

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		14-1313		FROM 10/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/11/2010 TIME 14:30

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:  
 MASON DISTRICT HOSPITAL 14-1313

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

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	380,566	109,472	0	0
3	SWING BED - SNF	0	267,270	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
9	RHC	0	0	-5,146	0	0
9 .01	RHC II	0	0	-1,190	0	0
100	TOTAL	0	647,836	103,136	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 615 NORTH PROMENADE STREET P.O. BOX:  
 1.01 CITY: HAVANA STATE: IL ZIP CODE: 62644-0530 COUNTY: MASON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00	HOSPITAL	14-1313	2.01	7/1/2001	4	5	6
04.00	SWING BED - SNF	14-2313		7/1/2001	N	O	O
09.00	HOSPITAL-BASED HHA	14-7202		1/9/1982	N	P	N
14.00	HOSPITAL-BASED RHC	14-3457		2/1/2001	O	O	O
14.01	HOSPITAL-BASED RHC 2	14-3462		3/3/2003	O	O	O

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

18 TYPE OF CONTROL 11 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED SLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IIME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)  
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.  
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 7/ 1/2001  
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02  
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4  
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 0 0.0000 0.0000  
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

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

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

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N  
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y  
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N  
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) Y  
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N  
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N  
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). Y  
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

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

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

TITLE XIX INPATIENT SERVICES

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

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE  
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 175,754  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. Y

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

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N  
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).  
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  
 ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW  
 FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N N

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

MULTI CAMPUS

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

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). / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	27,603.70			889	115
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						543	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	27,603.70			1,432	115
6 INTENSIVE CARE UNIT							
12 TOTAL	25	9,125	27,603.70			1,432	115
13 RPCH VISITS							
18 HOME HEALTH AGENCY						6,154	
24 HAVANA MEDICAL ASSOC						5,281	
24 01 MASON CITY MEDICAL ASSOC						236	
25 TOTAL	25						
26 OBSERVATION BED DAYS							16
27 AMBULANCE TRIPS						562	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,204				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			543				
4 ADULTS & PED-SB NF			39				
5 TOTAL ADULTS AND PEDS			1,786				
6 INTENSIVE CARE UNIT							
12 TOTAL			1,786				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			7,906				
24 HAVANA MEDICAL ASSOC			14,424				
24 01 MASON CITY MEDICAL ASSOC			1,609				
25 TOTAL							
26 OBSERVATION BED DAYS	1	15	129	2	127		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							419
2 HMO					278	48	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
12 TOTAL		152.26			278	48	419
13 RPCH VISITS							
18 HOME HEALTH AGENCY		9.32					
24 HAVANA MEDICAL ASSOC		25.54					
24 01 MASON CITY MEDICAL ASSOC		3.09					
25 TOTAL		190.21					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,762	141	0
2 UNDUPLICATED CENSUS COUNT		109.00	5.00	23.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	1,903
2 UNDUPLICATED CENSUS COUNT	137.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	1.22		1.22
6 DIRECTING NURSING SERVICE	8.77		8.77
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	.91		.91
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?	2	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		
20.01	5003		

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	3,385	91	80	44
22 SKILLED NURSING VISIT CHARGES	634,021	16,367	15,040	7,948
23 PHYSICAL THERAPY VISITS	1,372	10	11	31
24 PHYSICAL THERAPY VISIT CHARGES	284,725	1,920	2,299	6,258
25 OCCUPATIONAL THERAPY VISITS	669	1	6	28
26 OCCUPATIONAL THERAPY VISIT CHARGES	140,196	192	1,254	5,755
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	419	0	1	6
32 HOME HEALTH AIDE VISIT CHARGES	43,387	0	104	579
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	5,845	102	98	109
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,102,329	18,479	18,697	20,540
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	287	0	35	7
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	7,506	344	596	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	3,600
22 SKILLED NURSING VISIT CHARGES	0	0	673,376
23 PHYSICAL THERAPY VISITS	0	0	1,424
24 PHYSICAL THERAPY VISIT CHARGES	0	0	295,202
25 OCCUPATIONAL THERAPY VISITS	0	0	704
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	147,397
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	426
32 HOME HEALTH AIDE VISIT CHARGES	0	0	44,070
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	6,154
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,160,045
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	329
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	8,446

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 615 N PROMENADE BOX 530  
 1.01 CITY: HAVANA STATE: IL ZIP CODE: 6264405300 COUNTY: MASON  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 615 N. PROMENADE  
 1.01 CITY: HAVANA STATE: IL ZIP CODE: 62644 COUNTY: MASON  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

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

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1313  
PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 2/11/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		23,171	23,171	240,400	263,571
3.01	0301 NEW CAP REL COSTS-CLINIC BUILDING				73,787	73,787
3.02	0302 NEW CAP REL COSTS-NEW MED SURG				616,647	616,647
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		731,397	731,397	-475,410	255,987
5	0500 EMPLOYEE BENEFITS		2,073,083	2,073,083		2,073,083
6.01	0610 ADMINISTRATIVE & GENERAL	505,077	730,932	1,236,009		1,236,009
6.02	0661 ADMIN & GENERAL-HOSPITAL	509,680	323,465	833,145		833,145
7	0700 MAINTENANCE & REPAIRS	228,677	198,707	427,384		427,384
8	0800 OPERATION OF PLANT		214,843	214,843		214,843
8.01	0801 OPERATION OF PLANT-CLINIC		17,345	17,345		17,345
9	0900 LAUNDRY & LINEN SERVICE	23,112	14,156	37,268		37,268
10	1000 HOUSEKEEPING	216,277	56,736	273,013		273,013
11	1100 DIETARY	206,981	153,985	360,966		360,966
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	143,491	17,724	161,215		161,215
15	1500 CENTRAL SERVICES & SUPPLY	70,625	7,867	78,492		78,492
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	157,525	33,748	191,273		191,273
25	2500 ADULTS & PEDIATRICS	869,577	160,488	1,030,065		1,030,065
26	2600 INTENSIVE CARE UNIT					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	187,716	53,750	241,466		241,466
40	4000 ANESTHESIOLOGY	12,330	311,940	324,270		324,270
41	4100 RADIOLOGY-DIAGNOSTIC	490,546	326,179	816,725		816,725
41.01	4101 RADIOLOGY-ULTRASOUND	58,327	21,979	80,306		80,306
44	4400 LABORATORY	583,752	573,170	1,156,922		1,156,922
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		45,446	45,446		45,446
48	4800 INTRAVENOUS THERAPY		9,234	9,234		9,234
50	5000 PHYSICAL THERAPY	455,646	192,782	648,428		648,428
53	5300 ELECTROCARDIOLOGY					
53.01	3160 CARDIOPULMONARY	297,250	204,223	501,473		501,473
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		295,308	295,308		295,308
56	5600 DRUGS CHARGED TO PATIENTS	254,625	426,971	681,596		681,596
59	3950 OP SENIOR HEALTH	112,308	107,999	220,307		220,307
59.01	3550 TELEMEDICINE-PSYCHIATRIC SERVICES		2,441	2,441		2,441
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	367,429	1,020,168	1,387,597	431,833	1,819,430
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 HAVANA MEDICAL ASSOC	1,779,973	338,881	2,118,854	-254,074	1,864,780
63.51	6311 MASON CITY MEDICAL ASSOC	179,578	44,371	223,949		223,949
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	631,926	110,720	742,646	-431,833	310,813
71	7100 HOME HEALTH AGENCY	439,351	106,308	545,659		545,659
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		455,424	455,424	-455,424	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	8,781,779	9,404,941	18,186,720	-254,074	17,932,646
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	13,505	867	14,372	254,074	268,446
100	7950 HOSPICE					
100.01	7951 FAMILY MEDICAL CENTER					
100.02	7952 MEALS ON WHEELS					
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	8,795,284	9,405,808	18,201,092	-0-	18,201,092

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/11/2010  
I 14-1313 I FROM 10/ 1/2008 I WORKSHEET A  
I I TO 9/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-30,562	233,009
3.01	0301 NEW CAP REL COSTS-CLINIC BUILDING		73,787
3.02	0302 NEW CAP REL COSTS-NEW MED SURG	-64,573	552,074
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		255,987
5	0500 EMPLOYEE BENEFITS	-10,641	2,062,442
6.01	0610 ADMINISTRATIVE & GENERAL	-30,081	1,205,928
6.02	0661 ADMIN & GENERAL-HOSPITAL		833,145
7	0700 MAINTENANCE & REPAIRS		427,384
8	0800 OPERATION OF PLANT	-373	214,470
8.01	0801 OPERATION OF PLANT-CLINIC		17,345
9	0900 LAUNDRY & LINEN SERVICE		37,268
10	1000 HOUSEKEEPING		273,013
11	1100 DIETARY	-108,244	252,722
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		161,215
15	1500 CENTRAL SERVICES & SUPPLY		78,492
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-6,419	184,854
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,030,065
26	2600 INTENSIVE CARE UNIT		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		241,466
40	4000 ANESTHESIOLOGY		324,270
41	4100 RADIOLOGY-DIAGNOSTIC	-18,561	798,164
41.01	4101 RADIOLOGY-ULTRASOUND		80,306
44	4400 LABORATORY	-5,895	1,151,027
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		45,446
48	4800 INTRAVENOUS THERAPY		9,234
50	5000 PHYSICAL THERAPY		648,428
53	5300 ELECTROCARDIOLOGY		
53.01	3160 CARDIOPULMONARY	-99,859	401,614
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		295,308
56	5600 DRUGS CHARGED TO PATIENTS	-302	681,294
59	3950 OP SENIOR HEALTH	-3,246	217,061
59.01	3550 TELEMEDICINE-PSYCHIATRIC SERVICES		2,441
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-242,432	1,576,998
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 HAVANA MEDICAL ASSOC		1,864,780
63.51	6311 MASON CITY MEDICAL ASSOC		223,949
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		310,813
71	7100 HOME HEALTH AGENCY		545,659
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-621,188	17,311,458
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		268,446
100	7950 HOSPICE		
100.01	7951 FAMILY MEDICAL CENTER		
100.02	7952 MEALS ON WHEELS		
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-621,188	17,579,904

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/11/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-CLINIC BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-NEW MED SURG	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE & GENERAL	0610	NONPATIENT TELEPHONES
6.02	ADMIN & GENERAL-HOSPITAL	0661	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT-CLINIC	0801	OPERATION OF PLANT
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	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIOLOGY-ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIOPULMONARY	3160	CARDIOPULMONARY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	OP SENIOR HEALTH	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	TELEMEDICINE-PSYCHIATRIC SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	HAVANA MEDICAL ASSOC	6310	RURAL HEALTH CLINIC #####
63.51	MASON CITY MEDICAL ASSOC	6311	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	HOSPICE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FAMILY MEDICAL CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MEALS ON WHEELS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMBURSABLE COST CENTERS	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
141313

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

PREPARED 2/11/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		146,605
2		NEW CAP REL COSTS-NEW MED SURG	3.02		308,819
3 EMS SALARIES	B	EMERGENCY	61	431,833	
4 BLDG DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		93,795
5		NEW CAP REL COSTS-CLINIC BUILDING	3.01		73,787
6		NEW CAP REL COSTS-NEW MED SURG	3.02		307,828
7 RHC PHYSICIAN	D	PHYSICIANS' PRIVATE OFFICES	98	254,074	
36 TOTAL RECLASSIFICATIONS				685,907	930,834

(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:  
141313

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

PREPARED 2/11/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
1 INTEREST EXPENSE	A	INTEREST EXPENSE	88		455,424	11
2						11
3 EMS SALARIES	B	AMBULANCE SERVICES	65	431,833		
4 BLDG DEPRECIATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4		475,410	9
5						9
6						9
7 RHC PHYSICIAN	D	HAVANA MEDICAL ASSOC	63.50	254,074		
36 TOTAL RECLASSIFICATIONS				685,907	930,834	

(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:  
141313

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

PREPARED 2/11/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	146,605	INTEREST EXPENSE	88	455,424	
2.00	NEW CAP REL COSTS-NEW MED SURG	3.02	308,819			0	
TOTAL RECLASSIFICATIONS FOR CODE A			455,424			455,424	

RECLASS CODE: B  
EXPLANATION : EMS SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	431,833	AMBULANCE SERVICES	65	431,833	
TOTAL RECLASSIFICATIONS FOR CODE B			431,833			431,833	

RECLASS CODE: C  
EXPLANATION : BLDG DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	93,795	NEW CAP REL COSTS-MVBLE EQUIP	4	475,410	
2.00	NEW CAP REL COSTS-CLINIC BUI LD	3.01	73,787			0	
3.00	NEW CAP REL COSTS-NEW MED SURG	3.02	307,828			0	
TOTAL RECLASSIFICATIONS FOR CODE C			475,410			475,410	

RECLASS CODE: D  
EXPLANATION : RHC PHYSICIAN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	254,074	HAVANA MEDICAL ASSOC	63.50	254,074	
TOTAL RECLASSIFICATIONS FOR CODE D			254,074			254,074	

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	632,918	367,958		367,958		1,000,876	
2 LAND IMPROVEMENTS	559,643					559,643	
3 BUILDINGS & FIXTURE	11,648,186	61,700		61,700	117,191	11,592,695	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	2,131,347	6,089		6,089		2,137,436	
6 MOVABLE EQUIPMENT	6,051,293	599,551		599,551		6,650,844	
7 SUBTOTAL	21,023,387	1,035,298		1,035,298	117,191	21,941,494	
8 RECONCILING ITEMS							
9 TOTAL	21,023,387	1,035,298		1,035,298	117,191	21,941,494	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	14,972,094		14,972,094	.712164				
3 01	NEW CAP REL COSTS-CL								
3 02	NEW CAP REL COSTS-NE								
4	NEW CAP REL COSTS-MV	6,051,293		6,051,293	.287836				
5	TOTAL	21,023,387		21,023,387	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	116,966	-478	116,521				233,009
3 01	NEW CAP REL COSTS-CL	73,787						73,787
3 02	NEW CAP REL COSTS-NE	306,626		245,448				552,074
4	NEW CAP REL COSTS-MV	255,987						255,987
5	TOTAL	753,366	-478	361,969				1,114,857

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	23,171						23,171
3 01	NEW CAP REL COSTS-CL							
3 02	NEW CAP REL COSTS-NE							
4	NEW CAP REL COSTS-MV	731,397						731,397
5	TOTAL	754,568						754,568

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-1313

PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/11/2010  
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-307,497			
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		**COST CENTER DELETED**	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 INTEREST INCOME	B		NEW CAP REL COSTS-BLDG &	3	11
37.01 INTEREST INCOME	B	-63,371	NEW CAP REL COSTS-NEW MED	3.02	11
37.02 PROF BUILDING RENT -OTHER OP	B	-478	NEW CAP REL COSTS-BLDG &	3	10
37.04 MISCELLANEOUS	B	-2,340	ADMINISTRATIVE & GENERAL	6.01	
37.06 SALE OF NON-PAT SUPP-OTHER OP	B	2,889	ADMINISTRATIVE & GENERAL	6.01	
37.09 CAFETERIA SALES	B	-108,034	DIETARY	11	
37.12 MEDICAL RECORD FEES -OTHER OP	B	-4,859	MEDICAL RECORDS & LIBRARY	17	
37.13 HMA MED REC FEES	B	-1,560	MEDICAL RECORDS & LIBRARY	17	
37.18 TELEPHONE OFFSET - OPERATIONS	A	-373	OPERATION OF PLANT	8	
38 TELEPHONE OFFSET - SALARIES	A	-116	ADMINISTRATIVE & GENERAL	6.01	
39 TELEPHONE OFFSET - BENEFITS	A	-22	EMPLOYEE BENEFITS	5	
40 MEDICAR - EXPENSES	A	-2,702	ADMINISTRATIVE & GENERAL	6.01	
41 COMMUNITY EDUC FEES	A	-15	ADMINISTRATIVE & GENERAL	6.01	
42 LOBBYING DUES	A	-8,977	ADMINISTRATIVE & GENERAL	6.01	
43 ADVERTISING	A	-18,820	ADMINISTRATIVE & GENERAL	6.01	
44 DIETARY CONSULT	B	-210	DIETARY	11	
45 PHARMACY REIM	B	-302	DRUGS CHARGED TO PATIENTS	56	
46 SLEEP LAB TECHNOLOGIST	A	-56,946	CARDIOPULMONARY	53.01	
47 SLEEP LAB TECHNOLOGIST	A	-10,341	EMPLOYEE BENEFITS	5	
48 LAB OUTREACH	B	-2,304	LABORATORY	44	
49 TELEVISIONS	A	-1,202	NEW CAP REL COSTS-NEW MED	3.02	9
49.01 OP PSYCH TRANSPORTATION	A	-3,246	OP SENIOR HEALTH	59	
49.02 OP PSYCH TRANSPORTATION	A	-278	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-621,188			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED: 2/11/2010  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 41	RADIOLOGY	18,561	18,561					
2 44	LAB	80,004	3,591	76,413				
3 53 1	CARDIOPULMONARY	42,913	42,913					
4 61	EMERGENCY ROOM	939,410	242,432	696,978				
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,080,888	307,497	773,391				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED: 2/11/2010  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 41	RADIOLOGY							18,561
2 44	LAB							3,591
3 53 1	CARDIOPULMONARY							42,913
4 61	EMERGENCY ROOM							242,432
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							307,497

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/11/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-CLINIC BUILDING	2	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-NEW MED SURG	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
6.02	ADMIN & GENERAL-HOSPITAL	-7	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	8	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	9	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT-CLINIC	10	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE	FEET	ENTERED
11	DIETARY	13	MEALS	SERVED	ENTERED
12	CAFETERIA	14	FTE'S		ENTERED
14	NURSING ADMINISTRATION	15	HOURS OF	SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED	REQUISITION	ENTERED
16	PHARMACY	17	COSTED	REQUISITION	ENTERED
17	MEDICAL RECORDS & LIBRARY	18	GROSS	REVENUE	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-CLINIC	NEW CAP REL C OSTS-NEW MED	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	3	3.01	3.02	4	5	6a.00
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	233,009	233,009					
003 02 NEW CAP REL COSTS-CLINIC	73,787		73,787				
004 02 NEW CAP REL COSTS-NEW MED	552,074			552,074			
005 02 NEW CAP REL COSTS-MVBLE E	255,987				255,987		
006 01 EMPLOYEE BENEFITS	2,062,442					2,062,442	
006 02 ADMINISTRATIVE & GENERAL	1,205,928	25,567	7,055	76,342	39,027	118,412	1,472,331
007 02 ADMIN & GENERAL-HOSPITAL	833,145	3,424	4,821	4,532		119,518	965,440
008 MAINTENANCE & REPAIRS	427,384					53,624	481,008
008 01 OPERATION OF PLANT	214,470	27,271	618	12,084	607		255,050
009 01 OPERATION OF PLANT-CLINIC	17,345						17,345
010 LAUNDRY & LINEN SERVICE	37,268	8,031		4,491	1,165	5,420	56,375
011 HOUSEKEEPING	273,013	963		2,654		50,716	327,346
012 DIETARY	252,722	13,056			517	48,536	314,831
014 CAFETERIA		5,550		3,062			8,612
015 NURSING ADMINISTRATION	161,215	4,077		6,573	8,912	33,648	214,425
016 CENTRAL SERVICES & SUPPLY	78,492	6,981				16,561	102,034
017 PHARMACY							
025 MEDICAL RECORDS & LIBRARY	184,854	6,590	750		3,376	36,939	232,509
026 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS	1,030,065			430,374	23,397	203,913	1,687,749
026 02 INTENSIVE CARE UNIT							
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	241,466	32,136			46,354	44,019	363,975
041 ANESTHESIOLOGY	324,270				918	2,891	328,079
041 01 RADIOLOGY-DIAGNOSTIC	798,164	26,910			39,483	115,032	979,589
044 01 RADIOLOGY-ULTRASOUND	80,306	1,251				13,678	95,235
046 LABORATORY	1,151,027	13,937			29,521	136,888	1,331,373
048 WHOLE BLOOD & PACKED RED	45,446						45,446
050 INTRAVENOUS THERAPY	9,234						9,234
053 PHYSICAL THERAPY	648,428	7,218			8,722	106,848	771,216
053 01 ELECTROCARDIOLOGY							
055 01 CARDIOPULMONARY	401,614	25,052			18,643	69,704	515,013
056 MEDICAL SUPPLIES CHARGED	295,308						295,308
059 DRUGS CHARGED TO PATIENTS	681,294	3,954			3,982	59,709	748,939
059 01 OP SENIOR HEALTH	217,061					26,336	243,397
059 01 TELEMEDICINE-PSYCHIATRIC	2,441						2,441
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,576,998	21,041			4,204	187,425	1,789,668
063 OBSERVATION BEDS (NON-DIS							
063 50 OTHER OUTPATIENT SERVICE							
063 51 HAVANA MEDICAL ASSOC	1,864,780		54,150		2,574	357,821	2,279,325
065 MASON CITY MEDICAL ASSOC	223,949					42,111	266,060
071 OTHER REIMBURS COST CNTRS							
095 01 AMBULANCE SERVICES	310,813				23,941	46,921	381,675
096 HOME HEALTH AGENCY	545,659		6,393			103,026	655,078
098 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	17,311,458	233,009	73,787	540,112	255,343	1,999,696	17,236,106
100 01 NONREIMBURS COST CENTERS							
100 02 GIFT, FLOWER, COFFEE SHOP				11,962			11,962
100 04 PHYSICIANS' PRIVATE OFFIC	268,446				644	62,746	331,836
101 HOSPICE							
102 01 FAMILY MEDICAL CENTER							
102 02 MEALS ON WHEELS							
102 04 OTHER NONREIMBURSABLE COS							
103 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	17,579,904	233,009	73,787	552,074	255,987	2,062,442	17,579,904

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	SUBTOTAL	ADMIN & GENERAL-HOSPITAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT-CLINIC	LAUNDRY & LINEN SERVICE
	6.01	6a.01	6.02	7	8	8.01	9
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-CLINIC							
004 NEW CAP REL COSTS-NEW MED							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL	1,472,331						
006 02 ADMIN & GENERAL-HOSPITAL	88,247	1,053,687	1,053,687				
007 MAINTENANCE & REPAIRS	43,967	524,975	43,655	568,630			
008 OPERATION OF PLANT	23,313	278,363	23,148	49,063	350,574		
008 01 OPERATION OF PLANT-CLINIC	1,585	18,930	1,574			20,504	
009 LAUNDRY & LINEN SERVICE	5,153	61,528	5,116	14,248	12,860		93,752
010 HOUSEKEEPING	29,921	357,267	29,709	2,160	1,949		
011 DIETARY	28,777	343,608	28,573	21,650	19,540		
012 CAFETERIA	787	9,399	782	9,843	8,884		
014 NURSING ADMINISTRATION	19,600	234,025	19,461	8,136	7,343		
015 CENTRAL SERVICES & SUPPLY	9,327	111,361	9,260	11,576	10,664		
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	21,253	253,762	21,102	12,524	11,303	280	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRIC	154,270	1,842,019	153,177	89,998	81,226		40,393
026 INTENSIVE CARE UNIT							
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	33,269	397,244	33,034	53,289	48,095		13,110
041 ANESTHESIOLOGY	29,988	358,067	29,776				
041 RADIOLOGY-DIAGNOSTIC	89,540	1,069,129	88,906	44,623	40,275		8,963
041 01 RADIOLOGY-ULTRASOUND	8,705	103,940	8,643	2,075	1,872		
044 LABORATORY	121,695	1,453,068	120,833	23,110	20,858		20
046 WHOLE BLOOD & PACKED RED	4,154	49,600	4,125				
048 INTRAVENOUS THERAPY	844	10,078	838				
050 PHYSICAL THERAPY	70,494	841,710	69,994	11,969	10,803		4,766
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	47,075	562,088	46,742	41,541	37,493		2,040
055 MEDICAL SUPPLIES CHARGED	26,993	322,301	26,802				
056 DRUGS CHARGED TO PATIENTS	68,458	817,397	67,972	6,556	5,918		
059 OP SENIOR HEALTH	22,248	265,645	22,090				
059 01 TELEMEDICINE-PSYCHIATRIC	223	2,664	222				
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	163,586	1,953,254	162,427	34,891	31,491		19,689
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 HAVANA MEDICAL ASSOC	208,350	2,487,675		115,269		20,224	1,079
063 51 MASON CITY MEDICAL ASSOC	24,319	290,379					134
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	34,887	416,562	34,640				3,525
071 HOME HEALTH AGENCY	59,878	714,956		13,608			9
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,440,906	17,204,681	1,052,601	566,129	350,574	20,504	93,728
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,093	13,055	1,086	2,501			
098 PHYSICIANS' PRIVATE OFFIC	30,332	362,168					24
100 HOSPICE							
100 01 FAMILY MEDICAL CENTER							
100 02 MEALS ON WHEELS							
100 04 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,472,331	17,579,904	1,053,687	568,630	350,574	20,504	93,752

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-CLINIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL							
006 02 ADMIN & GENERAL-HOSPITAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-CLINIC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	391,085						
011 DIETARY	16,828	430,199					
012 CAFETERIA	7,651	325,568	362,127				
014 NURSING ADMINISTRATION	6,324		6,229	281,518			
015 CENTRAL SERVICES & SUPPLY	8,998		7,899		159,758		
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	9,734		16,247				324,952
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	69,952	91,669	67,686	172,148			23,756
026 INTENSIVE CARE UNIT							
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	41,419	3,418	10,146	25,842	289		12,532
041 ANESTHESIOLOGY			321		100		9,385
041 01 RADIOLOGY-DIAGNOSTIC	34,684		46,077		20,955		59,959
044 LABORATORY	1,612				212		5,196
046 WHOLE BLOOD & PACKED RED	17,962		32,013		54,660		62,323
048 INTRAVENOUS THERAPY					10,363		861
050 PHYSICAL THERAPY	9,303		25,848		2,106		3,698
053 ELECTROCARDIOLOGY							15,251
053 01 CARDIOPULMONARY	32,288		20,903		2,772		21,311
055 MEDICAL SUPPLIES CHARGED					66,381		6,935
056 DRUGS CHARGED TO PATIENTS	5,096		12,844				16,474
059 OP SENIOR HEALTH		9,110	8,188	20,848			4,480
059 01 TELEMEDICINE-PSYCHIATRIC							66
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	27,119	434	24,660	62,680			16,010
063 OBSERVATION BEDS (NON-DIS							
063 50 HAVANA MEDICAL ASSOC	89,594		82,006				31,741
063 51 MASON CITY MEDICAL ASSOC							2,301
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					1,920		13,358
095 HOME HEALTH AGENCY	10,577						19,315
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	389,141	430,199	361,067	281,518	159,758		324,952
098 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	1,944						
100 01 PHYSICIANS' PRIVATE OFFICE			1,060				
100 02 HOSPICE							
100 04 FAMILY MEDICAL CENTER							
101 MEALS ON WHEELS							
101 04 OTHER NONREIMBURSABLE COS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	391,085	430,199	362,127	281,518	159,758		324,952

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
003 01 NEW CAP REL COSTS-BLDG &			
003 02 NEW CAP REL COSTS-CLINIC			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 01 ADMINISTRATIVE & GENERAL			
006 02 ADMIN & GENERAL-HOSPITAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
008 01 OPERATION OF PLANT-CLINIC			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	2,632,024		2,632,024
037 INTENSIVE CARE UNIT			
040 ANCILLARY SRVC COST CNTRS			
041 OPERATING ROOM	638,418		638,418
041 ANESTHESIOLOGY	397,649		397,649
041 RADIOLOGY-DIAGNOSTIC	1,413,571		1,413,571
041 01 RADIOLOGY-ULTRASOUND	123,550		123,550
044 LABORATORY	1,784,847		1,784,847
046 WHOLE BLOOD & PACKED RED	64,949		64,949
048 INTRAVENOUS THERAPY	16,720		16,720
050 PHYSICAL THERAPY	989,644		989,644
053 ELECTROCARDIOLOGY			
053 01 CARDIOPULMONARY	767,178		767,178
055 MEDICAL SUPPLIES CHARGED	422,419		422,419
056 DRUGS CHARGED TO PATIENTS	932,257		932,257
059 OP SENIOR HEALTH	330,361		330,361
059 01 TELEMEDICINE-PSYCHIATRIC	2,952		2,952
061 OUTPAT SERVICE COST CNTRS			
062 EMERGENCY	2,332,655		2,332,655
063 OBSERVATION BEDS (NON-DIS			
063 OTHER OUTPATIENT SERVICE			
063 50 HAVANA MEDICAL ASSOC	2,827,588		2,827,588
063 51 MASON CITY MEDICAL ASSOC	292,814		292,814
065 OTHER REIMBURS COST CNTRS			
071 AMBULANCE SERVICES	470,005		470,005
095 HOME HEALTH AGENCY	758,465		758,465
096 SPEC PURPOSE COST CENTERS			
098 SUBTOTALS	17,198,066		17,198,066
100 NONREIMBURS COST CENTERS			
100 01 GIFT, FLOWER, COFFEE SHOP	18,586		18,586
100 02 PHYSICIANS' PRIVATE OFFIC	363,252		363,252
100 04 HOSPICE			
100 01 FAMILY MEDICAL CENTER			
100 02 MEALS ON WHEELS			
100 04 OTHER NONREIMBURSABLE COS			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	17,579,904		17,579,904

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-CLINIC	NEW CAP REL C OSTS-NEW MED	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	3	3.01	3.02	4	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-CLINIC							
004 NEW CAP REL COSTS-NEW MED							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINSTRATIVE & GENERAL		25,567	7,055	76,342	39,027	147,991	
006 02 ADMIN & GENERAL-HOSPITAL		3,424	4,821	4,532		12,777	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		27,271	618	12,084	607	40,580	
008 01 OPERATION OF PLANT-CLINIC							
009 LAUNDRY & LINEN SERVICE		8,031		4,491	1,165	13,687	
010 HOUSEKEEPING		963		2,654		3,617	
011 DIETARY		13,056			517	13,573	
012 CAFETERIA		5,550		3,062		8,612	
014 NURSING ADMINISTRATION		4,077		6,573	8,912	19,562	
015 CENTRAL SERVICES & SUPPLY		6,981				6,981	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		6,590	750		3,376	10,716	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				430,374	23,397	453,771	
026 INTENSIVE CARE UNIT							
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		32,136			46,354	78,490	
041 ANESTHESIOLOGY					918	918	
041 RADIOLOGY-DIAGNOSTIC		26,910			39,483	66,393	
041 01 RADIOLOGY-ULTRASOUND		1,251				1,251	
044 LABORATORY		13,937			29,521	43,458	
046 WHOLE BLOOD & PACKED RED							
048 INTRAVENOUS THERAPY							
050 PHYSICAL THERAPY		7,218			8,722	15,940	
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		25,052			18,643	43,695	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		3,954			3,982	7,936	
059 OP SENIOR HEALTH							
059 01 TELEMEDICINE-PSYCHIATRIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		21,041			4,204	25,245	
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 HAVANA MEDICAL ASSOC			54,150		2,574	56,724	
063 51 MASON CITY MEDICAL ASSOC							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					23,941	23,941	
071 HOME HEALTH AGENCY			6,393			6,393	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		233,009	73,787	540,112	255,343	1,102,251	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				11,962		11,962	
098 PHYSICIANS' PRIVATE OFFIC					644	644	
100 HOSPICE							
100 01 FAMILY MEDICAL CENTER							
100 02 MEALS ON WHEELS							
100 04 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		233,009	73,787	552,074	255,987	1,114,857	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/11/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL-HOSPITAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT-CLINIC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.01	6.02	7	8	8.01	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-CLINIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL	147,991						
006 02 ADMIN & GENERAL-HOSPITAL	8,870	21,647					
007 MAINTENANCE & REPAIRS	4,420	897	5,317				
008 OPERATION OF PLANT	2,343	475	459	43,857			
008 01 OPERATION OF PLANT-CLINIC	159	32			191		
009 LAUNDRY & LINEN SERVICE	518	105	133	1,609		16,052	
010 HOUSEKEEPING	3,008	610	20	244			7,499
011 DIETARY	2,893	587	202	2,444			323
012 CAFETERIA	79	16	92	1,111			147
014 NURSING ADMINISTRATION	1,970	400	76	919			121
015 CENTRAL SERVICES & SUPPLY	937	190	108	1,334			173
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	2,136	433	117	1,414	3		187
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	15,507	3,146	842	10,163		6,916	1,341
026 INTENSIVE CARE UNIT							
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	3,344	678	498	6,017		2,245	794
041 ANESTHESIOLOGY	3,014	612					
041 RADIOLOGY-DIAGNOSTIC	9,000	1,826	417	5,038		1,535	665
041 01 RADIOLOGY-ULTRASOUND	875	178	19	234			31
044 LABORATORY	12,233	2,482	216	2,609		3	344
046 WHOLE BLOOD & PACKED RED	418	85					
048 INTRAVENOUS THERAPY	85	17					
050 PHYSICAL THERAPY	7,086	1,438	112	1,351		816	178
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	4,732	960	388	4,690		349	619
055 MEDICAL SUPPLIES CHARGED	2,713	550					
056 DRUGS CHARGED TO PATIENTS	6,881	1,396	61	740			98
059 OP SENIOR HEALTH	2,236	454					
059 01 TELEMEDICINE-PSYCHIATRIC	22	5					
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	16,443	3,342	326	3,940		3,371	520
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 HAVANA MEDICAL ASSOC	20,939		1,081		188	185	1,718
063 51 MASON CITY MEDICAL ASSOC	2,445					23	
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,507	711				604	
071 HOME HEALTH AGENCY	6,019		127			1	203
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	144,832	21,625	5,294	43,857	191	16,048	7,462
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	110	22	23				37
098 PHYSICIANS' PRIVATE OFFIC	3,049						
100 HOSPICE							
100 01 FAMILY MEDICAL CENTER							
100 02 MEALS ON WHEELS							
100 04 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	147,991	21,647	5,317	43,857	191	16,052	7,499

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/11/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-CLINIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL							
006 02 ADMIN & GENERAL-HOSPITAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-CLINIC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	20,022						
012 CAFETERIA	15,153	25,210					
014 NURSING ADMINISTRATION		434	23,482				
015 CENTRAL SERVICES & SUPPLY		550		10,273			
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		1,131				16,137	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,266	4,712	14,359			1,180	516,203
026 INTENSIVE CARE UNIT							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	159	706	2,156	19		623	95,729
040 ANESTHESIOLOGY		22		6		466	5,038
041 RADIOLOGY-DIAGNOSTIC		3,208		1,347		2,979	92,408
041 01 RADIOLOGY-ULTRASOUND				14		258	2,860
044 LABORATORY		2,229		3,515		3,088	70,177
046 WHOLE BLOOD & PACKED RED				666		43	1,212
048 INTRAVENOUS THERAPY				135		184	421
050 PHYSICAL THERAPY		1,799				758	29,478
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		1,455		178		1,059	58,125
055 MEDICAL SUPPLIES CHARGED				4,270		345	7,878
056 DRUGS CHARGED TO PATIENTS		894				818	18,824
059 OP SENIOR HEALTH	424	570	1,739			223	5,646
059 01 TELEMEDICINE-PSYCHIATRIC						3	30
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	20	1,717	5,228			795	60,947
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 HAVANA MEDICAL ASSOC		5,709				1,577	88,121
063 51 MASON CITY MEDICAL ASSOC						114	2,582
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				123		664	29,550
071 HOME HEALTH AGENCY						960	13,703
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	20,022	25,136	23,482	10,273		16,137	1,098,932
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							12,154
098 PHYSICIANS' PRIVATE OFFICE		74					3,771
100 HOSPICE							
100 01 FAMILY MEDICAL CENTER							
100 02 MEALS ON WHEELS							
100 04 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	20,022	25,210	23,482	10,273		16,137	1,114,857

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003 GENERAL SERVICE COST CNTR		
003 01 NEW CAP REL COSTS-BLDG &		
003 02 NEW CAP REL COSTS-CLINIC		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 01 ADMINISTRATIVE & GENERAL		
006 02 ADMIN & GENERAL-HOSPITAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
008 01 OPERATION OF PLANT-CLINIC		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
025 INPAT ROUTINE SRVC CNTRS		516,203
026 ADULTS & PEDIATRICS		
037 INTENSIVE CARE UNIT		
040 ANCILLARY SRVC COST CNTRS		95,729
041 OPERATING ROOM		5,038
041 01 ANESTHESIOLOGY		92,408
044 RADIOLOGY-DIAGNOSTIC		2,860
046 LABORATORY		70,177
048 WHOLE BLOOD & PACKED RED		1,212
050 INTRAVENOUS THERAPY		421
053 PHYSICAL THERAPY		29,478
055 ELECTROCARDIOLOGY		
056 01 CARDIOPULMONARY		58,125
059 MEDICAL SUPPLIES CHARGED		7,878
059 01 DRUGS CHARGED TO PATIENTS		18,824
061 OP SENIOR HEALTH		5,646
062 TELEMEDICINE-PSYCHIATRIC		30
063 OUTPAT SERVICE COST CNTRS		60,947
063 EMERGENCY		
063 50 OBSERVATION BEDS (NON-DIS		88,121
063 51 OTHER OUTPATIENT SERVICE		2,582
065 HAVANA MEDICAL ASSOC		
071 MASON CITY MEDICAL ASSOC		29,550
095 OTHER REIMBURS COST CNTRS		13,703
096 AMBULANCE SERVICES		
098 HOME HEALTH AGENCY		
100 SPEC PURPOSE COST CENTERS		1,098,932
100 SUBTOTALS		
100 01 NONREIMBURS COST CENTERS		12,154
100 02 GI FT, FLOWER, COFFEE SHOP		3,771
100 04 PHYSICIANS' PRIVATE OFFIC		
101 HOSPICE		
101 01 FAMILY MEDICAL CENTER		
101 02 MEALS ON WHEELS		
101 04 OTHER NONREIMBURSABLE COS		
102 CROSS FOOT ADJUSTMENTS		
103 NEGATIVE COST CENTER		
103 TOTAL		1,114,857

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-CLINIC (SQUARE FEET)	NEW CAP REL C OSTS-NEW MED (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	3	3.01	3.02	4	5	6a.01
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	45,259					
003 02 NEW CAP REL COSTS-CLI		18,398				
004 NEW CAP REL COSTS-NEW			13,523			
005 NEW CAP REL COSTS-MVB				244,152		
006 EMPLOYEE BENEFITS					8,795,169	
006 01 ADMIN STRATIVE & GENE	4,966	1,759	1,870	37,223	504,962	-1,472,331
006 02 ADMIN & GENERAL-HOSPI	665	1,202	111		509,680	
007 MAINTENANCE & REPAIRS					228,677	
008 OPERATION OF PLANT	5,297	154	296	579		
008 01 OPERATION OF PLANT-CL						
009 LAUNDRY & LINEN SERVI	1,560		110	1,111	23,112	
010 HOUSEKEEPING	187		65		216,277	
011 DIETARY	2,536			493	206,981	
012 CAFETERIA	1,078		75			
014 NURSING ADMINISTRATION	792		161	8,500	143,491	
015 CENTRAL SERVICES & SU	1,356				70,625	
016 PHARMACY						
017 MEDICAL RECORDS & LIB	1,280	187		3,220	157,525	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			10,542	22,315	869,577	
026 INTENSIVE CARE UNIT						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	6,242			44,210	187,716	
040 ANESTHESIOLOGY				876	12,330	
041 RADIOLOGY-DIAGNOSTIC	5,227			37,658	490,546	
041 01 RADIOLOGY-ULTRASOUND	243				58,327	
044 LABORATORY	2,707			28,156	583,752	
046 WHOLE BLOOD & PACKED						
048 INTRAVENOUS THERAPY						
050 PHYSICAL THERAPY	1,402			8,319	455,646	
053 ELECTROCARDIOLOGY						
053 01 CARDIOPULMONARY	4,866			17,781	297,250	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI	768			3,798	254,625	
059 OP SENIOR HEALTH					112,308	
059 01 TELEMEDICINE-PSYCHIAT						
OUTPAT SERVICE COST C						
061 EMERGENCY	4,087			4,010	799,262	
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 HAVANA MEDICAL ASSOC		13,502		2,455	1,525,899	
063 51 MASON CITY MEDICAL AS					179,578	
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES				22,834	200,093	
071 HOME HEALTH AGENCY		1,594			439,351	
SPEC PURPOSE COST CEN						
095 SUBTOTALS	45,259	18,398	13,230	243,538	8,527,590	-1,472,331
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			293			
098 PHYSICIANS' PRIVATE O				614	267,579	
100 HOSPICE						
100 01 FAMILY MEDICAL CENTER						
100 02 MEALS ON WHEELS						
100 04 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	233,009	73,787	552,074	255,987	2,062,442	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	5.148346		40.824817		.234497	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		4.010599		1.048474		
(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	ADMINISTRATIVE & GENERAL		ADMIN & GENERAL MAINTENANCE & OPERATION OF AL-HOSPITAL REPAIRS		OPERATION OF PLANT		OPERATION OF PLANT-CLINIC		LAUNDRY & LINEN SERVICE	
	( ACCUM. COST )	RECONCILIATION	( ACCUM. COST )	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)		
GENERAL SERVICE COST	6.01	6a.02	6.02	7	8	8.01	9			
003 NEW CAP REL COSTS-BLD										
003 01 NEW CAP REL COSTS-CLI										
003 02 NEW CAP REL COSTS-NEW										
004 NEW CAP REL COSTS-MVB										
005 EMPLOYEE BENEFITS										
006 01 ADMIN STRATIVE & GENE	16,107,573									
006 02 ADMIN & GENERAL-HOSPI	965,440	-1,053,687	12,671,039							
007 MAINTENANCE & REPAIRS	481,008		524,975	66,607						
008 OPERATION OF PLANT	255,050		278,363	5,747	45,499					
008 01 OPERATION OF PLANT-CL	17,345		18,930			13,689				
009 LAUNDRY & LINEN SERVI	56,375		61,528	1,669	1,669			65,267		
010 HOUSEKEEPING	327,346		357,267	253	253					
011 DIETARY	314,831		343,608	2,536	2,536					
012 CAFETERIA	8,612		9,399	1,153	1,153					
014 NURSING ADMINISTRATION	214,425		234,025	953	953					
015 CENTRAL SERVICES & SU	102,034		111,361	1,356	1,384					
016 PHARMACY										
017 MEDICAL RECORDS & LIB	232,509		253,762	1,467	1,467	187				
INPAT ROUTINE SRVC CN										
025 ADULTS & PEDIATRICS	1,687,749		1,842,019	10,542	10,542			28,120		
026 INTENSIVE CARE UNIT										
ANCILLARY SRVC COST C										
037 OPERATING ROOM	363,975		397,244	6,242	6,242			9,127		
040 ANESTHESIOLOGY	328,079		358,067							
041 RADIOLOGY-DIAGNOSTIC	979,589		1,069,129	5,227	5,227			6,240		
041 01 RADIOLOGY-ULTRASOUND	95,235		103,940	243	243					
044 LABORATORY	1,331,373		1,453,068	2,707	2,707			14		
046 WHOLE BLOOD & PACKED	45,446		49,600							
048 INTRAVENOUS THERAPY	9,234		10,078							
050 PHYSICAL THERAPY	771,216		841,710	1,402	1,402			3,318		
053 ELECTROCARDIOLOGY										
053 01 CARDIOPULMONARY	515,013		562,088	4,866	4,866			1,420		
055 MEDICAL SUPPLIES CHAR	295,308		322,301							
056 DRUGS CHARGED TO PATI	748,939		817,397	768	768					
059 OP SENIOR HEALTH	243,397		265,645							
059 01 TELEMEDICINE-PSYCHIAT	2,441		2,664							
OUTPAT SERVICE COST C										
061 EMERGENCY	1,789,668		1,953,254	4,087	4,087			13,707		
062 OBSERVATION BEDS (NON										
063 OTHER OUTPATIENT SERV										
063 50 HAVANA MEDICAL ASSOC	2,279,325	-2,487,675		13,502		13,502		751		
063 51 MASON CITY MEDICAL AS	266,060	-290,379						93		
OTHER REIMBURS COST C										
065 AMBULANCE SERVICES	381,675		416,562					2,454		
071 HOME HEALTH AGENCY	655,078	-714,956		1,594				6		
SPEC PURPOSE COST CEN										
095 SUBTOTALS	15,763,775	-4,546,697	12,657,984	66,314	45,499	13,689		65,250		
NONREIMBURS COST CENT										
096 GIFT, FLOWER, COFFEE	11,962		13,055	293						
098 PHYSICIANS' PRIVATE O	331,836	-362,168						17		
100 HOSPICE										
100 01 FAMILY MEDICAL CENTER										
100 02 MEALS ON WHEELS										
100 04 OTHER NONREIMBURSABLE										
101 CROSS FOOT ADJUSTMENT										
102 NEGATIVE COST CENTER										
103 COST TO BE ALLOCATED	1,472,331		1,053,687	568,630	350,574	20,504		93,752		
(WRKSHT B, PART I)										
104 UNIT COST MULTIPLIER				8.537091		1.497845				
(WRKSHT B, PT I)	.091406		.083157		7.705092			1.436438		
105 COST TO BE ALLOCATED										
(WRKSHT B, PART II)										
106 UNIT COST MULTIPLIER										
(WRKSHT B, PT II)										
107 COST TO BE ALLOCATED	147,991		21,647	5,317	43,857	191		16,052		
(WRKSHT B, PART III)										
108 UNIT COST MULTIPLIER				.079826		.013953				
(WRKSHT B, PT III)	.009188		.001708		.963911			.245944		

COST CENTER DESCRIPTION	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENT)	PHARMACY (COSTED REQUIREMENT)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-CLI							
003 02 NEW CAP REL COSTS-NEW							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMIN STRATIVE & GENE							
006 02 ADMIN & GENERAL-HOSPI							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-CL							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	58,938						
011 DIETARY	2,536	24,793					
012 CAFETERIA	1,153	18,763	11,278				
014 NURSING ADMINISTRATION	953		194	71,704			
015 CENTRAL SERVICES & SU	1,356		246		700,594		
016 PHARMACY						100	
017 MEDICAL RECORDS & LIB	1,467		506				25,829,753
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	10,542	5,283	2,108	43,847			1,888,247
026 INTENSIVE CARE UNIT							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	6,242	197	316	6,582	1,268		996,085
040 ANESTHESIOLOGY			10		440		745,997
041 RADIOLOGY-DIAGNOSTIC	5,227		1,435		91,897		4,765,872
041 01 RADIOLOGY-ULTRASOUND	243				930		412,988
044 LABORATORY	2,707		997		239,704		4,954,718
046 WHOLE BLOOD & PACKED					45,446		68,426
048 INTRAVENOUS THERAPY					9,234		293,912
050 PHYSICAL THERAPY	1,402		805				1,212,196
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	4,866		651		12,157		1,693,878
055 MEDICAL SUPPLIES CHAR					291,098		551,219
056 DRUGS CHARGED TO PATI	768		400			100	1,309,455
059 OP SENIOR HEALTH		525	255	5,310			356,080
059 01 TELEMEDICINE-PSYCHIAT							5,250
OUTPAT SERVICE COST C							
061 EMERGENCY	4,087	25	768	15,965			1,272,549
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 50 HAVANA MEDICAL ASSOC	13,502		2,554				2,522,917
063 51 MASON CITY MEDICAL AS							182,916
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES					8,420		1,061,796
071 HOME HEALTH AGENCY	1,594						1,535,252
SPEC PURPOSE COST CEN							
095 SUBTOTALS	58,645	24,793	11,245	71,704	700,594	100	25,829,753
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	293						
098 PHYSICIANS' PRIVATE O			33				
100 HOSPICE							
100 01 FAMILY MEDICAL CENTER							
100 02 MEALS ON WHEELS							
100 04 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	391,085	430,199	362,127	281,518	159,758		324,952
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		17.351632		3.926113			
(WRKSHT B, PT I)	6.635532		32.109151		.228032		.012581
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)	7,499	20,022	25,210	23,482	10,273		16,137
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.127235	.807567	2.235325	.327485	.014663		.000625
(WRKSHT B, PT III)							

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,632,024		2,632,024		2,632,024
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	638,418		638,418		638,418
40	ANESTHESIOLOGY	397,649		397,649		397,649
41	RADIOLOGY-DIAGNOSTIC	1,413,571		1,413,571		1,413,571
41	01 RADIOLOGY-ULTRASOUND	123,550		123,550		123,550
44	LABORATORY	1,784,847		1,784,847		1,784,847
46	WHOLE BLOOD & PACKED RED	64,949		64,949		64,949
48	INTRAVENOUS THERAPY	16,720		16,720		16,720
50	PHYSICAL THERAPY	989,644		989,644		989,644
53	ELECTROCARDIOLOGY					
53	01 CARDIOPULMONARY	767,178		767,178		767,178
55	MEDICAL SUPPLIES CHARGED	422,419		422,419		422,419
56	DRUGS CHARGED TO PATIENTS	932,257		932,257		932,257
59	OP SENIOR HEALTH	330,361		330,361		330,361
59	01 TELEMEDICINE-PSYCHIATRIC OUTPAT SERVICE COST CNTRS	2,952		2,952		2,952
61	EMERGENCY	2,332,655		2,332,655		2,332,655
62	OBSERVATION BEDS (NON-DIS)	180,689		180,689		180,689
63	OTHER OUTPATIENT SERVICE					
63	50 HAVANA MEDICAL ASSOC	2,827,588		2,827,588		2,827,588
63	51 MASON CITY MEDICAL ASSOC OTHER REIMBURS COST CNTRS	292,814		292,814		292,814
65	AMBULANCE SERVICES	470,005		470,005		470,005
101	SUBTOTAL	16,620,290		16,620,290		16,620,290
102	LESS OBSERVATION BEDS	180,689		180,689		180,689
103	TOTAL	16,439,601		16,439,601		16,439,601

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1313

FROM 10/ 1/2008

WORKSHEET C

TO 9/30/2009

PART I

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	1,748,810		1,748,810			
26	INTENSIVE CARE UNIT						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	203,734	792,351	996,085	.640927	.640927	.640927
40	ANESTHESIOLOGY	159,092	586,905	745,997	.533044	.533044	.533044
41	RADIOLOGY-DIAGNOSTIC	352,477	4,413,395	4,765,872	.296603	.296603	.296603
41 01	RADIOLOGY-ULTRASOUND	46,594	366,394	412,988	.299161	.299161	.299161
44	LABORATORY	654,524	4,300,195	4,954,719	.360232	.360232	.360232
46	WHOLE BLOOD & PACKED RED	42,165	26,261	68,426	.949186	.949186	.949186
48	INTRAVENOUS THERAPY	87,615	206,298	293,913	.056888	.056888	.056888
50	PHYSICAL THERAPY	282,586	929,610	1,212,196	.816406	.816406	.816406
53	ELECTROCARDIOLOGY						
53 01	CARDIOPULMONARY	516,694	1,177,184	1,693,878	.452912	.452912	.452912
55	MEDICAL SUPPLIES CHARGED	256,001	295,217	551,218	.766337	.766337	.766337
56	DRUGS CHARGED TO PATIENTS	534,767	774,689	1,309,456	.711942	.711942	.711942
59	OP SENIOR HEALTH		356,080	356,080	.927772	.927772	.927772
59 01	TELEMEDICINE-PSYCHIATRIC		5,250	5,250	.562286	.562286	.562286
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	33,113	1,239,437	1,272,550	1.833056	1.833056	1.833056
62	OBSERVATION BEDS (NON-DIS	2,297	137,140	139,437	1.295847	1.295847	1.295847
63	OTHER OUTPATIENT SERVICE						
63 50	HAVANA MEDICAL ASSOC		2,522,917	2,522,917	1.120761	1.120761	1.120761
63 51	MASON CITY MEDICAL ASSOC		182,916	182,916	1.600811	1.600811	1.600811
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		1,063,341	1,063,341	.442008	.442008	.442008
101	SUBTOTAL	4,920,469	19,375,580	24,296,049			
102	LESS OBSERVATION BEDS						
103	TOTAL	4,920,469	19,375,580	24,296,049			

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	2,632,024		2,632,024		2,632,024
26	INTENSIVE CARE UNIT					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	638,418		638,418		638,418
40	ANESTHESIOLOGY	397,649		397,649		397,649
41	RADIOLOGY-DIAGNOSTIC	1,413,571		1,413,571		1,413,571
41 01	RADIOLOGY-ULTRASOUND	123,550		123,550		123,550
44	LABORATORY	1,784,847		1,784,847		1,784,847
46	WHOLE BLOOD & PACKED RED	64,949		64,949		64,949
48	INTRAVENOUS THERAPY	16,720		16,720		16,720
50	PHYSICAL THERAPY	989,644		989,644		989,644
53	ELECTROCARDIOLOGY					
53 01	CARDIOPULMONARY	767,178		767,178		767,178
55	MEDICAL SUPPLIES CHARGED	422,419		422,419		422,419
56	DRUGS CHARGED TO PATIENTS	932,257		932,257		932,257
59	OP SENIOR HEALTH	330,361		330,361		330,361
59 01	TELEMEDICINE-PSYCHIATRIC	2,952		2,952		2,952
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,332,655		2,332,655		2,332,655
62	OBSERVATION BEDS (NON-DIS	180,689		180,689		180,689
63	OTHER OUTPATIENT SERVICE					
63 50	HAVANA MEDICAL ASSOC	2,827,588		2,827,588		2,827,588
63 51	MASON CITY MEDICAL ASSOC	292,814		292,814		292,814
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	470,005		470,005		470,005
101	SUBTOTAL	16,620,290		16,620,290		16,620,290
102	LESS OBSERVATION BEDS	180,689		180,689		180,689
103	TOTAL	16,439,601		16,439,601		16,439,601



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	638,418	95,729	542,689			638,418
40	ANESTHESIOLOGY	397,649	5,038	392,611			397,649
41	RADIOLOGY-DIAGNOSTIC	1,413,571	92,408	1,321,163			1,413,571
41 01	RADIOLOGY-ULTRASOUND	123,550	2,860	120,690			123,550
44	LABORATORY	1,784,847	70,177	1,714,670			1,784,847
46	WHOLE BLOOD & PACKED RED	64,949	1,212	63,737			64,949
48	INTRAVENOUS THERAPY	16,720	421	16,299			16,720
50	PHYSICAL THERAPY	989,644	29,478	960,166			989,644
53	ELECTROCARDIOLOGY						
53 01	CARDIOPULMONARY	767,178	58,125	709,053			767,178
55	MEDICAL SUPPLIES CHARGED	422,419	7,878	414,541			422,419
56	DRUGS CHARGED TO PATIENTS	932,257	18,824	913,433			932,257
59	OP SENIOR HEALTH	330,361	5,646	324,715			330,361
59 01	TELEMEDICINE-PSYCHIATRIC	2,952	30	2,922			2,952
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,332,655	60,947	2,271,708			2,332,655
62	OBSERVATION BEDS (NON-DIS	180,689		180,689			180,689
63	OTHER OUTPATIENT SERVICE						
63 50	HAVANA MEDICAL ASSOC	2,827,588	88,121	2,739,467			2,827,588
63 51	MASON CITY MEDICAL ASSOC	292,814	2,582	290,232			292,814
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	470,005	29,550	440,455			470,005
101	SUBTOTAL	13,988,266	569,026	13,419,240			13,988,266
102	LESS OBSERVATION BEDS	180,689		180,689			180,689
103	TOTAL	13,807,577	569,026	13,238,551			13,807,577

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	996,085	.640927	.640927
40	ANESTHESIOLOGY	745,997	.533044	.533044
41	RADIOLOGY-DIAGNOSTIC	4,765,872	.296603	.296603
41 01	RADIOLOGY-ULTRASOUND	412,988	.299161	.299161
44	LABORATORY	4,954,719	.360232	.360232
46	WHOLE BLOOD & PACKED RED	68,426	.949186	.949186
48	INTRAVENOUS THERAPY	293,913	.056888	.056888
50	PHYSICAL THERAPY	1,212,196	.816406	.816406
53	ELECTROCARDIOLOGY			
53 01	CARDIOPULMONARY	1,693,878	.452912	.452912
55	MEDICAL SUPPLIES CHARGED	551,218	.766337	.766337
56	DRUGS CHARGED TO PATIENTS	1,309,456	.711942	.711942
59	OP SENIOR HEALTH	356,080	.927772	.927772
59 01	TELEMEDICINE-PSYCHIATRIC	5,250	.562286	.562286
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1,272,550	1.833056	1.833056
62	OBSERVATION BEDS (NON-DIS	139,437	1.295847	1.295847
63	OTHER OUTPATIENT SERVICE			
63 50	HAVANA MEDICAL ASSOC	2,522,917	1.120761	1.120761
63 51	MASON CITY MEDICAL ASSOC	182,916	1.600811	1.600811
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,063,341	.442008	.442008
101	SUBTOTAL	22,547,239		
102	LESS OBSERVATION BEDS	139,437		
103	TOTAL	22,407,802		

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	638,418	95,729	542,689			638,418
40	ANESTHESIOLOGY	397,649	5,038	392,611			397,649
41	RADIOLOGY-DIAGNOSTIC	1,413,571	92,408	1,321,163			1,413,571
41 01	RADIOLOGY-ULTRASOUND	123,550	2,860	120,690			123,550
44	LABORATORY	1,784,847	70,177	1,714,670			1,784,847
46	WHOLE BLOOD & PACKED RED	64,949	1,212	63,737			64,949
48	INTRAVENOUS THERAPY	16,720	421	16,299			16,720
50	PHYSICAL THERAPY	989,644	29,478	960,166			989,644
53	ELECTROCARDIOLOGY						
53 01	CARDIOPULMONARY	767,178	58,125	709,053			767,178
55	MEDICAL SUPPLIES CHARGED	422,419	7,878	414,541			422,419
56	DRUGS CHARGED TO PATIENTS	932,257	18,824	913,433			932,257
59	OP SENIOR HEALTH	330,361	5,646	324,715			330,361
59 01	TELEMEDICINE-PSYCHIATRIC	2,952	30	2,922			2,952
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,332,655	60,947	2,271,708			2,332,655
62	OBSERVATION BEDS (NON-DIS	180,689		180,689			180,689
63	OTHER OUTPATIENT SERVICE						
63 50	HAVANA MEDICAL ASSOC	2,827,588	88,121	2,739,467			2,827,588
63 51	MASON CITY MEDICAL ASSOC	292,814	2,582	290,232			292,814
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	470,005	29,550	440,455			470,005
101	SUBTOTAL	13,988,266	569,026	13,419,240			13,988,266
102	LESS OBSERVATION BEDS	180,689		180,689			180,689
103	TOTAL	13,807,577	569,026	13,238,551			13,807,577

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	996,085	.640927	.640927
40	ANESTHESIOLOGY	745,997	.533044	.533044
41	RADIOLOGY-DIAGNOSTIC	4,765,872	.296603	.296603
41 01	RADIOLOGY-ULTRASOUND	412,988	.299161	.299161
44	LABORATORY	4,954,719	.360232	.360232
46	WHOLE BLOOD & PACKED RED	68,426	.949186	.949186
48	INTRAVENOUS THERAPY	293,913	.056888	.056888
50	PHYSICAL THERAPY	1,212,196	.816406	.816406
53	ELECTROCARDIOLOGY			
53 01	CARDIOPULMONARY	1,693,878	.452912	.452912
55	MEDICAL SUPPLIES CHARGED	551,218	.766337	.766337
56	DRUGS CHARGED TO PATIENTS	1,309,456	.711942	.711942
59	OP SENIOR HEALTH	356,080	.927772	.927772
59 01	TELEMEDICINE-PSYCHIATRIC	5,250	.562286	.562286
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1,272,550	1.833056	1.833056
62	OBSERVATION BEDS (NON-DIS	139,437	1.295847	1.295847
63	OTHER OUTPATIENT SERVICE			
63 50	HAVANA MEDICAL ASSOC	2,522,917	1.120761	1.120761
63 51	MASON CITY MEDICAL ASSOC	182,916	1.600811	1.600811
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,063,341	.442008	.442008
101	SUBTOTAL	22,547,239		
102	LESS OBSERVATION BEDS	139,437		
103	TOTAL	22,407,802		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP. ANCILLARY CHARGES 3	CHARGE TO RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	638,418	996,085			
40	ANESTHESIOLOGY	397,649	745,997			
41	RADIOLOGY-DIAGNOSTIC	1,413,571	4,765,872			
41 01	RADIOLOGY-ULTRASOUND	123,550	412,988			
44	LABORATORY	1,784,847	4,954,719			
46	WHOLE BLOOD & PACKED RED	64,949	68,426			
48	INTRAVENOUS THERAPY	16,720	293,913			
50	PHYSICAL THERAPY	989,644	1,212,196			
53	ELECTROCARDIOLOGY					
53 01	CARDIOPULMONARY	767,178	1,693,878			
55	MEDICAL SUPPLIES CHARGED	422,419	551,218			
56	DRUGS CHARGED TO PATIENTS	932,257	1,309,456			
59	OP SENIOR HEALTH	330,361	356,080			
59 01	TELEMEDICINE-PSYCHIATRIC	2,952	5,250			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,332,655	1,272,550			
62	OBSERVATION BEDS (NON-DIS	180,689	139,437			
63	OTHER OUTPATIENT SERVICE					
63 50	HAVANA MEDICAL ASSOC	2,827,588	2,522,917			
63 51	MASON CITY MEDICAL ASSOC	292,814	182,916			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	470,005	1,063,341			
101	TOTAL	13,988,266	22,547,239			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	638,418		638,418	996,085			
40	ANESTHESIOLOGY	397,649		397,649	745,997			
41	RADIOLOGY-DIAGNOSTIC	1,413,571	18,561	1,432,132	4,765,872			
41 01	RADIOLOGY-ULTRASOUND	123,550		123,550	412,988			
44	LABORATORY	1,784,847	3,591	1,788,438	4,954,719			
46	WHOLE BLOOD & PACKED RED	64,949		64,949	68,426			
48	INTRAVENOUS THERAPY	16,720		16,720	293,913			
50	PHYSICAL THERAPY	989,644		989,644	1,212,196			
53	ELECTROCARDIOLOGY							
53 01	CARDIOPULMONARY	767,178	42,913	810,091	1,693,878			
55	MEDICAL SUPPLIES CHARGED	422,419		422,419	551,218			
56	DRUGS CHARGED TO PATIENTS	932,257		932,257	1,309,456			
59	OP SENIOR HEALTH	330,361		330,361	356,080			
59 01	TELEMEDICINE-PSYCHIATRIC	2,952		2,952	5,250			
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	2,332,655	242,432	2,575,087	1,272,550			
62	OBSERVATION BEDS (NON-DIS	180,689		180,689	139,437			
63	OTHER OUTPATIENT SERVICE							
63 50	HAVANA MEDICAL ASSOC							
63 51	MASON CITY MEDICAL ASSOC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES	470,005		470,005	1,063,341			
101	TOTAL	10,867,864	307,497	11,175,361	19,841,406			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.640927		.640927		
40 ANESTHESIOLOGY	.533044		.533044		
41 RADIOLOGY-DIAGNOSTIC	.296603		.296603		
41 01 RADIOLOGY-ULTRASOUND	.299161		.299161		
44 LABORATORY	.360232		.360232		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.949186		.949186		
48 INTRAVENOUS THERAPY	.056888		.056888		
50 PHYSICAL THERAPY	.816406		.816406		
53 ELECTROCARDIOLOGY					
53 01 CARDIOPULMONARY	.452912		.452912		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.766337		.766337		
56 DRUGS CHARGED TO PATIENTS	.711942		.711942		
59 OP SENIOR HEALTH	.927772		.927772		
59 01 TELEMEDICINE-PSYCHIATRIC SERVICES	.562286		.562286		
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	1.833056		1.833056		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.295847		1.295847		
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 HAVANA MEDICAL ASSOC					
63 51 MASON CITY MEDICAL ASSOC					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.442008		.442008		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		298,416			
40 ANESTHESIOLOGY		248,835			
41 RADIOLOGY-DIAGNOSTIC		1,633,446			
41 01 RADIOLOGY-ULTRASOUND		52,869			
44 LABORATORY		2,005,090			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		21,812			
48 INTRAVENOUS THERAPY		88,227			
50 PHYSICAL THERAPY		390,232			
53 ELECTROCARDIOLOGY					
53 01 CARDIOPULMONARY		609,542			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		124,462			
56 DRUGS CHARGED TO PATIENTS		418,702			
59 OP SENIOR HEALTH		267,085			
59 01 TELEMEDICINE-PSYCHIATRIC SERVICES					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		362,146			
62 OBSERVATION BEDS (NON-DISTINCT PART)		77,012			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 HAVANA MEDICAL ASSOC					
63 51 MASON CITY MEDICAL ASSOC					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		6,597,876			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		6,597,876			

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	HOSPITAL	
	All Other	Hospital I/P Part B Charges
	9	10
(A) ANCILLARY SRVC COST CNTRS		11
37 OPERATING ROOM	191,263	
40 ANESTHESIOLOGY	132,640	
41 RADIOLOGY-DIAGNOSTIC	484,485	
41 01 RADIOLOGY-ULTRASOUND	15,816	
44 LABORATORY	722,298	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	20,704	
48 INTRAVENOUS THERAPY	5,019	
50 PHYSICAL THERAPY	318,588	
53 ELECTROCARDIOLOGY		
53 01 CARDIOPULMONARY	276,069	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	95,380	
56 DRUGS CHARGED TO PATIENTS	298,092	
59 OP SENIOR HEALTH	247,794	
59 01 TELEMEDICINE-PSYCHIATRIC SERVICES		
61 OUTPAT SERVICE COST CNTRS		
61 EMERGENCY	663,834	
62 OBSERVATION BEDS (NON-DISTINCT PART)	99,796	
63 OTHER OUTPATIENT SERVICE COST CENTER		
63 50 HAVANA MEDICAL ASSOC		
63 51 MASON CITY MEDICAL ASSOC		
65 OTHER REIMBURS COST CNTRS		
65 AMBULANCE SERVICES		
101 SUBTOTAL	3,571,778	
102 CRNA CHARGES		
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES		
104 NET CHARGES	3,571,778	

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

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,915
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,333
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,333
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	136
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	407
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	10
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	29
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	889
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	136
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	407
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	107.32
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	112.69
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,632,024
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1,073
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	3,268
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	764,910
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,867,114

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,464,569
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,464,569
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.274856
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,098.70
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,867,114

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,400.68  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,245,205  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,245,205

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 879,994
49 TOTAL PROGRAM INPATIENT COSTS					2,125,199

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS) 190,492  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS) 570,077  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 760,569  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	129
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,400.69
85	OBSERVATION BED COST	180,689

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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



WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.640927		
40	ANESTHESIOLOGY	.533044		
41	RADIOLOGY-DIAGNOSTIC	.296603	16,729	4,962
41 01	RADIOLOGY-ULTRASOUND	.299161	615	184
44	LABORATORY	.360232	88,033	31,712
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.949186	3,837	3,642
48	INTRAVENOUS THERAPY	.056888	16,110	916
50	PHYSICAL THERAPY	.816406	141,311	115,367
53	ELECTROCARDIOLOGY			
53 01	CARDIOPULMONARY	.452912	72,024	32,621
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.766337	51,413	39,400
56	DRUGS CHARGED TO PATIENTS	.711942	143,906	102,453
59	OP SENIOR HEALTH	.927772		
59 01	TELEMEDICINE-PSYCHIATRIC SERVICES	.562286		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1.833056		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.295847		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	HAVANA MEDICAL ASSOC			
63 51	MASON CITY MEDICAL ASSOC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		533,978	331,257
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		533,978	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,571,778
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)	3,571,778

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)	3,607,496
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	29,683
18.01	CAH ACTUAL BILLED COINSURANCE	913,122
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,664,691
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,664,691
24	PRIMARY PAYER PAYMENTS	1,132
25	SUBTOTAL	2,663,559

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	210,405
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	210,405
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	192,685
28	SUBTOTAL	2,873,964
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,873,964
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,764,492
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	109,472
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,526,117		2,764,492
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	5/1/2009	51,600		
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		51,600		NONE
4 TOTAL INTERIM PAYMENTS		1,577,717		2,764,492
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)		380,566		109,472
7 TOTAL MEDICARE PROGRAM LIABILITY		1,958,283		2,873,964

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		785,092		
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	5/ 1/2009	45,200		
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		45,200		NONE
4 TOTAL INTERIM PAYMENTS		830,292		
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		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		267,270		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,097,562		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_  
 DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2008	2/11/2010
COMPONENT NO:	TO	WORKSHEET E-2
14-Z313	9/30/2009	

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)	768,175	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	334,570	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	543	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,102,745	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	1,500	
10	SUBTOTAL	1,101,245	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,101,245	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	3,683	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,097,562	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,097,562	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	830,292	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	267,270	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2008	2/11/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
14-1313		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,125,199
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,125,199
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,146,451

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY 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 LIABLE 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	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,146,451
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	224,624
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,921,827
23	COINSURANCE	
24	SUBTOTAL	1,921,827
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	36,456
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	36,456
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	32,360
26	SUBTOTAL	1,958,283
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	1,958,283
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,577,717
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	380,566
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,371,823	33,752		
2	TEMPORARY INVESTMENTS	425,089	1,865,893		
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	3,397,820			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	316,366			
8	PREPAID EXPENSES	97,637			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	255,000			
11	TOTAL CURRENT ASSETS	6,863,735	1,899,645		
FIXED ASSETS					
12	LAND	164,000			
12.01	LAND IMPROVEMENTS	112,000			
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	7,883,753			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	138,000			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS	53,000			
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	1,148,000			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	837,000			
21	TOTAL FIXED ASSETS	10,335,753			
OTHER ASSETS					
22	INVESTMENTS	1,131,102	200,277		
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	582,981			
26	TOTAL OTHER ASSETS	1,714,083	200,277		
27	TOTAL ASSETS	18,913,571	2,099,922		

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	584,216			
29 SALARIES, WAGES & FEES PAYABLE	1,202,507			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	478,271			
32 DEFERRED INCOME	630,000			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	480,802			
36 TOTAL CURRENT LIABILITIES	3,375,796			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	9,039,347			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	86,251			
42 TOTAL LONG-TERM LIABILITIES	9,125,598			
43 TOTAL LIABILITIES	12,501,394			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	6,412,177			
45 SPECIFIC PURPOSE FUND		2,099,922		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	6,412,177	2,099,922		
52 TOTAL LIABILITIES AND FUND BALANCES	18,913,571	2,099,922		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		5,565,754		1,881,294
2 NET INCOME (LOSS)		846,423		
3 TOTAL		6,412,177		1,881,294
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM			218,628	
6				
7				
8				
9				
10 TOTAL ADDITIONS				218,628
11 SUBTOTAL		6,412,177		2,099,922
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		6,412,177		2,099,922

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,464,569		1,464,569
4 00 SWING BED - SNF	423,678		423,678
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,888,247		1,888,247
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	1,888,247		1,888,247
17 00 ANCILLARY SERVICES	3,211,692	16,776,674	19,988,366
18 00 OUTPATIENT SERVICES		373,107	373,107
18 50 HAVANA MEDICAL ASSOC		2,522,917	2,522,917
18 51 MASON CITY MEDICAL ASSOC		182,916	182,916
19 00 HOME HEALTH AGENCY		1,535,252	1,535,252
20 00 AMBULANCE SERVICES		1,061,796	1,061,796
24 00			
25 00 TOTAL PATIENT REVENUES	5,099,939	22,452,662	27,552,601

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		18,201,092	
ADD (SPECIFY)			
27 00 SLEEP MANAGEMENT	95,298		
28 00 PHARMACIST REIMBURSEMENT	302		
29 00 ROUNDING			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		95,600	
DEDUCT (SPECIFY)			
34 00 MISC - PRIOR PERIOD ADJS	47,669		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		47,669	
40 00 TOTAL OPERATING EXPENSES		18,249,023	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/11/2010  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	27,552,601
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	9,652,236
3	NET PATIENT REVENUES	17,900,365
4	LESS: TOTAL OPERATING EXPENSES	18,249,023
5	NET INCOME FROM SERVICE TO PATIENTS	-348,658
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	195,888
7	INCOME FROM INVESTMENTS	93,259
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	TAX REVENUE & GRANTS	905,934
25	TOTAL OTHER INCOME	1,195,081
26	TOTAL	846,423
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	846,423

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	91,833	6,589	40,042		34,743	173,207
HHA REIMBURSABLE SERVICES						
6	325,314	23,341				348,655
7						
8						
9						
10						
11	22,204	1,593				23,797
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	439,351	31,523	40,042		34,743	545,659

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		173,207		173,207
HHA REIMBURSABLE SERVICES				
6		348,655		348,655
7				
8				
9				
10				
11		23,797		23,797
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24		545,659		545,659

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							
		173,207				173,207	173,207
6							
7		348,655				348,655	162,140
8							
9							
10							
11		23,797				23,797	11,067
12							
13							
13.20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		545,659				545,659	
TOTAL (SUM OF LINES 1-23)							

TOTAL

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6		510,795					
7							
8							
9							
10							
11		34,864					
12							
13							
13.20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		545,659					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL					
	HHA REIMBURSABLE SERVICES				-173,207	372,452
6	SKILLED NURSING CARE					348,655
7	PHYSICAL THERAPY					
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					23,797
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-173,207	372,452
25	COST TO BE ALLOCATED					173,207
26	UNIT COST MULTIPLIER					.465045

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-CLINIC 3.01	NEW CAP REL COSTS-NEW ME 3.02	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL			6,393			103,026
2 SKILLED NURSING CARE	510,795					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	34,864					
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)	545,659		6,393			103,026
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6.01	SUBTOTAL 6A.01	ADMIN & GENERAL-HOSPITAL 6.02	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8
1 ADMIN & GENERAL	109,419	10,002	119,421		13,608	
2 SKILLED NURSING CARE	510,795	46,689	557,484			
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	34,864	3,187	38,051			
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)	655,078	59,878	714,956		13,608	
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	OPERATION OF PLANT-CLINIC 8.01	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL		9	10,577			
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)		9	10,577			
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	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL			19,315	162,930		162,930
2 SKILLED NURSING CARE				557,484		557,484
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				38,051		38,051
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)			19,315	758,465		758,465
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	152,520	710,004
3 PHYSICAL THERAPY		
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE	10,410	48,461
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)	162,930	758,465
21 UNIT COST MULTIPLIER	0.273586	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3	NEW CAP REL COSTS-CLINIC (SQUARE FEET ) 3.01	NEW CAP REL COSTS-NEW ME (SQUARE FEET ) 3.02	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE ) 4	EMPLOYEE BENEFITS (GROSS SALARIES ) 5	RECONCILIATION 6A.01
1 ADMIN & GENERAL		1,594			439,351	
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)		1,594			439,351	
21 COST TO BE ALLOCATED		6,393			103,026	
22 UNIT COST MULTIPLIER		4.010665			0.234496	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST ) 6.01	RECONCILIATION 6A.02	ADMIN & GENERAL-HOSPITAL (ACCUM. COST ) 6.02	MAINTENANCE & REPAIRS (SQUARE FEET ) 7	OPERATION OF PLANT (SQUARE FEET ) 8	OPERATION OF PLANT-CLINIC (SQUARE FEET ) 8.01
1 ADMIN & GENERAL	109,419	-119,421		1,594		
2 SKILLED NURSING CARE	510,795	-557,484				
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	34,864	-38,051				
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)	655,078	-714,956		1,594		
21 COST TO BE ALLOCATED	59,878			13,608		
22 UNIT COST MULTIPLIER	0.091406			8.537014		

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLIES (COSTED REQUISITION)
	9	10	11	12	14	15
1 ADMIN & GENERAL	6	1,594				
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)	6	1,594				
21 COST TO BE ALLOCATED	9	10,577				
22 UNIT COST MULTIPLIER	1.500000	6.635508				

HHA COST CENTER	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
	16	17
1 ADMIN & GENERAL		1,535,252
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)		1,535,252
21 COST TO BE ALLOCATED		19,315
22 UNIT COST MULTIPLIER		0.012581

[ ] 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 COL. 29, PART I LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
1 SKILLED NURSING	2	710,004	2	710,004	4,735	149.95	2,126
2 PHYSICAL THERAPY	3				1,788		832
3 OCCUPATIONAL THERAPY	4				892		389
4 SPEECH PATHOLOGY	5				3		
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7	48,461		48,461	488	99.31	234
7 TOTAL		758,465		758,465	7,906		3,581

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
1 SKILLED NURSING	7	8	9	10	11	12
2 PHYSICAL THERAPY		1,474	318,794	221,026		539,820
3 OCCUPATIONAL THERAPY		592				
4 SPEECH PATHOLOGY		315				
5 MEDICAL SOCIAL SERVICES						
6 HOME HEALTH AIDE SERVICES		192	23,239	19,068		42,307
7 TOTAL		2,573	342,033	240,094		582,127

LIMITATION COST COMPUTATION	PACIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		9914					
8.01 SKILLED NURSING		5003					
9 PHYSICAL THERAPY		9914					
9.01 PHYSICAL THERAPY		5003					
10 OCCUPATIONAL THERAPY		9914					
10.01 OCCUPATIONAL THERAPY		5003					
11 SPEECH PATHOLOGY		9914					
11.01 SPEECH PATHOLOGY		5003					
12 MEDICAL SOCIAL SERVICES		9914					
12.01 MEDICAL SOCIAL SERVICES		5003					
13 HOME HEALTH AIDE SERVICE		9914					
13.01 HOME HEALTH AIDE SERVICE		5003					
14 TOTAL							

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

PROVIDER NO: 14-1313  
 HHA NO: 14-7202  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/11/2010  
 WORKSHEET H-6  
 PARTS III & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				10,561		2,478
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		5,968		
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	5003	
17 PER BENE COST LIMITATION (FRM FI)	9914	
17.01 PER BENE COST LIMITATION (FRM FI)	5003	
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	.816406			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	.766337			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.711942			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	3.01	4	5
2 OCCUPATIONAL THERAPY							
3 SPEECH PATHOLOGY							
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2008	2/11/2010
HHA NO:	TO 9/30/2009	WORKSHEET H-7
14-7202		PARTS I & II

TITLE XVII I HHA 1

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

PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
1	2	3

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A SERVICES	PART B SERVICES
1	2

- |       |  |         |         |
|-------|--|---------|---------|
| 10    | TOTAL REASONABLE COST  |         |         |
| 10.01 | TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS  | 440,348 | 326,686 |
| 10.02 | TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS   |         | 5,534   |
| 10.03 | TOTAL PPS REIMBURSEMENT-LUPA EPIISODES   | 3,405   | 6,820   |
| 10.04 | TOTAL PPS REIMBURSEMENT-PEP EPIISODES  | 4,784   | 2,779   |
| 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   |         | 381     |
| 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   | 448,537 | 342,200 |
| 13    | EXCESS REASONABLE COST   |         |         |
| 14    | SUBTOTAL   | 448,537 | 342,200 |
| 15    | COINSURANCE BILLED TO PROGRAM PATIENTS   |         |         |
| 16    | NET COST   | 448,537 | 342,200 |
| 17    | REIMBURSABLE BAD DEBTS   |         |         |
| 17.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)                                |         |         |
| 18    | TOTAL COSTS - CURRENT COST REPORTING PERIOD  | 448,537 | 342,200 |
| 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    | ROUNDING VARIANCE  | 1       | -1      |
| 22    | SUBTOTAL   | 448,538 | 342,199 |
| 23    | SEQUESTRATION ADJUSTMENT   |         |         |
| 24    | SUBTOTAL   | 448,538 | 342,199 |
| 25    | INTERIM PAYMENTS   | 448,538 | 342,199 |
| 25.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  |         |         |
| 26    | BALANCE DUE PROVIDER/PROGRAM   |         |         |
| 27    | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2       |         |         |

TITLE XVII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		448,538		342,199
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 448,538		NONE 342,199
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		448,538		342,199

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.





RHC 2

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	59,799	59,799	1,563
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	48,891	48,891	1,278
4	VISITING NURSE			
5	OTHER NURSE	42,303	42,303	1,106
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	150,993	150,993	3,947
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT		5,100	
14	SUBTOTAL (SUM OF LINES 11-13)		5,100	
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		844	
16	TRANSPORTATION (HEALTH CARE STAFF)		8,143	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		8,987	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	150,993	165,080	3,947
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		8,915	
30	ADMINISTRATIVE COSTS	28,585	21,369	-3,947
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	28,585	30,284	-3,947
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	179,578	44,371	

RHC 2

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN	61,362		61,362
3 PHYSICIAN ASSISTANT			
4 NURSE PRACTITIONER	50,169		50,169
5 VISITING NURSE			
6 OTHER NURSE	43,409		43,409
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	154,940		154,940
11 COSTS UNDER AGREEMENT			
12 PHYSICIAN SERVICES UNDER AGREEMENT			
13 PHYSICIAN SUPERVISION UNDER AGREEMENT			
14 OTHER COSTS UNDER AGREEMENT	5,100		5,100
14 SUBTOTAL (SUM OF LINES 11-13)	5,100		5,100
15 OTHER HEALTH CARE COSTS			
16 MEDICAL SUPPLIES	844		844
17 TRANSPORTATION (HEALTH CARE STAFF)	8,143		8,143
18 DEPRECIATION-MEDICAL EQUIPMENT			
19 PROFESSIONAL LIABILITY INSURANCE			
20 OTHER HEALTH CARE COSTS			
21 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	8,987		8,987
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	169,027		169,027
23 COSTS OTHER THAN RHC/FQHC SERVICES			
24 PHARMACY			
25 DENTAL			
26 OPTOMETRY			
27 ALL OTHER NONREIMBURSABLE COSTS			
28 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
29 FACILITY OVERHEAD			
29 FACILITY COSTS	8,915		8,915
30 ADMINISTRATIVE COSTS	46,007		46,007
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	54,922		54,922
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	223,949		223,949

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2008	2/11/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-2
14-3457		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1 PHYSICIANS	2.70	9,704	4,200	11,340
2 PHYSICIAN ASSISTANTS			2,100	
3 NURSE PRACTITIONERS	2.42	4,720	2,100	5,082
4 SUBTOTAL (SUM OF LINES 1-3)	5.12	14,424		16,422
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5.12	14,424		
9 PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10 TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)		1,515,766		
11 TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)		1,515,766		
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)		349,014		
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)		962,808		
16 TOTAL OVERHEAD (SUM OF LINES 14 AND 15)		1,311,822		
17 ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16		1,311,822		
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)		1,311,822		
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)		2,827,588		

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2008	2/11/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-2
14-3457		

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF  
COL. 2 OR  
COL. 4  
5

POSITIONS		
1	PHYSICIANS	
2	PHYSICIAN ASSISTANTS	
3	NURSE PRACTITIONERS	
4	SUBTOTAL (SUM OF LINES 1-3)	16,422
5	VISITING NURSE	
6	CLINICAL PSYCHOLOGIST	
7	CLINICAL SOCIAL WORKER	
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	16,422
9	PHYSICIAN SERVICES UNDER AGREEMENTS	

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

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2008	2/11/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-2
14-3462		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1 PHYSICIANS	.40	993	4,200	1,680
2 PHYSICIAN ASSISTANTS			2,100	
3 NURSE PRACTITIONERS	.57	616	2,100	1,197
4 SUBTOTAL (SUM OF LINES 1-3)	.97	1,609		2,877
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	.97	1,609		
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)	169,027			
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)	169,027			
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)	54,922			
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	68,865			
16 TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	123,787			
17 ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16	123,787			
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	123,787			
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	292,814			

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2008	2/11/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-2
14-3462		

RHC 2

VISITS AND PRODUCTIVITY

GREATER OF  
COL. 2 OR  
COL. 4  
5

POSITIONS	
1	PHYSICIANS
2	PHYSICIAN ASSISTANTS
3	NURSE PRACTITIONERS
4	SUBTOTAL (SUM OF LINES 1-3)
5	VISITING NURSE
6	CLINICAL PSYCHOLOGIST
7	CLINICAL SOCIAL WORKER
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)
9	PHYSICIAN SERVICES UNDER AGREEMENTS

2,877

2,877

(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 RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	2,827,588
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	2,827,588
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	16,422
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	16,422
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	172.18

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1	
	1	2	
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	75.63	76.84
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	172.18	172.18
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	1,278	4,003
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	220,046	689,237
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)		
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)		
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)		
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		909,283
16.01	PRIMARY PAYER AMOUNT		
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		74,748
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		834,535
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		667,628
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		667,628
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
23	OTHER ADJUSTMENTS (SPECIFY)		
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		667,628
25	INTERIM PAYMENTS		672,774
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		-5,146
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER 1, SECTION 115.2		

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

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

TITLE XVIII RHC 2

* FOR DETERMINATION OF RATE FOR RHC/FQHC SERVICES		UCATION PASS THROUGH COST.
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	292,814
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	292,814
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	2,877
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	2,877
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	101.78

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1	
	1	2	
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	75.63	76.84
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	101.78	101.78
CALCULATION OF SETTLEMENT			
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	65	171
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	6,616	17,404
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)		
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)		
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)		
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		24,020
16.01	PRIMARY PAYER AMOUNT		
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		2,591
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		21,429
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		17,143
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		17,143
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
23	OTHER ADJUSTMENTS (SPECIFY)		
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		17,143
25	INTERIM PAYMENTS		18,333
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		-1,190
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER 1, SECTION 115.2		

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

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



RHC 2

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2 18,333
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER .01		
ADJUSTMENTS TO PROVIDER .02		
ADJUSTMENTS TO PROVIDER .03		
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROGRAM .50		
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
ADJUSTMENTS TO PROGRAM .99		
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		18,333
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
TENTATIVE TO PROGRAM .99		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02	1,190
7 TOTAL MEDICARE PROGRAM LIABILITY		17,143

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.