | |
| | PROSPECTIVE PAYMENT AMOUNT | | | |
| 24 | OTHER THAN OUTLIER PAYMENTS | | | 32,497 |
| 25 | OUTLIER PAYMENTS | | | |
| 26 | PROGRAM CAPITAL PAYMENTS | | | |
| 27 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | | | |
| 28 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | |
| 29 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | |
| 30 | SUBTOTAL | | | 32,497 |
| 31 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) | | | |
| 32 | TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30 | | | 32,497 |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | | |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 34 | EXCESS OF REASONABLE COST | | | |
| 35 | SUBTOTAL | | | 32,497 |
| 36 | COINSURANCE | | | 5,120 |
| 37 | SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19 | | | |
| 38 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | | |
| 38.01 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS) | | | |
| 38.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | | |
| 38.03 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS) | | | |
| 39 | UTILIZATION REVIEW | | | |
| 40 | SUBTOTAL (SEE INSTRUCTIONS) | | | 27,377 |
| 41 | INPATIENT ROUTINE SERVICE COST | | | |
| 42 | MEDICARE INPATIENT ROUTINE CHARGES | | | |
| 43 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 44 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES | | | |
| 45 | RATIO OF LINE 43 TO 44 | | | |
| 46 | TOTAL CUSTOMARY CHARGES | | | |
| 47 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | |
| 48 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 49 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | |
| 50 | OTHER ADJUSTMENTS (SPECIFY) | | | |
| 51 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | |
| 52 | SUBTOTAL | | | 27,377 |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | | |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | | 27,377 |
| 56 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | | |
| 57 | INTERIM PAYMENTS | | | 27,377 |
| 57.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | | |
| 58 | BALANCE DUE PROVIDER/PROGRAM | | | |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) | | | |

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

| ASSETS | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|----------------|---|--------------|-----------------------|----------------|------------|
| | | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | | |
| 1 | CASH ON HAND AND IN BANKS | 2,330,819 | | | |
| 2 | TEMPORARY INVESTMENTS | 1,337,576 | | | |
| 3 | NOTES RECEIVABLE | | | | |
| 4 | ACCOUNTS RECEIVABLE | 2,585,772 | | | |
| 5 | OTHER RECEIVABLES | | | | |
| 6 | LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -562,786 | | | |
| 7 | INVENTORY | 196,226 | | | |
| 8 | PREPAID EXPENSES | 409,071 | | | |
| 9 | OTHER CURRENT ASSETS | | | | |
| 10 | DUE FROM OTHER FUNDS | | | | |
| 11 | TOTAL CURRENT ASSETS | 6,296,678 | | | |
| FIXED ASSETS | | | | | |
| 12 | LAND | 581,385 | | | |
| 12.01 | LAND IMPROVEMENTS | 246,028 | | | |
| 13.01 | LESS ACCUMULATED DEPRECIATION | -211,557 | | | |
| 14 | BUILDINGS | 5,640,727 | | | |
| 14.01 | LESS ACCUMULATED DEPRECIATION | -4,588,126 | | | |
| 15 | LEASEHOLD IMPROVEMENTS | | | | |
| 15.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 16 | FIXED EQUIPMENT | | | | |
| 16.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 17 | AUTOMOBILES AND TRUCKS | | | | |
| 17.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 18 | MAJOR MOVABLE EQUIPMENT | 5,706,378 | | | |
| 18.01 | LESS ACCUMULATED DEPRECIATION | -4,118,023 | | | |
| 19 | MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 | TOTAL FIXED ASSETS | 3,256,812 | | | |
| OTHER ASSETS | | | | | |
| 22 | INVESTMENTS | 4,265,897 | | 152,516 | |
| 23 | DEPOSITS ON LEASES | | | | |
| 24 | DUE FROM OWNERS/OFFICERS | | | | |
| 25 | OTHER ASSETS | 1,314,816 | | | |
| 26 | TOTAL OTHER ASSETS | 5,580,713 | | 152,516 | |
| 27 | TOTAL ASSETS | 15,134,203 | | 152,516 | |

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| LIABILITIES AND FUND BALANCE | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 149,390 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | 585,436 | | | |
| 30 PAYROLL TAXES PAYABLE | | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | 130,000 | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | 185,447 | | | |
| 35 OTHER CURRENT LIABILITIES | 529,806 | | | |
| 36 TOTAL CURRENT LIABILITIES | 1,580,079 | | | |
| LONG TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | | | | |
| 38 NOTES PAYABLE | 943,000 | | | |
| 39 UNSECURED LOANS | | | | |
| 40.01 LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 ON OR AFTER 7/1/66 | | | | |
| 41 OTHER LONG TERM LIABILITIES | | | | |
| 42 TOTAL LONG-TERM LIABILITIES | 943,000 | | | |
| 43 TOTAL LIABILITIES | 2,523,079 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 12,611,124 | | | |
| 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 | | | 152,516 | |
| 50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | |
| 51 TOTAL FUND BALANCES | 12,611,124 | | 152,516 | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 15,134,203 | | 152,516 | |

| | | GENERAL FUND | | SPECIFIC PURPOSE FUND | |
|----|---|--------------|------------|-----------------------|---|
| | | 1 | 2 | 3 | 4 |
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | 12,435,421 | | |
| 2 | NET INCOME (LOSS) | | 181,987 | | |
| 3 | TOTAL | | 12,617,408 | | |
| 4 | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 | FUND BALANCE INCREASE | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | |
| 11 | SUBTOTAL | | 12,617,408 | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 | FUND BALANCE DECREASE | 6,282 | | | |
| 14 | ROUNDING | 2 | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | 6,284 | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | 12,611,124 | | |

| | | ENDOWMENT FUND | | PLANT FUND | |
|----|---|----------------|---|------------|---------|
| | | 5 | 6 | 7 | 8 |
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | | | 146,234 |
| 2 | NET INCOME (LOSS) | | | | |
| 3 | TOTAL | | | | 146,234 |
| 4 | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 | FUND BALANCE INCREASE | | | 6,282 | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | 6,282 |
| 11 | SUBTOTAL | | | | 152,516 |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 | FUND BALANCE DECREASE | | | | |
| 14 | ROUNDING | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | | | 152,516 |

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|----------------|-----------------|------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 00 HOSPITAL | 1,582,995 | | 1,582,995 |
| 4 00 SWING BED - SNF | | | |
| 5 00 SWING BED - NF | | | |
| 6 00 SKILLED NURSING FACILITY | 32,116 | | 32,116 |
| 7 00 NURSING FACILITY | 441,830 | | 441,830 |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE | 2,056,941 | | 2,056,941 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP | | | |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE | 2,056,941 | | 2,056,941 |
| 17 00 ANCILLARY SERVICES | 3,197,966 | 23,260,561 | 26,458,527 |
| 18 00 OUTPATIENT SERVICES | | | |
| 18 50 RURAL HEALTH CLINIC | | 1,270,535 | 1,270,535 |
| 19 00 HOME HEALTH AGENCY | | | |
| 23 00 HOSPICE | | | |
| 24 00 HOME MEDICAL EQUIPMENT | | 114,014 | 114,014 |
| 25 00 TOTAL PATIENT REVENUES | 5,254,907 | 24,645,110 | 29,900,017 |

PART II - OPERATING EXPENSES

| | | | |
|--------------------------------|---------|------------|--|
| 26 00 OPERATING EXPENSES | | 18,996,584 | |
| ADD (SPECIFY) | | | |
| 27 00 ALLOWANCE FOR BAD DEBTS | 905,372 | | |
| 28 00 ROUNDING | 5 | | |
| 29 00 | | | |
| 30 00 | | | |
| 31 00 | | | |
| 32 00 | | | |
| 33 00 TOTAL ADDITIONS | | 905,377 | |
| DEDUCT (SPECIFY) | | | |
| 34 00 ROUNDING | | | |
| 35 00 | | | |
| 36 00 | | | |
| 37 00 | | | |
| 38 00 | | | |
| 39 00 TOTAL DEDUCTIONS | | | |
| 40 00 TOTAL OPERATING EXPENSES | | 19,901,961 | |

HHA 1

| | SALARIES 1 | EMPLOYEE BENEFITS 2 | TRANSPORTATION 3 | CONTRACTED/ PURCHASED SVCS 4 | OTHER COSTS 5 | TOTAL 6 |
|------------------------------|---------------|---------------------------|---------------------|------------------------------------|------------------|------------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| | 1,247 | | | | 6,294 | 7,541 |
| HHA REIMBURSABLE SERVICES | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 13.20 | | | | | | |
| 14 | | | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | 1 | 1 |
| 23.50 | | | | | | |
| 24 | 1,247 | | | | 6,295 | 7,542 |

| | RECLASSIFI- CATIONS 7 | RECLASSIFIED TRIAL BALANCE 8 | ADJUSTMENTS 9 | NET EXPENSES FOR ALLOCATION 10 |
|------------------------------|-----------------------------|------------------------------------|------------------|--------------------------------------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| | | 7,541 | -88 | 7,453 |
| HHA REIMBURSABLE SERVICES | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 13.20 | | | | |
| 14 | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | 1 | | 1 |
| 23.50 | | | | |
| 24 | | 7,542 | -88 | 7,454 |

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 | | 7,453 | | | | 7,453 | 7,453 |
| HHA REIMBURSABLE SERVICES | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 13.20 | | | | | | | |
| 14 | | | | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | 1 | | | | 1 | 7,453 |
| 23.50 | | | | | | | |
| 24 | | 7,454 | | | | 7,454 | |

TOTAL

6

| | | | | | | | |
|------------------------------|--|-------|--|--|--|--|--|
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| HHA REIMBURSABLE SERVICES | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 13.20 | | | | | | | |
| 14 | | | | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | 7,454 | | | | | |
| 23.50 | | | | | | | |
| 24 | | 7,454 | | | | | |

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 | 1,249 | | | | |
| 3 | PLANT OPER & MAINT | | 2,880 | | | |
| 4 | TRANSPORTATION | | | 48,225 | | |
| 5 | ADMINISTRATIVE & GENERAL | 1,249 | 2,880 | 1,504 | -7,453 | 1 |
| HHA REIMBURSABLE SERVICES | | | | | | |
| 6 | SKILLED NURSING CARE | | | 25,539 | | |
| 7 | PHYSICAL THERAPY | | | 10,361 | | |
| 8 | OCCUPATIONAL THERAPY | | | 4,833 | | |
| 9 | SPEECH PATHOLOGY | | | 894 | | |
| 10 | MEDICAL SOCIAL SERVICES | | | 1,399 | | |
| 11 | HOME HEALTH AIDE | | | 3,695 | | |
| 12 | SUPPLIES | | | | | |
| 13 | DRUGS | | | | | |
| 13.20 | COST ADMINISTERING DRUGS | | | | | |
| 14 | DME | | | | | |
| HHA NONREIMBURSABLE SERVICES | | | | | | |
| 15 | HOME DIALYSIS AIDE SVCS | | | | | |
| 16 | RESPIRATORY THERAPY | | | | | |
| 17 | PRIVATE DUTY NURSING | | | | | |
| 18 | CLINIC | | | | | |
| 19 | HEALTH PROM ACTIVITIES | | | | | |
| 20 | DAY CARE PROGRAM | | | | | |
| 21 | HOME DEL MEALS PROGRAM | | | | | |
| 22 | HOMEMAKER SERVICE | | | | | |
| 23 | ALL OTHERS | | | | | 1 |
| 23.50 | TELEMEDICINE | | | | | |
| 24 | TOTAL (SUM OF LINES 1-23) | 1,249 | 2,880 | 48,225 | -7,453 | 1 |
| 25 | COST TO BE ALLOCATED | | | | | 7,453 |
| 26 | UNIT COST MULTIPLIER | | | | | 7453.000000 |

HHA 1

| HHA COST CENTER | HHA TRIAL BALANCE (1) | NEW CAP REL COSTS-BLDG & | NEW CAP REL COSTS-NEW BL | NEW CAP REL COSTS-PT BLD | NEW CAP REL COSTS-RHC BL | NEW CAP REL COSTS-MVBLE |
|-------------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| | 0 | 3 | 3.01 | 3.02 | 3.03 | 4 |
| 1 ADMIN & GENERAL | | | | | | 1,327 |
| 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 | 7,454 | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 7,454 | | | | | 1,327 |
| 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 | EMPLOYEE BENEFITS | NONPATIENT TELEPHONES | PURCHASING, RECEIVING AND | ADMITTING | CASHIERING/A Ccounts RECE | SUBTOTAL |
|-------------------------------|-------------------|-----------------------|---------------------------|-----------|---------------------------|----------|
| | 5 | 6.06 | 6.08 | 6.09 | 6.10 | 6A.10 |
| 1 ADMIN & GENERAL | 351 | | | | | 1,678 |
| 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 | | | | | | 7,454 |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 351 | | | | | 9,132 |
| 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 | OTHER ADMINISTRATIVE AND | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY |
|-------------------------------|--------------------------|-----------------------|--------------------|-------------------------|--------------|---------|
| | 6.11 | 7 | 8 | 9 | 10 | 11 |
| 1 ADMIN & GENERAL | 209 | | | | | |
| 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 | 930 | | | | | |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | 1,139 | | | | | |
| 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 | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPL | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE |
|-------------------------------|-----------|------------------------|--------------------------|----------|---------------------------|----------------|
| | 12 | 14 | 15 | 16 | 17 | 18 |
| 1 ADMIN & GENERAL | 146 | | | | | 1,057 |
| 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) | 146 | | | | | 1,057 |
| 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 | NONPHYSICIAN ANESTHETIST 20 | SUBTOTAL 25 | POST STEP DOWN ADJUST 26 | SUBTOTAL 27 | ALLOCATED HHA A & G 28 | TOTAL HHA COSTS 29 |
|-------------------------------|-----------------------------------|----------------|--------------------------------|----------------|------------------------------|--------------------------|
| 1 ADMIN & GENERAL | | 3,090 | | 3,090 | | |
| 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 | | 8,384 | | 8,384 | 3,090 | 11,474 |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) (2) | | 11,474 | | 11,474 | 3,090 | 11,474 |
| 21 UNIT COST MULTIPLIER | | | | | 0.368559 | |

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

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

HHA 1

| HHA COST CENTER | NEW CAP REL COSTS-BLDG & (SQUARE FEET) | NEW CAP REL COSTS-NEW BL (SQUARE FEET) | NEW CAP REL COSTS-PT BLD (SQUARE FEET) | NEW CAP REL COSTS-RHC BL (SQUARE FEET) | NEW CAP REL COSTS-MVBLE (DEPRECIATION VALUE) | EMPLOYEE BENEFITS (GROSS SALARIES) |
|-------------------------------|--|--|--|--|--|------------------------------------|
| | 3 | 3.01 | 3.02 | 3.03 | 4 | 5 |
| 1 ADMIN & GENERAL | | | | | 1,249 | 1,247 |
| 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) | | | | | 1,249 | 1,247 |
| 21 COST TO BE ALLOCATED | | | | | 1,327 | 351 |
| 22 UNIT COST MULTIPLIER | | | | | 1.062450 | 0.281476 |

| HHA COST CENTER | NONPATIENT TELEPHONES (# OF PHONES) | PURCHASING, RECEIVING AND SUPPLIES (COST OF) | ADMINISTRATIVE (GROSS I/P CHARGES) | CASHIERING/A Ccounts RECE (GROSS CHARGES) | RECONCILIATION | OTHER ADMINISTRATIVE AND ACCUM. COST |
|-------------------------------|-------------------------------------|--|------------------------------------|---|----------------|--------------------------------------|
| | 6.06 | 6.08 | 6.09 | 6.10 | 6A.11 | 6.11 |
| 1 ADMIN & GENERAL | | | | | | 1,678 |
| 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 | | | | | | 7,454 |
| 19.50 TELEMEDICINE | | | | | | |
| 20 TOTAL (SUM OF 1-19) | | | | | | 9,132 |
| 21 COST TO BE ALLOCATED | | | | | | 1,139 |
| 22 UNIT COST MULTIPLIER | | | | | | 0.124726 |

HHA 1

| HHA COST CENTER | MAINTENANCE & REPAIRS (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (HOURS OF SERVICE) | HOUSEKEEPING (HOURS OF SERVICE) | DIETARY (MEALS SERVED) | CAFETERIA (FTE'S) |
|-------------------------------|-------------------------------------|----------------------------------|--|---------------------------------|------------------------|-------------------|
| | 7 | 8 | 9 | 10 | 11 | 12 |
| 1 ADMIN & GENERAL | | | | | | 4 |
| 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) | | | | | | 4 |
| 21 COST TO BE ALLOCATED | | | | | | 146 |
| 22 UNIT COST MULTIPLIER | | | | | | 36.500000 |

| HHA COST CENTER | NURSING ADMINISTRATION (DIRECT NRSNG HRS) | CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.) | PHARMACY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (TIME PENT) | SOCIAL SERVICE (TIME SPENT) | NONPHYSICIAN ANESTHETIST (ASSIGNED TIME) |
|-------------------------------|---|--|---------------------------|---------------------------------------|-----------------------------|--|
| | 14 | 15 | 16 | 17 | 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) | | | | | 31 | |
| 21 COST TO BE ALLOCATED | | | | | 1,057 | |
| 22 UNIT COST MULTIPLIER | | | | | 34.096774 | |

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

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

| COST PER VISIT COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM PART I) | SHARED ANCILLARY COSTS (FROM PART II) | TOTAL HHA COSTS | TOTAL VISITS | AVERAGE COST PER VISIT | PROGRAM VISITS PART A |
|----------------------------|-------------------------------------|------------------------------|---------------------------------------|-----------------|--------------|------------------------|-----------------------|
| PATIENT SERVICES | | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 SKILLED NURSING | 2 | | | | | | |
| 2 PHYSICAL THERAPY | 3 | | | | | | |
| 3 OCCUPATIONAL THERAPY | 4 | | | | | | |
| 4 SPEECH PATHOLOGY | 5 | | | | | | |
| 5 MEDICAL SOCIAL SERVICES | 6 | | | | | | |
| 6 HOME HEALTH AIDE SERVICE | 7 | | | | | | |
| 7 TOTAL | | | | | | | |

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

| LIMITATION COST COMPUTATION | | | | | PROGRAM COST LIMITS | PROGRAM VISITS PART A |
|-----------------------------|---|---|---|---|---------------------|-----------------------|
| PATIENT SERVICES | 1 | 2 | 3 | 4 | 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 | PART A | 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 | | | | | | |

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

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

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

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

| PER BENEFICIARY COST LIMITATION: | MSA NUMBER | AMOUNT |
|---|------------|--------|
| 162 PROGRAM UNDUP CENSUS FROM WRKST S-4 | 1 | 2 |
| 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 | .567538 | | | COL 2, LN 2 |
| 2 OCCUPATIONAL THERAPY | 51 | | | | COL 2, LN 3 |
| 3 SPEECH PATHOLOGY | 52 | | | | COL 2, LN 4 |
| 4 MEDICAL SUPPLIES CHARGED TO PATIENT | 55 | | 12,833 | | COL 2, LN 15 |
| 5 DRUGS CHARGED TO PATIENTS | 56 | .376986 | | | 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 |
|----------------------------|--------------------|----------------|--|------------------------|------------------------------|------------------------|----------------------------------|
| | | | PRIOR 1/1/1998 TO 12/31/1998 | 1/1/1998 TO 12/31/1998 | PRIOR 1/1/1998 TO 12/31/1998 | 1/1/1998 TO 12/31/1998 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 PHYSICAL THERAPY | | | 2.01 | | 3.01 | | |
| 2 OCCUPATIONAL THERAPY | | | | | | | |
| 3 SPEECH PATHOLOGY | | | | | | | |
| 4 TOTAL (SUM OF LINES 1-3) | | | | | | | |

TITLE XVII I HHA 1

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

PART B NOT SUBJECT TO DED & COINS 2
 PART B SUBJECT TO DED & COINS 3

1

- 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
- 10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS
- 10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES
- 10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES
- 10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE
- 10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES
- 10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS
- 10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES
- 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
- 13 EXCESS REASONABLE COST
- 14 SUBTOTAL
- 15 COINSURANCE BILLED TO PROGRAM PATIENTS
- 16 NET COST
- 17 REIMBURSABLE BAD DEBTS
- 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)
- 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD
- 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
- 23 SEQUESTRATION ADJUSTMENT
- 24 SUBTOTAL
- 25 INTERIM PAYMENTS
- 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 |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K |
| 14-1565 | | |

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 SERVICES | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND 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) | | | | |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

| | | |
|--------------|---------------|-------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K |
| 14-1565 | | |

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 | 2,990 | 2,990 | | 2,990 |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOMEMAKER | 1 | 1 | | 1 |
| 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) | 2,991 | 2,991 | | 2,991 |

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

| | | |
|--------------|---------------|-------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K |
| 14-1565 | | |

HOSPICE 1

| | |
|-------------|-----------|
| | TOTAL |
| | (COL. 8 |
| ADJUSTMENTS | + 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 | 2,990 |
| | INPATIENT CARE SERVICE | |
| 7 | INPATIENT - GENERAL CARE | |
| 8 | INPATIENT - RESPIRE CARE | |
| | VISITING SERVICES | |
| 9 | PHYSICIAN SERVICES | |
| 10 | NURSING CARE | |
| 10.20 | NURSING CARE-CONTINUOUS HOME CARE | |
| 11 | PHYSICAL THERAPY | |
| 12 | OCCUPATIONAL THERAPY | |
| 13 | SPEECH/LANGUAGE PATHOLOGY | |
| 14 | MEDICAL SOCIAL SERVICES | |
| 15 | SPIRITUAL COUNSELING | |
| 16 | DIETARY COUNSELING | |
| 17 | COUNSELING - OTHER | |
| 18 | HOME HEALTH AIDE AND HOMEMAKER | 1 |
| 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) | 2,991 |

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K-1 |
| 14-1565 | | |

HOSPICE 1

| ADMINISTRATOR | DIRECTOR | SOCIAL SERVICES | SUPERVISORS |
|---------------|----------|-----------------|-------------|
| 1 | 2 | 3 | 4 |

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K-1 |
| 14-1565 | | |

HOSPICE 1

| | NURSES | TOTAL THERAPISTS | AIDES | ALL OTHER |
|---|--------|------------------|-------|-----------|
| | 5 | 6 | 7 | 8 |
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT. | | | | |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP. | | | | |
| 3 PLANT OPERATION AND MAINTENANCE | | | | |
| 4 TRANSPORTATION - STAFF | | | | |
| 5 VOLUNTEER SERVICE COORDINATION | | | | |
| 6 ADMINISTRATIVE AND GENERAL | | | | |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | | | | |
| 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 |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K-1 |
| 14-1565 | | |

HOSPICE 1

TOTAL (1)

9

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

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K-3 |
| 14-1565 | | |

HOSPICE 1

| | | | |
|---------------|----------|-----------------|-------------|
| ADMINISTRATOR | DIRECTOR | SOCIAL SERVICES | SUPERVISORS |
| 1 | 2 | 3 | 4 |

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

| | | |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K-3 |
| 14-1565 | | |

HOSPICE 1

| NURSES | TOTAL THERAPISTS | AIDES | ALL OTHER |
|--------|------------------|-------|-----------|
| 5 | 6 | 7 | 8 |

- GENERAL SERVICE COST CENTERS
- 1 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 3 PLANT OPERATION AND MAINTENANCE
- 4 TRANSPORTATION - STAFF
- 5 VOLUNTEER SERVICE COORDINATION
- 6 ADMINISTRATIVE AND GENERAL
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPIRE CARE
- VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 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 |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K-3 |
| 14-1565 | | |

HOSPICE 1

TOTAL (1)

9

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

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

| | | |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K-4 |
| 14-1565 | | 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 |

| | | | |
|---|-------|--|--|
| 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 | 2,990 | | |
| INPATIENT CARE SERVICE | | | |
| 7 INPATIENT - GENERAL CARE | | | |
| 8 INPATIENT - RESPIRE CARE | | | |
| VISITING SERVICES | | | |
| 9 PHYSICIAN SERVICES | | | |
| 10 NURSING CARE | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | |
| 11 PHYSICAL THERAPY | | | |
| 12 OCCUPATIONAL THERAPY | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | |
| 14 MEDICAL SOCIAL SERVICES | | | |
| 15 SPIRITUAL COUNSELING | | | |
| 16 DIETARY COUNSELING | | | |
| 17 COUNSELING - OTHER | | | |
| 18 HOME HEALTH AIDE AND HOMEMAKER | 1 | | |
| 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) | 2,991 | | |

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/ 1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K-4 |
| 14-1565 | | 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 | | | 2,990 | 2,990 |
| INPATIENT CARE SERVICE | | | | |
| 7 INPATIENT - GENERAL CARE | | | | |
| 8 INPATIENT - RESPIRE CARE | | | | |
| VISITING SERVICES | | | | |
| 9 PHYSICIAN SERVICES | | | | |
| 10 NURSING CARE | | | | |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 11 PHYSICAL THERAPY | | | | |
| 12 OCCUPATIONAL THERAPY | | | | |
| 13 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 14 MEDICAL SOCIAL SERVICES | | | | |
| 15 SPIRITUAL COUNSELING | | | | |
| 16 DIETARY COUNSELING | | | | |
| 17 COUNSELING - OTHER | | | | |
| 18 HOME HEALTH AIDE AND HOMEMAKER | | | 1 | 2,990 |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE | | | | |
| OTHER HOSPICE SERVICE COSTS | | | | |
| 19 OTHER | | | | |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 20.30 ANALGESICS | | | | |
| 20.31 SEDATIVES / HYPNOTICS | | | | |
| 20.32 OTHER - SPECIFY | | | | |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 22 PATIENT TRANSPORTATION | | | | |
| 23 IMAGING SERVICES | | | | |
| 24 LABS AND DIAGNOSTICS | | | | |
| 25 MEDICAL SUPPLIES | | | | |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 27 RADIATION THERAPY | | | | |
| 28 CHEMOTHERAPY | | | | |
| 29 OTHER | | | | |
| 30 BEREAVEMENT PROGRAM COSTS | | | | |
| 31 VOLUNTEER PROGRAM COSTS | | | | |
| 32 FUNDRAISING | | | | |
| 33 OTHER PROGRAM COSTS | | | | |
| 34 TOTAL (SUM OF LINES 1 THRU 33) | | | 1 | 2,990 |

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

| | | |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K-4 |
| 14-1565 | | PART I |

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

| | | |
|----|---------------------------------------|-------|
| 1 | GENERAL SERVICE COST CENTERS | |
| 2 | CAPITAL RELATED COSTS-BLDG AND FIXT. | |
| 3 | CAPITAL RELATED COSTS-MOVABLE EQUIP. | |
| 4 | PLANT OPERATION AND MAINTENANCE | |
| 5 | TRANSPORTATION - STAFF | |
| 6 | VOLUNTEER SERVICE COORDINATION | |
| 7 | ADMINISTRATIVE AND GENERAL | |
| 8 | INPATIENT CARE SERVICE | |
| 9 | INPATIENT - GENERAL CARE | |
| 10 | INPATIENT - RESPIRE CARE | |
| 11 | VISITING SERVICES | |
| 12 | PHYSICIAN SERVICES | |
| 13 | NURSING CARE | |
| 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 | 2,991 |
| 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) | 2,991 |

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

| | | |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/ 1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K-4 |
| 14-1565 | | PART 11 |

HOSPICE 1

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

| | | |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/1/2008 | 8/14/2009 |
| HOSPICE NO: | TO 4/30/2009 | WORKSHEET K-4 |
| 14-1565 | | 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 | | |
| 6 | ADMINISTRATIVE AND GENERAL | -2,990 | 1 |
| 7 | INPATIENT CARE SERVICE | | |
| 7 | INPATIENT - GENERAL CARE | | |
| 8 | INPATIENT - RESPIRE CARE | | |
| | VISITING SERVICES | | |
| 9 | PHYSICIAN SERVICES | | |
| 10 | NURSING CARE | | |
| 10.20 | NURSING CARE-CONTINUOUS HOME CARE | | |
| 11 | PHYSICAL THERAPY | | |
| 12 | OCCUPATIONAL THERAPY | | |
| 13 | SPEECH/LANGUAGE PATHOLOGY | | |
| 14 | MEDICAL SOCIAL SERVICES | | |
| 15 | SPIRITUAL COUNSELING | | |
| 16 | DIETARY COUNSELING | | |
| 17 | COUNSELING - OTHER | | |
| 18 | HOME HEALTH AIDE AND HOMEMAKER | | 1 |
| 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 | | | |
| 31 | | | |
| 32 | FUNDRAISING | | |
| 33 | OTHER PROGRAM COSTS | | |
| 34 | COST TO BE ALLOCATED (PER WKST K-4, PART I) | | 2,990 |
| 35 | UNIT COST MULTIPLIER | .000000 | 2990.000000 |

HOSPICE 1

| HOSPICE COST CENTER | FROM K-4, PART 1, COLUMN 7, LINE | HOSPICE TRIAL BALANCE (1) | NEW CAP REL COSTS-BLDG & FIXT | NEW CAP REL COSTS-NEW BLDG | NEW CAP REL COSTS-PT BLDG |
|---|----------------------------------|---------------------------|-------------------------------|----------------------------|---------------------------|
| | | 0 | 3 | 3.01 | 3.02 |
| 1.00 ADMINISTRATIVE AND GENERAL | 6 | | | | |
| 2.00 INPATIENT - GENERAL CARE | 7 | | | | |
| 3.00 INPATIENT - RESPIRE CARE | 8 | | | | |
| 4.00 PHYSICIAN SERVICES | 9 | | | | |
| 5.00 NURSING CARE | 10 | | | | |
| 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 | 2,991 | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | 18.20 | | | | |
| 14.00 | 19 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | 20 | | | | |
| 15.30 ANALGESICS | 20.30 | | | | |
| 15.31 SEDATIVES / HYPNOTICS | 20.31 | | | | |
| 15.32 OTHER | 20.32 | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | 21 | | | | |
| 17.00 PATIENT TRANSPORTATION | 22 | | | | |
| 18.00 IMAGING SERVICES | 23 | | | | |
| 19.00 LABS AND DIAGNOSTICS | 24 | | | | |
| 20.00 MEDICAL SUPPLIES | 25 | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | 26 | | | | |
| 22.00 RADIATION THERAPY | 27 | | | | |
| 23.00 CHEMOTHERAPY | 28 | | | | |
| 24.00 | 29 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | 30 | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | 31 | | | | |
| 27.00 FUNDRAISING | 32 | | | | |
| 28.00 OTHER PROGRAM COSTS | 33 | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | 2,991 | | | |
| 30.00 UNIT COST MULTIPLIER | | | | | |

| HOSPICE COST CENTER | NEW CAP REL COSTS-RHC BLDG | NEW CAP REL COSTS-MVBLE EQUIP | EMPLOYEE BENEFITS | NONPATIENT TELEPHONES |
|---|----------------------------|-------------------------------|-------------------|-----------------------|
| | 3.03 | 4 | 5 | 6.06 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | | | | |
| 30.00 UNIT COST MULTIPLIER | | | | |

HOSPICE 1

| | PURCHASING, RECEIVING AND STORES | ADMINISTRATIVE | CASHIERING/ACCO UNTS RECEIVABLE | SUBTOTAL |
|---|--|----------------|------------------------------------|----------|
| HOSPICE COST CENTER | 6.08 | 6.09 | 6.10 | 6A.10 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | 138 | | | 3,129 |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | 138 | | | 3,129 |
| 30.00 UNIT COST MULTIPLIER | | | | |

| | OTHER ADMINISTRATIVE AND GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE |
|---|--|--------------------------|-----------------------|----------------------------|
| HOSPICE COST CENTER | 6.11 | 7 | 8 | 9 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | 390 | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) | 390 | | | |
| 30.00 UNIT COST MULTIPLIER | | | | |

HOSPICE 1

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

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

HOSPICE 1

| HOSPICE COST CENTER | NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) | NEW CAP REL COSTS-NEW BLDG (SQUARE FEET) | NEW CAP REL COSTS-PT BLDG (SQUARE FEET) | NEW CAP REL COSTS-RHC BLDG (SQUARE FEET) |
|---|--|---|--|---|
| | 3 | 3.01 | 3.02 | 3.03 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | | |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | .000000 |

| HOSPICE COST CENTER | NEW CAP REL COSTS-MVBLE EQUIP (DEPRECIATION VALUE) | EMPLOYEE BENEFITS (GROSS SALARIES) | NONPATIENT TELEPHONES (# OF PHONES) | PURCHASING, RECEIVING AND STORES (COST OF SUPPLIES) |
|---|---|---------------------------------------|--|--|
| | 4 | 5 | 6.06 | 6.08 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | 2.991 |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |

HOSPICE 1

| HOSPICE COST CENTER | NEW CAP REL COSTS-MVBLE EQUIP | EMPLOYEE BENEFITS | NONPATIENT TELEPHONES | PURCHASING, RECEIVING AND STORES |
|-------------------------------------|-------------------------------|-------------------|-----------------------|----------------------------------|
| | 4 | 5 | 6.06 | 6.08 |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | | 2,991 |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | 138 |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | .046138 |

| HOSPICE COST CENTER | ADMITTING (GROSS I/P CHARGES) | CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES) | RECONCILIATION | OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST) |
|---|-------------------------------|--|----------------|---|
| | 6.09 | 6.10 | 6A.11 | 6.11 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | 3,129 |
| 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) | | | | 3,129 |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | 390 |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | | .124640 |

HOSPICE 1

| HOSPICE COST CENTER | MAINTENANCE & REPAIRS (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (HOURS OF SERVICE) | HOUSEKEEPING (HOURS OF SERVICE) |
|---|--|-------------------------------------|---|------------------------------------|
| | 7 | 8 | 9 | 10 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | | |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | .000000 |

| HOSPICE COST CENTER | DIETARY (MEALS SERVED) | CAFETERIA (FTE'S) | NURSING ADMINISTRATION (DIRECT NRSING HRS) | CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) |
|---|---------------------------|----------------------|---|---|
| | 11 | 12 | 14 | 15 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |

HOSPICE 1

| HOSPICE COST CENTER | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |
|---|---------------------------------|--|--------------------------------|---|
| | 11 | 12 | 14 | 15 |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | | 30 |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | 223 |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | 7.433333 |
| HOSPICE COST CENTER | PHARMACY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (TIME SPENT) | SOCIAL SERVICE (TIME SPENT) | NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) |
| | 16 | 17 | 18 | 20 |
| 1.00 ADMINISTRATIVE AND GENERAL | | | | |
| 2.00 INPATIENT - GENERAL CARE | | | | |
| 3.00 INPATIENT - RESPIRE CARE | | | | |
| 4.00 PHYSICIAN SERVICES | | | | |
| 5.00 NURSING CARE | | | | |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE | | | | |
| 6.00 PHYSICAL THERAPY | | | | |
| 7.00 OCCUPATIONAL THERAPY | | | | |
| 8.00 SPEECH/LANGUAGE PATHOLOGY | | | | |
| 9.00 MEDICAL SOCIAL SERVICES | | | | |
| 10.00 SPIRITUAL COUNSELING | | | | |
| 11.00 DIETARY COUNSELING | | | | |
| 12.00 COUNSELING - OTHER | | | | |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER | | | | |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE | | | | |
| 14.00 | | | | |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | | | | |
| 15.30 ANALGESICS | | | | |
| 15.31 SEDATIVES / HYPNOTICS | | | | |
| 15.32 OTHER | | | | |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN | | | | |
| 17.00 PATIENT TRANSPORTATION | | | | |
| 18.00 IMAGING SERVICES | | | | |
| 19.00 LABS AND DIAGNOSTICS | | | | |
| 20.00 MEDICAL SUPPLIES | | | | |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | | | | |
| 22.00 RADIATION THERAPY | | | | |
| 23.00 CHEMOTHERAPY | | | | |
| 24.00 | | | | |
| 25.00 BEREAVEMENT PROGRAM COSTS | | | | |
| 26.00 VOLUNTEER PROGRAM COSTS | | | | |
| 27.00 FUNDRAISING | | | | |
| 28.00 OTHER PROGRAM COSTS | | | | |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | | | | |
| 30.00 TOTAL COST TO BE ALLOCATED | | | | |
| 31.00 UNIT COST MULTIPLIER | .000000 | .000000 | .000000 | .000000 |

HOSPICE 1

| | 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 | .567538 | |
| 2 | OCCUPATIONAL THERAPY | 51 | | |
| 3 | SPEECH PATHOLOGY | 52 | | |
| 4 | DRUGS CHARGED TO PATIENTS | 56 | .376986 | |
| 5 | DURABLE MEDICAL EQUIP-SOLD | 67 | 1.032970 | |
| 6 | LABORATORY | 44 | .295570 | |
| 7 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | |
| 8 | EMERGENCY | 61 | .949439 | |
| 9 | RADIOLOGY-DIAGNOSTIC | 41 | .357022 | |
| 9.01 | ONCOLOGY | 41.01 | 1.133226 | |
| 10 | OTHER ANCILLARY | 59 | | |
| 11 | TOTAL (SUM OF LINES 1-10) | | | |

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

| | | |
|---------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1307 | FROM 5/ 1/2008 | 8/14/2009 |
| COMPONENT NO: | TO 4/30/2009 | WORKSHEET M-2 |
| 14-3412 | | |

RHC 1

VISITS AND PRODUCTIVITY

| | NUMBER OF FTE PERSONNEL 1 | TOTAL VISITS 2 | PRODUCTIVITY STANDARD(1) 3 | MINIMUM VISITS 4 |
|---|--|-------------------|--|------------------------|
| POSITIONS | | | | |
| 1 | PHYSICIANS | 2.24 | 11,223 | 4,200 |
| 2 | PHYSICIAN ASSISTANTS | 1.60 | 5,210 | 2,100 |
| 3 | NURSE PRACTITIONERS | | | 2,100 |
| 4 | SUBTOTAL (SUM OF LINES 1-3) | 3.84 | 16,433 | |
| 5 | VISITING NURSE | | | |
| 6 | CLINICAL PSYCHOLOGIST | | | |
| 7 | CLINICAL SOCIAL WORKER | | | |
| 8 | TOTAL FTEs AND VISITS (SUM OF LINES 4-7) | 3.84 | 16,433 | |
| 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) | 784,290 | | |
| 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) | 784,290 | | |
| 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) | 404,861 | | |
| 15 | PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS) | 860,985 | | |
| 16 | TOTAL OVERHEAD (SUM OF LINES 14 AND 15) | 1,265,846 | | |
| 17 | ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS) | | | |
| 18 | SUBTRACT LINE 17 FROM LINE 16 | 1,265,846 | | |
| 19 | OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18) | 1,265,846 | | |
| 20 | TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19) | 2,050,136 | | |
| | | | GREATER OF COL. 2 OR COL. 4 5 | |
| POSITIONS | | | | |
| 1 | PHYSICIANS | | | |
| 2 | PHYSICIAN ASSISTANTS | | | |
| 3 | NURSE PRACTITIONERS | | | |
| 4 | SUBTOTAL (SUM OF LINES 1-3) | 16,433 | | |
| 5 | VISITING NURSE | | | |
| 6 | CLINICAL PSYCHOLOGIST | | | |
| 7 | CLINICAL SOCIAL WORKER | | | |
| 8 | TOTAL FTEs AND VISITS (SUM OF LINES 4-7) | 16,433 | | |
| 9 | PHYSICIAN SERVICES UNDER AGREEMENTS | | | |

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

TITLE XVII I RHC 1

| | PNEUMOCOCCAL 1 | INFLUENZA 2 |
|---|-------------------|----------------|
| 1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10) | 710,857 | 710,857 |
| 2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME | .000638 | .002865 |
| 3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2) | 454 | 2,037 |
| 4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS) | 1,554 | 3,780 |
| 5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4) | 2,008 | 5,817 |
| 6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22) | 784,290 | 784,290 |
| 7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16) | 1,265,846 | 1,265,846 |
| 8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6) | .002560 | .007417 |
| 9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8) | 3,241 | 9,389 |
| 10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9) | 5,249 | 15,206 |
| 11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS) | 73 | 328 |
| 12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11) | 71.90 | 46.36 |
| 13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES | 43 | 215 |
| 14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13) | 3,092 | 9,967 |
| 15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2) | | 20,455 |
| 16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20) | | 13,059 |

