

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		14-1325		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/ 5/2010 TIME 15: 52

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:
 KEWANEE HOSPITAL 14-1325

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	5	
1	HOSPITAL	0	1,667,255	521,706	0	0
3	SWING BED - SNF	0	448,950	0	0	0
4	SWING BED - NF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
9	RHC	0	0	32,881	0	0
100	TOTAL	0	2,116,205	554,587	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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-1325
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1051 WEST SOUTH STREET
 1.01 CITY: KEWANEE P.O. BOX: STATE: IL ZIP CODE: 61443- COUNTY: HENRY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	14-1325	2.01	7/1/1966	V 4 5 6
04.00	SWING BED - SNF	14-2325		3/19/2003	N 0 0
05.00	SWING BED - NF	14-2325		3/19/2003	N 0 0
09.00	HOSPITAL-BASED HHA	14-7418		10/1/1985	N P N
12.00	HOSP-BASED HOSPICE	14-1557		9/15/1993	
14.00	HOSPITAL-BASED RHC	14-3445		10/1/1998	N 0 N

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 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? N

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

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

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)

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

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

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) N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-1325 PERIOD: FROM 10/1/2008 TO 9/30/2009 PREPARED 2/5/2010 WORKSHEET S-2

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
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 3/19/2003
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). N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-1325
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/5/2010
WORKSHEET S-2

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. N

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1325
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/5/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	I/P DAYS / TITLE 3	O/P VISITS / TITLE 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	22	8,030	83,249.00		2,315		488
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					675		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	22	8,030	83,249.00		2,990		488
6 INTENSIVE CARE UNIT	3	1,095	5,803.00		177		16
11 NURSERY							117
12 TOTAL	25	9,125	89,052.00		3,167		621
13 RPCH VISITS							
18 HOME HEALTH AGENCY					5,678		287
21 HOSPICE							
24 RHC					1,405		6,577
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
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 OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. / TOTAL 7	FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,488				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			710				
4 ADULTS & PED-SB NF			26				
5 TOTAL ADULTS AND PEDS			4,224				
6 INTENSIVE CARE UNIT			242				
11 NURSERY			373				
12 TOTAL			4,839				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			8,416				
21 HOSPICE							
24 RHC			12,385				
25 TOTAL							
26 OBSERVATION BED DAYS			165	14	151		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			31				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XIII 13	DISCHARGES TITLE XIV 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					697	247	1,252
2 HMO							
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							
11 NURSERY							
12 TOTAL		244.65			697	247	1,252
13 RPCH VISITS							
18 HOME HEALTH AGENCY		11.72					
21 HOSPICE		5.92					
24 RHC		17.23					
25 TOTAL		279.52					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-1325
HHA NO: 14-7418
COUNTY: HENRY
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/5/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	952	44	148
2 UNDUPLICATED CENSUS COUNT		174.00	8.00	27.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	1,144
2 UNDUPLICATED CENSUS COUNT	209.00

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
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	2.20		2.20
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	.10		.10
6 DIRECTING NURSING SERVICE	6.98		6.98
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	1.09		1.09
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.20		.20
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.01		.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.23		1.23
17 HOME HEALTH AIDE SUPERVISOR			
18			
18.01			
18.02			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	3
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		99914
20.01		19340
20.02		37900

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

	WITHOUT OUTLIERS 1	FULL EPI SODES WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	3,558	383	99	26
22 SKILLED NURSING VISIT CHARGES	418,355	44,105	11,595	2,990
23 PHYSICAL THERAPY VISITS	587	21	6	7
24 PHYSICAL THERAPY VISIT CHARGES	77,500	2,750	750	1,000
25 OCCUPATIONAL THERAPY VISITS	162	0	0	1
26 OCCUPATIONAL THERAPY VISIT CHARGES	20,250	0	0	125
27 SPEECH PATHOLOGY VISITS	5	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	675	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	7	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	1,260	0	0	0
31 HOME HEALTH AIDE VISITS	776	40	0	0
32 HOME HEALTH AIDE VISIT CHARGES	46,560	2,400	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	5,095	444	105	34
34 OTHER CHARGES	1,309	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	565,909	49,255	12,345	4,115
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	307	0	33	3
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	1,029	263	138	0

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 2/ 5/2010
14-1325	FROM 10/ 1/2008	WORKSHEET S-4
HHA NO:	TO 9/30/2009	
14-7418		
COUNTY:	HENRY	

HOME HEALTH AGENCY STATISTICAL DATA

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	4,066
22 SKILLED NURSING VISIT CHARGES	0	0	477,045
23 PHYSICAL THERAPY VISITS	0	0	621
24 PHYSICAL THERAPY VISIT CHARGES	0	0	82,000
25 OCCUPATIONAL THERAPY VISITS	0	0	163
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	20,375
27 SPEECH PATHOLOGY VISITS	0	0	5
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	675
29 MEDICAL SOCIAL SERVICE VISITS	0	0	7
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,260
31 HOME HEALTH AIDE VISITS	0	0	816
32 HOME HEALTH AIDE VISIT CHARGES	0	0	48,960
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	5,678
34 OTHER CHARGES	0	0	1,309
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	631,624
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	343
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	1,430

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED
HEALTH CENTER PROVIDER STATISTICAL DATA

PROVIDER NO: 14-1325
 COMPONENT NO: 14-3445
 COUNTY: HENRY
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 WORKSHEET S-8

HOME HEALTH AGENCY STATISTICAL DATA

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1051 WEST SOUTH STREET
 1.01 CITY: KEWANEE STATE: IL ZIP CODE: 61443 COUNTY: HENRY
 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.)		N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY			
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO		
12 CLINIC	0		1	2	3	4	5	6	7	8	9	10	11	12	13	14
			900	1900	900	1700	900	1700	900	1900	900	1700				

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

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

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

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

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

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

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET S-9
14-1557		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	4,270	109		
3 INPATIENT RESPIRE CARE	10			
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	4,280	109		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	9	4,388
3 INPATIENT RESPIRE CARE		10
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	9	4,398

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	82	2		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	52.20	54.50		
9 UNDUPLICATED CENSUS COUNT	82	2		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	1	85
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	9.00	51.74
9 UNDUPLICATED CENSUS COUNT	1	85

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1325
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 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		3,169,257	3,169,257		3,169,257
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,188,465	1,188,465		1,188,465
5	0500 EMPLOYEE BENEFITS	180,241	75,359	255,600		255,600
6	0600 ADMINISTRATIVE & GENERAL	1,910,176	6,675,470	8,585,646	37,702	8,623,348
8	0800 OPERATION OF PLANT	329,210	935,879	1,265,089		1,265,089
9	0900 LAUNDRY & LINEN SERVICE		106,417	106,417		106,417
10	1000 HOUSEKEEPING	241,698	60,570	302,268		302,268
11	1100 DIETARY	308,398	182,882	491,280	-297,265	194,015
12	1200 CAFETERIA				297,265	297,265
14	1400 NURSING ADMINISTRATION	104,024	4,806	108,830		108,830
15	1500 CENTRAL SERVICES & SUPPLY	33,024	29,911	62,935		62,935
16	1600 PHARMACY	49,206	1,037,188	1,086,394		1,086,394
17	1700 MEDICAL RECORDS & LIBRARY	289,144	104,107	393,251		393,251
18	1800 SOCIAL SERVICE				31,408	31,408
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,656,970	222,411	1,879,381	-287,536	1,591,845
26	2600 INTENSIVE CARE UNIT	233,009	34,171	267,180	-1,266	265,914
33	3300 NURSERY				158,504	158,504
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	543,437	835,509	1,378,946		1,378,946
39	3900 DELIVERY ROOM & LABOR ROOM				111,997	111,997
40	4000 ANESTHESIOLOGY	137,665	669,528	807,193		807,193
41	4100 RADIOLOGY-DIAGNOSTIC	692,480	1,054,466	1,746,946	-824,377	922,569
43	4300 RADIOISOTOPE				237,594	237,594
43.02	3230 CAT SCAN				95,066	95,066
43.03	3630 ULTRASOUND				59,747	59,747
43.04	3430 MRI				304,264	304,264
44	4400 LABORATORY	523,113	899,184	1,422,297	-8,725	1,413,572
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS				97,518	97,518
49	4900 RESPIRATORY THERAPY				233,538	233,538
50	5000 PHYSICAL THERAPY	424,978	34,869	459,847		459,847
51	5100 OCCUPATIONAL THERAPY	125,934	61,859	187,793		187,793
52	5200 SPEECH PATHOLOGY	73,540	5,286	78,826		78,826
53.01	3160 CARDIO-PULMONARY	271,444	39,377	310,821	-233,538	77,283
53.02	3650 VASCULAR LAB				127,706	127,706
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS					
56.01	3480 ONCOLOGY					
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,093,519	1,369,780	2,463,299	1,118	2,464,417
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC	1,555,912	247,853	1,803,765	-126,495	1,677,270
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED	85,588	192,487	278,075		278,075
71	7100 HOME HEALTH AGENCY	419,676	58,686	478,362		478,362
	SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE	178,580	83,021	261,601	-14,225	247,376
95	SUBTOTALS	11,460,966	19,378,798	30,839,764	-0-	30,839,764
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,817	37,937	43,754		43,754
96.01	9601 FOUNDATION	34,170	32,060	66,230		66,230
98	9800 PHYSICIANS' PRIVATE OFFICES		32,091	32,091		32,091
101	TOTAL	11,500,953	19,480,886	30,981,839	-0-	30,981,839

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/ 5/2010
I 14-1325 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	4,083,906	7,253,163
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,188,465
5	0500 EMPLOYEE BENEFITS	-18,641	236,959
6	0600 ADMINISTRATIVE & GENERAL	-1,097,945	7,525,403
8	0800 OPERATION OF PLANT	-121,754	1,143,335
9	0900 LAUNDRY & LINEN SERVICE		106,417
10	1000 HOUSEKEEPING		302,268
11	1100 DIETARY		194,015
12	1200 CAFETERIA	-114,000	183,265
14	1400 NURSING ADMINISTRATION		108,830
15	1500 CENTRAL SERVICES & SUPPLY		62,935
16	1600 PHARMACY		1,086,394
17	1700 MEDICAL RECORDS & LIBRARY	-5,373	387,878
18	1800 SOCIAL SERVICE		31,408
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,591,845
26	2600 INTENSIVE CARE UNIT		265,914
33	3300 NURSERY		158,504
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,378,946
39	3900 DELIVERY ROOM & LABOR ROOM		111,997
40	4000 ANESTHESIOLOGY	-766,805	40,388
41	4100 RADIOLOGY-DIAGNOSTIC		922,569
43	4300 RADIOISOTOPE		237,594
43.02	3230 CAT SCAN		95,066
43.03	3630 ULTRASOUND		59,747
43.04	3430 MRI		304,264
44	4400 LABORATORY	-30,000	1,383,572
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		97,518
49	4900 RESPIRATORY THERAPY		233,538
50	5000 PHYSICAL THERAPY	-9,649	450,198
51	5100 OCCUPATIONAL THERAPY		187,793
52	5200 SPEECH PATHOLOGY		78,826
53.01	3160 CARDIO-PULMONARY		77,283
53.02	3650 VASCULAR LAB		127,706
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
56.01	3480 ONCOLOGY		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-1,053,713	1,410,704
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC	-148,397	1,528,873
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED		278,075
71	7100 HOME HEALTH AGENCY		478,362
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		247,376
95	SUBTOTALS	717,629	31,557,393
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		43,754
96.01	9601 FOUNDATION		66,230
98	9800 PHYSICIANS' PRIVATE OFFICES		32,091
101	TOTAL	717,629	31,699,468

I PROVIDER NO: I PERIOD: I PREPARED 2/ 5/2010
 I 14-1325 I FROM 10/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 9/30/2009 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
43.02	CAT SCAN	3230	CAT SCAN
43.03	ULTRASOUND	3630	ULTRASOUND
43.04	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53.01	CARDIO-PULMONARY	3160	CARDIOPULMONARY
53.02	VASCULAR LAB	3650	VASCULAR LAB
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	ONCOLOGY	3480	ONCOLOGY
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	FOUNDATION	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 141325	PERIOD: FROM 10/ 1/2008 TO 9/30/2009	PREPARED 2/ 5/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 LABOR AND DELIVERY/NURSERY	B	NURSERY	33	133,057	25,447
2		DELIVERY ROOM & LABOR ROOM	39	94,017	17,980
3 ICU OBSERVATION	C	ADULTS & PEDIATRICS	25	2,330	342
4 CAFETERIA	D	CAFETERIA	12	186,606	110,659
5 BLOOD COSTS	F	WHOLE BLOOD & PACKED RED BLOOD CELLS	46	6,434	91,084
6 RESPIRATORY THERAPY	G	RESPIRATORY THERAPY	49	171,257	62,281
7 SOCIAL SERVICE	H	SOCIAL SERVICE	18	31,408	
8					
9 RADIOLOGY SERVICES	I	RADIOISOTOPE	43		237,594
10		CAT SCAN	43.02	63,497	31,569
11		MRI	43.04		304,264
12		VASCULAR LAB	53.02		127,706
13		ULTRASOUND	43.03	59,747	
14 HOSPITAL COSTS	K	ADMINISTRATIVE & GENERAL	6	34,865	2,837
15		LABORATORY	44		88,793
16 CASE MANAGERS/DIRNSG	L	ADULTS & PEDIATRICS	25	53,591	
17		INTENSIVE CARE UNIT	26	1,406	
18		EMERGENCY	61	1,118	
36 TOTAL RECLASSIFICATIONS				839,333	1,100,556

(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:
141325

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

PREPARED 2/ 5/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
	1	6	7	8	9
1 LABOR AND DELIVERY/NURSERY	B	ADULTS & PEDIATRICS	25	227,074	43,427
2					
3 ICU OBSERVATION	C	INTENSIVE CARE UNIT	26	2,330	342
4 CAFETERIA	D	DIETARY	11	186,606	110,659
5 BLOOD COSTS	F	LABORATORY	44	6,434	91,084
6 RESPIRATORY THERAPY	G	CARDIO-PULMONARY	53.01	171,257	62,281
7 SOCIAL SERVICE	H	ADULTS & PEDIATRICS	25	17,183	
8		HOSPICE	93	14,225	
9 RADIOLOGY SERVICES	I	RADIOLOGY-DIAGNOSTIC	41	123,244	701,133
10					
11					
12					
13					
14 HOSPITAL COSTS	K	RHC	63.50	34,865	91,630
15					
16 CASE MANAGERS/DIRNSG	L	ADULTS & PEDIATRICS	25	56,115	
17					
18					
36 TOTAL RECLASSIFICATIONS				839,333	1,100,556

(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: 141325	PERIOD: FROM 10/ 1/2008 TO 9/30/2009	PREPARED 2/ 5/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: B
EXPLANATION : LABOR AND DELIVERY/NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	158,504	ADULTS & PEDIATRICS	25	270,501	
2.00	DELIVERY ROOM & LABOR ROOM	39	111,997			0	
TOTAL RECLASSIFICATIONS FOR CODE B			270,501				270,501

RECLASS CODE: C
EXPLANATION : ICU OBSERVATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	2,672	INTENSIVE CARE UNIT	26	2,672	
TOTAL RECLASSIFICATIONS FOR CODE C			2,672				2,672

RECLASS CODE: D
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	297,265	DIETARY	11	297,265	
TOTAL RECLASSIFICATIONS FOR CODE D			297,265				297,265

RECLASS CODE: F
EXPLANATION : BLOOD COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WHOLE BLOOD & PACKED RED BLOOD	46	97,518	LABORATORY	44	97,518	
TOTAL RECLASSIFICATIONS FOR CODE F			97,518				97,518

RECLASS CODE: G
EXPLANATION : RESPIRATORY THERAPY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	233,538	CARDIO-PULMONARY	53.01	233,538	
TOTAL RECLASSIFICATIONS FOR CODE G			233,538				233,538

RECLASS CODE: H
EXPLANATION : SOCIAL SERVICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	31,408	ADULTS & PEDIATRICS	25	17,183	
2.00			0	HOSPICE	93	14,225	
TOTAL RECLASSIFICATIONS FOR CODE H			31,408				31,408

RECLASS CODE: I
EXPLANATION : RADIOLOGY SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOISOTOPE	43	237,594	RADIOLOGY-DIAGNOSTIC	41	824,377	
2.00	CAT SCAN	43.02	95,066			0	
3.00	MRI	43.04	304,264			0	
4.00	VASCULAR LAB	53.02	127,706			0	
5.00	ULTRASOUND	43.03	59,747			0	
TOTAL RECLASSIFICATIONS FOR CODE I			824,377				824,377

RECLASS CODE: K
EXPLANATION : HOSPITAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	37,702	RHC	63.50	126,495	
2.00	LABORATORY	44	88,793			0	
TOTAL RECLASSIFICATIONS FOR CODE K			126,495				126,495

RECLASS CODE: L
EXPLANATION : CASE MANAGERS/DIRNSG

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	53,591	ADULTS & PEDIATRICS	25	56,115	

RECLASSIFICATIONS

PROVIDER NO: 141325	PERIOD: FROM 10/ 1/2008 TO 9/30/2009	PREPARED 2/ 5/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: L
EXPLANATION : CASE MANAGERS/DIR NSG

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	INTENSIVE CARE UNIT	1,406			0
4.00	EMERGENCY	1,118			0
TOTAL RECLASSIFICATIONS FOR CODE L		56,115			56,115

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	2,935,870				30,663	2,905,207	
3 BUILDINGS & FIXTURE	28,325,360				52,618	28,272,742	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	32,945,862				173,354	32,772,508	
7 SUBTOTAL	64,207,092				256,635	63,950,457	
8 RECONCILING ITEMS							
9 TOTAL	64,207,092				256,635	63,950,457	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									
3	NEW CAP REL COSTS-BL	31,177,949		31,177,949	.487533				
4	NEW CAP REL COSTS-MV	32,772,508		32,772,508	.512467				
5	TOTAL	63,950,457		63,950,457	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL	7,414,446		-161,283			7,253,163
4	NEW CAP REL COSTS-MV	1,188,465					1,188,465
5	TOTAL	8,602,911		-161,283			8,441,628

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL	3,169,257					3,169,257
4	NEW CAP REL COSTS-MV	1,188,465					1,188,465
5	TOTAL	4,357,722					4,357,722

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

ADJUSTMENTS TO EXPENSES

DESCR I PT I ON (1)	(2) BAS I S / CODE 1	AMOUNT 2	EXPENSE CLASS I F I C A T I O N O N WORKSHEET A TO / FROM WH I C H THE AMOUNT I S TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
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, QUANTI TY 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	-1,083,713				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATI ON TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATI ON REVI EW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 PROVIDER TAX	A	-429,767	ADMINISTRATIVE & GENERAL		6	
37.01 CAFETERIA--EMPLOYEES AND GUESTS	B	-114,000	CAFETERIA		12	
37.08 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,373	MEDICAL RECORDS & LIBRARY		17	
37.10						
37.14 MISC PT SALES	B	-9,649	PHYSICAL THERAPY		50	
37.20 FITNESS FEES	B	-280	EMPLOYEE BENEFITS		5	
37.23 MEDICAL STAFF FEES	B	-4,075	ADMINISTRATIVE & GENERAL		6	
37.26 OTHER MISC INCOME	B	-4,484	ADMINISTRATIVE & GENERAL		6	
38 MEDICAL STAFF DUES TRAVELING DR'S	B	-1,926	ADMINISTRATIVE & GENERAL		6	
39 INVST INCOME-NEW BLDGS AND FIXTURES	B	-161,283	NEW CAP REL COSTS-BLDG &		3	11
40 SELF-INSURANCE H.C.	B	-379,253	ADMINISTRATIVE & GENERAL		6	
41						
42 PATIENT TELEPHONE COSTS - SALARIES	A	-4,387	ADMINISTRATIVE & GENERAL		6	
43 PATIENT TELEPHONE COSTS - BENE	A	-99	EMPLOYEE BENEFITS		5	
44 PATIENT TELEPHONE COSTS - OTHER	A	-2,188	ADMINISTRATIVE & GENERAL		6	
45 PATIENT TELEPHONE COSTS - DEPRE	A	-697	NEW CAP REL COSTS-BLDG &		3	9
46 CRNA	A	-766,805	ANESTHESIOLOGY		40	
47 LOBBYING PORTION OF DUES	A	-15,913	ADMINISTRATIVE & GENERAL		6	
47.01						
47.02 PART B BENEFITS	A	-18,262	EMPLOYEE BENEFITS		5	
47.03 RHC PROFESSIONAL	A	-148,397	RHC		63.50	
47.04 CPR REVENUE	B	-940	ADMINISTRATIVE & GENERAL		6	
47.05 UTILITIES ON OLD BUILDING	A	-121,754	OPERATION OF PLANT		8	
47.06 PROPERTY TAX EXPENSES	A	-20,279	ADMINISTRATIVE & GENERAL		6	
47.07						
47.08 DEMOLITION OF OLD BUILDING	A	-664,500	ADMINISTRATIVE & GENERAL		6	
47.09 ALLOWABLE PROVIDER TAX ADD-ON	A	429,767	ADMINISTRATIVE & GENERAL		6	
47.10 LOSS ON ABANDONMENT	A	4,245,886	NEW CAP REL COSTS-BLDG &		3	9
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		717,629				

(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: 14-1325
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 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 25	MEDICAL DIRECTOR	7,200		7,200				
2 37	MEDICAL DIRECTOR	4,000		4,000				
3 44	LABORATORY	30,000	30,000					
4 61	EMERGENCY	1,421,402	1,053,713	367,689				
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	1,462,602	1,083,713	378,889				

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1325
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	MME DEPRE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	TIME SPENT	ENTERED
11	DIETARY	11	PATIENT DAYS	ENTERED
12	CAFETERIA	12	FTE'S	ENTERED
14	NURSING ADMINISTRATION	14	NURSING FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	TIME SPENT	ENTERED
16	PHARMACY	16	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	18	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS & GENERAL PLANT	OPERATION OF
	0	3	4	5			
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	7,253,163	7,253,163					
005 NEW CAP REL COSTS-MVBLE E	1,188,465		1,188,465				
006 EMPLOYEE BENEFITS	236,959	32,732	4,656	274,347			
008 ADMINISTRATIVE & GENERAL	7,525,403	1,092,030	118,447	47,698	8,783,578	8,783,578	
009 OPERATION OF PLANT	1,143,335	611,742	19,475	8,332	1,782,884	683,372	2,466,256
010 LAUNDRY & LINEN SERVICE	106,417	31,151			137,568	52,729	13,926
011 HOUSEKEEPING	302,268	59,895	2,023	6,117	370,303	141,936	26,776
012 DIETARY	194,015	166,743	13,108	3,082	376,948	144,483	74,543
014 CAFETERIA	183,265	56,885		4,723	244,873	93,859	25,431
015 NURSING ADMINISTRATIVE	108,830	21,671		2,633	133,168	51,043	9,688
016 CENTRAL SERVICES & SUPPLY	62,935		14,747	836	78,518	30,096	
017 PHARMACY	1,086,394	102,408	4,127	1,245	1,194,174	457,722	45,782
018 MEDICAL RECORDS & LIBRARY	387,878	141,686	3,084	7,318	539,966	206,967	63,342
018 SOCIAL SERVICE	31,408			795	32,203	12,343	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,591,845	1,284,734	74,311	37,170	2,988,060	1,145,319	574,352
033 INTENSIVE CARE UNIT	265,914	192,025	22,191	5,874	486,004	186,283	85,846
033 NURSERY	158,504	23,025		3,368	184,897	70,870	10,293
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,378,946	721,223	140,966	13,754	2,254,889	864,290	322,427
040 DELIVERY ROOM & LABOR ROO	111,997	50,790		2,379	165,166	63,307	22,706
041 ANESTHESIOLOGY	40,388	10,158	8,963		59,509	22,810	4,541
043 RADIOLOGY-DIAGNOSTIC	922,569	348,610	317,003	14,407	1,602,589	614,266	155,848
043 RADIO SOTOP	237,594	20,316			257,910	98,856	9,082
043 02 CAT SCAN	95,066	28,443	194,106	1,607	319,222	122,357	12,715
043 03 ULTRASOUND	59,747	17,607	26,000	1,512	104,866	40,195	7,871
043 04 MRI	304,264	58,240			362,504	138,946	26,036
044 LABORATORY	1,383,572	148,684	62,373	13,077	1,607,706	616,227	66,470
046 WHOLE BLOOD & PACKED RED	97,518	13,544		163	111,225	42,632	6,055
049 RESPIRATORY THERAPY	233,538	41,987		4,334	279,859	107,269	18,770
050 PHYSICAL THERAPY	450,198	253,425	11,829	10,756	726,208	278,353	113,295
051 OCCUPATIONAL THERAPY	187,793	23,025	6,064	3,187	220,069	84,352	10,293
052 SPEECH PATHOLOGY	78,826	8,126	1,462	1,861	90,275	34,602	3,633
053 01 CARDIO-PULMONARY	77,283	125,208	59,340	2,536	264,367	101,331	55,975
053 02 VASCULAR LAB	127,706	8,126			135,832	52,064	3,633
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
056 01 ONCOLOGY							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,410,704	531,455	39,561	22,883	2,004,603	768,356	237,590
063 50 OBSERVATION BEDS (NON-DIS							
063 RHC	1,528,873	706,099	31,013	34,740	2,300,725	881,859	315,666
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN	278,075		438	2,166	280,679	107,583	
093 HOME HEALTH AGENCY	478,362	28,367	3,252	10,622	520,603	199,545	12,682
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	247,376	28,367	2,083	4,160	281,986	108,084	12,682
095 SUBTOTALS	31,557,393	6,988,527	1,180,656	273,335	31,283,936	8,624,306	2,347,949
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	43,754	68,849	385	147	113,135	43,364	30,779
098 FOUNDATION	66,230		6,200	865	73,295	28,094	
101 PHYSICIANS' PRIVATE OFFIC	32,091	195,787	1,224		229,102	87,814	87,528
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	31,699,468	7,253,163	1,188,465	274,347	31,699,468	8,783,578	2,466,256

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10		11	12	14	15	16
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	204,223							
011 HOUSEKEEPING	3,935	542,950						
012 DIETARY	395	24,916		621,285				
014 CAFETERIA					364,163			
015 NURSING ADMINISTRATION		1,262			2,360	197,521		
016 CENTRAL SERVICES & SUPPLY		2,523			2,809		113,946	
017 PHARMACY		6,623			3,999	3,100		1,711,400
018 MEDICAL RECORDS & LIBRARY					18,570			
025 SOCIAL SERVICE		1,892			1,580			
026 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	101,543	245,376		587,619	70,456	54,618	12,159	
033 INTENSIVE CARE UNIT	5,165	17,031		33,666	11,587	8,982	1,281	
037 NURSERY		2,208			5,384	4,174		
039 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM	15,740	61,029			32,185	24,951	63,843	
041 DELIVERY ROOM & LABOR ROO					3,804	2,949		
043 ANESTHESIOLOGY					1,521			
043 RADIOLOGY-DIAGNOSTIC	8,764	37,374			34,214	26,524		
043 RADIOISOTOPE								
043 02 CAT SCAN		4,416			2,848	2,208		
043 03 ULTRASOUND	650				2,672	2,072		
043 04 MRI								
044 LABORATORY		20,816			24,422			
046 WHOLE BLOOD & PACKED RED					312			
049 RESPIRATORY THERAPY					10,280	7,969		
050 PHYSICAL THERAPY	10,261	18,293			16,756		92	
051 OCCUPATIONAL THERAPY		4,889			3,141			
052 SPEECH PATHOLOGY		3,627			2,009			
053 01 CARDIO-PULMONARY	3,830	4,258			6,008	4,658		
053 02 VASCULAR LAB		3,942						
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								1,711,400
056 01 ONCOLOGY								
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY	53,940	37,690			37,589	29,140	24,769	
063 50 OBSERVATION BEDS (NON-DIS								
063 RHC		27,439			33,609		11,802	
066 OTHER REIMBURS COST CNTRS		1,892						
071 DURABLE MEDICAL EQUIP-REN		3,154			22,861	17,723		
093 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CENTERS								
093 HOSPICE					10,904	8,453		
095 SUBTOTALS	204,223	530,650		621,285	361,880	197,521	113,946	1,711,400
096 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP					449			
096 FOUNDATION					1,834			
098 PHYSICIANS' PRIVATE OFFIC		12,300						
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	204,223	542,950		621,285	364,163	197,521	113,946	1,711,400

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1325
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25		27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	828,845				
025 SOCIAL SERVICE		48,018			
026 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	81,679	31,554	5,892,735		5,892,735
026 INTENSIVE CARE UNIT	10,725	1,176	847,746		847,746
033 NURSERY	6,799		284,625		284,625
037 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	80,083		3,719,437		3,719,437
040 DELIVERY ROOM & LABOR ROO	4,804		262,736		262,736
041 ANESTHESIOLOGY	7,206		95,587		95,587
043 RADIOLOGY-DIAGNOSTIC	44,948		2,524,527		2,524,527
043 RADIOISOTOPE	13,910		379,758		379,758
043 02 CAT SCAN	106,401		570,167		570,167
043 03 ULTRASOUND	23,664		181,990		181,990
043 04 MRI	27,433		554,919		554,919
044 LABORATORY	164,438		2,500,079		2,500,079
046 WHOLE BLOOD & PACKED RED	2,090		162,314		162,314
049 RESPIRATORY THERAPY	37,933		462,080		462,080
050 PHYSICAL THERAPY	20,940		1,184,198		1,184,198
051 OCCUPATIONAL THERAPY	6,139		328,883		328,883
052 SPEECH PATHOLOGY	1,994		136,140		136,140
053 01 CARDIO-PULMONARY	21,531		461,958		461,958
053 02 VASCULAR LAB	6,078		201,549		201,549
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS	47,844		1,759,244		1,759,244
056 01 ONCOLOGY					
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY	76,840	1,764	3,272,281		3,272,281
063 50 OBSERVATION BEDS (NON-DIS					
063 RHC	29,568		3,600,668		3,600,668
066 OTHER REIMBURS COST CNTRS					
071 DURABLE MEDICAL EQUIP-REN	5,798		395,952		395,952
071 HOME HEALTH AGENCY		3,528	780,096		780,096
093 SPEC PURPOSE COST CENTERS					
093 HOSPICE		9,996	432,105		432,105
095 SUBTOTALS	828,845	48,018	30,991,774		30,991,774
096 NONREIMBURS COST CENTERS					
096 01 GIFT, FLOWER, COFFEE SHOP			187,727		187,727
096 FOUNDATION			103,223		103,223
098 PHYSICIANS' PRIVATE OFFIC			416,744		416,744
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	828,845	48,018	31,699,468		31,699,468

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-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		32,732	4,656	37,388	37,388		
006 ADMINISTRATIVE & GENERAL		1,092,030	118,447	1,210,477	6,503	1,216,980	
008 OPERATION OF PLANT		611,742	19,475	631,217	1,135	94,682	727,034
009 LAUNDRY & LINEN SERVICE		31,151		31,151		7,306	4,105
010 HOUSEKEEPING		59,895	2,023	61,918	834	19,665	7,893
011 DIETARY		166,743	13,108	179,851	420	20,018	21,975
012 CAFETERIA		56,885		56,885	644	13,004	7,497
014 NURSING ADMINISTRATION		21,671	34	21,705	359	7,072	2,856
015 CENTRAL SERVICES & SUPPLY			14,747	14,747	114	4,170	
016 PHARMACY		102,408	4,127	106,535	170	63,418	13,496
017 MEDICAL RECORDS & LIBRARY		141,686	3,084	144,770	997	28,675	18,673
018 SOCIAL SERVICE					108	1,710	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,284,734	74,311	1,359,045	5,065	158,695	169,315
026 INTENSIVE CARE UNIT		192,025	22,191	214,216	800	25,810	25,307
033 NURSERY		23,025		23,025	459	9,819	3,034
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		721,223	140,966	862,189	1,874	119,748	95,049
039 DELIVERY ROOM & LABOR ROO		50,790		50,790	324	8,771	6,694
040 ANESTHESIOLOGY		10,158	8,963	19,121		3,160	1,339
041 RADIOLOGY-DIAGNOSTIC		348,610	317,003	665,613	1,963	85,107	45,943
043 RADIOISOTOPE		20,316		20,316		13,697	2,677
043 02 CAT SCAN		28,443	194,106	222,549	219	16,953	3,748
043 03 ULTRASOUND		17,607	26,000	43,607	206	5,569	2,320
043 04 MRI		58,240		58,240		19,251	7,675
044 LABORATORY		148,684	62,373	211,057	1,782	85,379	19,595
046 WHOLE BLOOD & PACKED RED		13,544		13,544	22	5,907	1,785
049 RESPIRATORY THERAPY		41,987		41,987	591	14,862	5,533
050 PHYSICAL THERAPY		253,425	11,829	265,254	1,466	38,566	33,399
051 OCCUPATIONAL THERAPY		23,025	6,064	29,089	434	11,687	3,034
052 SPEECH PATHOLOGY		8,126	1,462	9,588	254	4,794	1,071
053 01 CARDIO-PULMONARY		125,208	59,340	184,548	346	14,039	16,501
053 02 VASCULAR LAB		8,126		8,126		7,213	1,071
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
056 01 ONCOLOGY							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		531,455	39,561	571,016	3,118	106,456	70,040
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC		706,099	31,013	737,112	4,734	122,182	93,056
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN			438	438	295	14,906	
071 HOME HEALTH AGENCY		28,367	3,252	31,619	1,447	27,647	3,738
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		28,367	2,083	30,450	567	14,975	3,738
095 SUBTOTALS		6,988,527	1,180,656	8,169,183	37,250	1,194,913	692,157
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		68,849	385	69,234	20	6,008	9,074
096 01 FOUNDATION			6,200	6,200	118	3,892	
098 PHYSICIANS' PRIVATE OFFIC		195,787	1,224	197,011		12,167	25,803
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		7,253,163	1,188,465	8,441,628	37,388	1,216,980	727,034

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	42,562						
011 HOUSEKEEPING	820	91,130					
012 DIETARY	82	4,182	226,528				
014 CAFETERIA				78,030			
015 NURSING ADMINISTRATION		212		506	32,710		
016 CENTRAL SERVICES & SUPPLY		423		602		20,056	
017 PHARMACY		1,112		857	513		186,101
018 MEDICAL RECORDS & LIBRARY				3,979			
025 SOCIAL SERVICE		318		339			
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	21,163	41,182	214,253	15,095	9,045	2,140	
033 INTENSIVE CARE UNIT	1,077	2,859	12,275	2,483	1,488	225	
037 NURSERY		371		1,154	691		
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	3,280	10,243		6,896	4,132	11,238	
041 DELIVERY ROOM & LABOR ROO				815	488		
043 ANESTHESIOLOGY				326			
043 RADIOLOGY-DIAGNOSTIC	1,826	6,273		7,331	4,392		
043 RADIOISOTOPE							
043 02 CAT SCAN		741		610	366		
043 03 ULTRASOUND	135			573	343		
043 04 MRI							
044 LABORATORY		3,494		5,233			
046 WHOLE BLOOD & PACKED RED				67			
049 RESPIRATORY THERAPY				2,203	1,320		
050 PHYSICAL THERAPY	2,139	3,070		3,590		16	
051 OCCUPATIONAL THERAPY		821		673			
052 SPEECH PATHOLOGY		609		431			
053 01 CARDIO-PULMONARY	798	715		1,287	771		
053 02 VASCULAR LAB		662					
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							186,101
056 01 ONCOLOGY							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	11,242	6,326		8,054	4,826	4,360	
063 50 OBSERVATION BEDS (NON-DIS							
066 RHC		4,605		7,202		2,077	
071 OTHER REIMBURS COST CNTRS		318					
093 DURABLE MEDICAL EQUIP-REN		529		4,899	2,935		
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE				2,336	1,400		
096 SUBTOTALS	42,562	89,065	226,528	77,541	32,710	20,056	186,101
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP				96			
098 FOUNDATION				393			
101 PHYSICIANS' PRIVATE OFFIC		2,065					
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	42,562	91,130	226,528	78,030	32,710	20,056	186,101

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	197,094				
025 SOCIAL SERVICE		2,475			
026 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	19,423	1,626	2,016,047		2,016,047
026 INTENSIVE CARE UNIT	2,550	61	289,151		289,151
033 NURSERY	1,617		40,170		40,170
037 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	19,043		1,133,692		1,133,692
040 DELIVERY ROOM & LABOR ROO	1,142		69,024		69,024
041 ANESTHESIOLOGY	1,714		25,660		25,660
043 RADIOLOGY-DIAGNOSTIC	10,688		829,136		829,136
043 RADIOISOTOPE	3,308		39,998		39,998
043 02 CAT SCAN	25,301		270,487		270,487
043 03 ULTRASOUND	5,627		58,380		58,380
043 04 MRI	6,523		91,689		91,689
044 LABORATORY	39,104		365,644		365,644
046 WHOLE BLOOD & PACKED RED	497		21,822		21,822
049 RESPIRATORY THERAPY	9,020		75,516		75,516
050 PHYSICAL THERAPY	4,979		352,479		352,479
051 OCCUPATIONAL THERAPY	1,460		47,198		47,198
052 SPEECH PATHOLOGY	474		17,221		17,221
053 01 CARDIO-PULMONARY	5,120		224,125		224,125
053 02 VASCULAR LAB	1,445		18,517		18,517
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS	11,377		197,478		197,478
056 01 ONCOLOGY					
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY	18,272	91	803,801		803,801
062 OBSERVATION BEDS (NON-DIS					
063 50 RHC	7,031		977,999		977,999
066 OTHER REIMBURS COST CNTRS					
071 DURABLE MEDICAL EQUIP-REN	1,379		17,336		17,336
071 HOME HEALTH AGENCY		182	72,996		72,996
093 SPEC PURPOSE COST CENTERS					
093 HOSPICE		515	53,981		53,981
095 SUBTOTALS	197,094	2,475	8,109,547		8,109,547
096 NONREIMBURS COST CENTERS					
096 01 GIFT, FLOWER, COFFEE SHOP			84,432		84,432
096 FOUNDATION			10,603		10,603
098 PHYSICIANS' PRIVATE OFFIC			237,046		237,046
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	197,094	2,475	8,441,628		8,441,628

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1325
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (MME DEPRE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE OPERATION OF E & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	96,394					
005 NEW CAP REL COSTS-MVB		1,188,465				
006 EMPLOYEE BENEFITS	435	4,656	10,839,774			
008 ADMINISTRATIVE & GENE	14,513	118,447	1,884,539	-8,783,578	22,915,890	
009 OPERATION OF PLANT	8,130	19,475	329,210		1,782,884	73,316
010 LAUNDRY & LINEN SERVI	414				137,568	414
011 HOUSEKEEPING	796	2,023	241,698		370,303	796
012 DIETARY	2,216	13,108	121,791		376,948	2,216
014 CAFETERIA	756		186,606		244,873	756
015 NURSING ADMINISTRATIO	288	34	104,024		133,168	288
016 CENTRAL SERVICES & SU		14,747	33,024		78,518	
017 PHARMACY	1,361	4,127	49,206		1,194,174	1,361
018 MEDICAL RECORDS & LIB	1,883	3,084	289,144		539,966	1,883
025 SOCIAL SERVICE			31,408		32,203	
026 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	17,074	74,311	1,468,634		2,988,060	17,074
033 INTENSIVE CARE UNIT	2,552	22,191	232,086		486,004	2,552
037 NURSERY	306		133,057		184,897	306
039 ANCILLARY SRVC COST C						
040 OPERATING ROOM	9,585	140,966	543,437		2,254,889	9,585
041 DELIVERY ROOM & LABOR	675		94,017		165,166	675
043 ANESTHESIOLOGY	135	8,963			59,509	135
043 RADIOLOGY-DIAGNOSTIC	4,633	317,003	569,236		1,602,589	4,633
043 RADIOISOTOPE	270				257,910	270
043 02 CAT SCAN	378	194,106	63,497		319,222	378
043 03 ULTRASOUND	234	26,000	59,747		104,866	234
043 04 MRI	774				362,504	774
044 LABORATORY	1,976	62,373	516,679		1,607,706	1,976
046 WHOLE BLOOD & PACKED	180		6,434		111,225	180
049 RESPIRATORY THERAPY	558		171,257		279,859	558
050 PHYSICAL THERAPY	3,368	11,829	424,978		726,208	3,368
051 OCCUPATIONAL THERAPY	306	6,064	125,934		220,069	306
052 SPEECH PATHOLOGY	108	1,462	73,540		90,275	108
053 01 CARDIO-PULMONARY	1,664	59,340	100,187		264,367	1,664
053 02 VASCULAR LAB	108				135,832	108
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
061 01 ONCOLOGY						
061 OUTPAT SERVICE COST C						
062 EMERGENCY	7,063	39,561	904,148		2,004,603	7,063
063 50 OBSERVATION BEDS (NON						
063 RHC	9,384	31,013	1,372,650		2,300,725	9,384
066 OTHER REIMBURS COST C						
071 DURABLE MEDICAL EQUIP		438	85,588		280,679	
093 HOME HEALTH AGENCY	377	3,252	419,676		520,603	377
095 SPEC PURPOSE COST CEN						
096 HOSPICE	377	2,083	164,355		281,986	377
096 SUBTOTALS	92,877	1,180,656	10,799,787	-8,783,578	22,500,358	69,799
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	915	385	5,817		113,135	915
098 01 FOUNDATION		6,200	34,170		73,295	
101 PHYSICIANS' PRIVATE O	2,602	1,224			229,102	2,602
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	7,253,163	1,188,465	274,347		8,783,578	2,466,256
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	75.244963		.025309		.383296	
105 (WRKSHT B, PT I)		1.000000				33.638715
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)			37,388		1,216,980	727,034
107 COST TO BE ALLOCATED						
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.003449		.053106	9.916444

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(TIME SPENT)	(PATIENT DAYS)	(FTE'S)	(NURSING FTE'S)	(TIME SPENT)	(COSTED REQUIS.)
GENERAL SERVICE COST	9	10	11	12	14	15	16
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	17,594						
010 HOUSEKEEPING	339	3,443					
011 DIETARY	34	158	4,466				
012 CAFETERIA				18,669			
014 NURSING ADMINISTRATION		8		121	13,062		
015 CENTRAL SERVICES & SUPPLY		16		144		9,877	
016 PHARMACY		42		205	205		100
017 MEDICAL RECORDS & LIBRARY				952			
018 SOCIAL SERVICE		12		81			
025 INPATIENT ROUTINE SERVICE COST CENTER							
026 ADULTS & PEDIATRICS	8,748	1,556	4,224	3,612	3,612	1,054	
033 INTENSIVE CARE UNIT	445	108	242	594	594	111	
037 NURSERY		14		276	276		
039 ANCILLARY SERVICE COST CENTER							
040 OPERATING ROOM	1,356	387		1,650	1,650	5,534	
041 DELIVERY ROOM & LABOR				195	195		
043 ANESTHESIOLOGY				78			
043 RADIOLOGY-DIAGNOSTIC	755	237		1,754	1,754		
043 RADIOISOTOPE							
043 02 CAT SCAN		28		146	146		
043 03 ULTRASOUND	56			137	137		
043 04 MRI							
044 LABORATORY		132		1,252			
046 WHOLE BLOOD & PACKED				16			
049 RESPIRATORY THERAPY				527	527		
050 PHYSICAL THERAPY	884	116		859		8	
051 OCCUPATIONAL THERAPY		31		161			
052 SPEECH PATHOLOGY		23		103			
053 01 CARDIO-PULMONARY	330	27		308	308		
053 02 VASCULAR LAB		25					
055 MEDICAL SUPPLIES CHARGED TO PATIENT							100
056 01 ONCOLOGY							
061 OUTPAT SERVICE COST CENTER							
062 EMERGENCY	4,647	239		1,927	1,927	2,147	
063 50 OBSERVATION BEDS (NON RHC)		174		1,723		1,023	
066 OTHER REIMBURSABLE COST CENTER							
071 DURABLE MEDICAL EQUIPMENT		12					
093 HOME HEALTH AGENCY		20		1,172	1,172		
095 SPEC PURPOSE COST CENTER							
096 HOSPICE				559	559		
096 01 SUBTOTALS	17,594	3,365	4,466	18,552	13,062	9,877	100
098 NONREIMBURSABLE COST CENTER							
098 01 GIFT, FLOWER, COFFEE				23			
098 01 FOUNDATION				94			
101 PHYSICIANS' PRIVATE OFFICE		78					
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	204,223	542,950	621,285	364,163	197,521	113,946	1,711,400
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		157.696776		19.506294		11.536499	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	11.607537		139.114420		15.121804		17,114.000000
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	42,562	91,130	226,528	78,030	32,710	20,056	186,101
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	2.419120	26.468196	50.722794	4.179656	2.504211	2.030576	1,861.010000

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(GROSS CHARGES)	(TIME SPENT)
	17	18
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY	52,559,679	
025 SOCIAL SERVICE		245
026 INPAT ROUTINE SRVC CNTR		
033 ADULTS & PEDIATRICS	5,179,402	161
037 INTENSIVE CARE UNIT	680,105	6
039 NURSERY	431,158	
040 ANCILLARY SRVC COST CENTER		
041 OPERATING ROOM	5,078,205	
043 DELIVERY ROOM & LABOR	304,653	
044 ANESTHESIOLOGY	456,942	
046 RADIOLOGY-DIAGNOSTIC	2,850,202	
049 RADIOISOTOPE	882,027	
050 02 CAT SCAN	6,747,049	
053 03 ULTRASOUND	1,500,584	
056 04 MRI	1,739,567	
061 LABORATORY	10,428,501	
066 WHOLE BLOOD & PACKED	132,553	
071 RESPIRATORY THERAPY	2,405,411	
093 PHYSICAL THERAPY	1,327,846	
095 OCCUPATIONAL THERAPY	389,296	
098 SPEECH PATHOLOGY	126,419	
101 01 CARDIO-PULMONARY	1,365,291	
102 02 VASCULAR LAB	385,388	
106 MEDICAL SUPPLIES CHARGED TO PATIENT	3,033,881	
108 01 ONCOLOGY		
111 OUTPAT SERVICE COST CENTER		
114 EMERGENCY	4,872,543	9
117 OBSERVATION BEDS (NON-RHC)	1,874,970	
120 OTHER REIMBURS COST CENTER		
123 DURABLE MEDICAL EQUIPMENT	367,686	
126 HOME HEALTH AGENCY		18
129 SPEC PURPOSE COST CENTER		
132 HOSPICE		51
135 SUBTOTALS	52,559,679	245
138 NONREIMBURS COST CENTER		
141 GIFT, FLOWER, COFFEE		
144 01 FOUNDATION		
147 PHYSICIANS' PRIVATE OFFICE		
150 CROSS FOOT ADJUSTMENT		
153 NEGATIVE COST CENTER		
156 COST TO BE ALLOCATED	828,845	48,018
159 (PER WRKSHT B, PART I)		
162 UNIT COST MULTIPLIER		195.991837
165 (WRKSHT B, PT I)	.015770	
168 COST TO BE ALLOCATED		
171 (PER WRKSHT B, PART I)		
174 UNIT COST MULTIPLIER		
177 (WRKSHT B, PT I)		
180 COST TO BE ALLOCATED	197,094	2,475
183 (PER WRKSHT B, PART I)		
186 UNIT COST MULTIPLIER		10.102041
189 (WRKSHT B, PT I)	.003750	

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	5,892,735		5,892,735		5,892,735
26	INTENSIVE CARE UNIT	847,746		847,746		847,746
33	NURSERY	284,625		284,625		284,625
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,719,437		3,719,437		3,719,437
39	DELIVERY ROOM & LABOR ROO	262,736		262,736		262,736
40	ANESTHESIOLOGY	95,587		95,587		95,587
41	RADIOLOGY-DIAGNOSTIC	2,524,527		2,524,527		2,524,527
43	RADIOISOTOPE	379,758		379,758		379,758
43	02 CAT SCAN	570,167		570,167		570,167
43	03 ULTRASOUND	181,990		181,990		181,990
43	04 MRI	554,919		554,919		554,919
44	LABORATORY	2,500,079		2,500,079		2,500,079
46	WHOLE BLOOD & PACKED RED	162,314		162,314		162,314
49	RESPIRATORY THERAPY	462,080		462,080		462,080
50	PHYSICAL THERAPY	1,184,198		1,184,198		1,184,198
51	OCCUPATIONAL THERAPY	328,883		328,883		328,883
52	SPEECH PATHOLOGY	136,140		136,140		136,140
53	01 CARDIO-PULMONARY	461,958		461,958		461,958
53	02 VASCULAR LAB	201,549		201,549		201,549
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,759,244		1,759,244		1,759,244
56	01 ONCOLOGY					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,272,281		3,272,281		3,272,281
62	OBSERVATION BEDS (NON-DIS	222,747		222,747		222,747
63	50 RHC	3,600,668		3,600,668		3,600,668
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	395,952		395,952		395,952
101	SUBTOTAL	30,002,320		30,002,320		30,002,320
102	LESS OBSERVATION BEDS	222,747		222,747		222,747
103	TOTAL	29,779,573		29,779,573		29,779,573

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,945,342		4,945,342			
26	INTENSIVE CARE UNIT	680,105		680,105			
33	NURSERY	431,158		431,158			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,261,997	3,816,208	5,078,205	.732431	.732431	.732431
39	DELIVERY ROOM & LABOR ROO	304,653		304,653	.862411	.862411	.862411
40	ANESTHESIOLOGY	170,326	286,616	456,942	.209188	.209188	.209188
41	RADIOLOGY-DIAGNOSTIC	200,736	2,649,466	2,850,202	.885736	.885736	.885736
43	RADIOISOTOPE	89,505	792,522	882,027	.430551	.430551	.430551
43 02	CAT SCAN	572,079	6,174,970	6,747,049	.084506	.084506	.084506
43 03	ULTRASOUND	94,458	1,406,126	1,500,584	.121279	.121279	.121279
43 04	MRI	58,972	1,680,595	1,739,567	.318998	.318998	.318998
44	LABORATORY	1,489,174	8,939,327	10,428,501	.239735	.239735	.239735
46	WHOLE BLOOD & PACKED RED	80,610	51,943	132,553	1.224522	1.224522	1.224522
49	RESPIRATORY THERAPY	1,925,459	479,952	2,405,411	.192100	.192100	.192100
50	PHYSICAL THERAPY	416,223	911,623	1,327,846	.891819	.891819	.891819
51	OCCUPATIONAL THERAPY	223,461	165,835	389,296	.844815	.844815	.844815
52	SPEECH PATHOLOGY	19,362	107,057	126,419	1.076895	1.076895	1.076895
53 01	CARDIO-PULMONARY	308,623	1,056,668	1,365,291	.338359	.338359	.338359
53 02	VASCULAR LAB	68,576	316,812	385,388	.522977	.522977	.522977
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,478,791	1,555,090	3,033,881	.579866	.579866	.579866
56 01	ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	863	4,871,680	4,872,543	.671576	.671576	.671576
62	OBSERVATION BEDS (NON-DIS	21,742	212,318	234,060	.951666	.951666	.951666
63 50	RHC		1,874,970	1,874,970	1.920387	1.920387	1.920387
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		367,686	367,686	1.076875	1.076875	1.076875
101	SUBTOTAL	14,842,215	37,717,464	52,559,679			
102	LESS OBSERVATION BEDS						
103	TOTAL	14,842,215	37,717,464	52,559,679			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,892,735		5,892,735		5,892,735
26	INTENSIVE CARE UNIT	847,746		847,746		847,746
33	NURSERY	284,625		284,625		284,625
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,719,437		3,719,437		3,719,437
39	DELIVERY ROOM & LABOR ROOM	262,736		262,736		262,736
40	ANESTHESIOLOGY	95,587		95,587		95,587
41	RADIOLOGY-DIAGNOSTIC	2,524,527		2,524,527		2,524,527
43	RADIOISOTOPE	379,758		379,758		379,758
43	02 CAT SCAN	570,167		570,167		570,167
43	03 ULTRASOUND	181,990		181,990		181,990
43	04 MRI	554,919		554,919		554,919
44	LABORATORY	2,500,079		2,500,079		2,500,079
46	WHOLE BLOOD & PACKED RED	162,314		162,314		162,314
49	RESPIRATORY THERAPY	462,080		462,080		462,080
50	PHYSICAL THERAPY	1,184,198		1,184,198		1,184,198
51	OCCUPATIONAL THERAPY	328,883		328,883		328,883
52	SPEECH PATHOLOGY	136,140		136,140		136,140
53	01 CARDIO-PULMONARY	461,958		461,958		461,958
53	02 VASCULAR LAB	201,549		201,549		201,549
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,759,244		1,759,244		1,759,244
56	01 ONCOLOGY					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,272,281		3,272,281		3,272,281
62	OBSERVATION BEDS (NON-DIS)	222,747		222,747		222,747
63	50 RHC	3,600,668		3,600,668		3,600,668
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	395,952		395,952		395,952
101	SUBTOTAL	30,002,320		30,002,320		30,002,320
102	LESS OBSERVATION BEDS	222,747		222,747		222,747
103	TOTAL	29,779,573		29,779,573		29,779,573

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	3,719,437	1,133,692	2,585,745			3,719,437
39	DELIVERY ROOM & LABOR ROO	262,736	69,024	193,712			262,736
40	ANESTHESIOLOGY	95,587	25,660	69,927			95,587
41	RADIOLOGY-DIAGNOSTIC	2,524,527	829,136	1,695,391			2,524,527
43	RADIOISOTOPE	379,758	39,998	339,760			379,758
43	02 CAT SCAN	570,167	270,487	299,680			570,167
43	03 ULTRASOUND	181,990	58,380	123,610			181,990
43	04 MRI	554,919	91,689	463,230			554,919
44	LABORATORY	2,500,079	365,644	2,134,435			2,500,079
46	WHOLE BLOOD & PACKED RED	162,314	21,822	140,492			162,314
49	RESPIRATORY THERAPY	462,080	75,516	386,564			462,080
50	PHYSICAL THERAPY	1,184,198	352,479	831,719			1,184,198
51	OCCUPATIONAL THERAPY	328,883	47,198	281,685			328,883
52	SPEECH PATHOLOGY	136,140	17,221	118,919			136,140
53	01 CARDIO-PULMONARY	461,958	224,125	237,833			461,958
53	02 VASCULAR LAB	201,549	18,517	183,032			201,549
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,759,244	197,478	1,561,766			1,759,244
56	01 ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,272,281	803,801	2,468,480			3,272,281
62	OBSERVATION BEDS (NON-DIS	222,747		222,747			222,747
63	50 RHC	3,600,668	977,999	2,622,669			3,600,668
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	395,952	17,336	378,616			395,952
101	SUBTOTAL	22,977,214	5,637,202	17,340,012			22,977,214
102	LESS OBSERVATION BEDS	222,747		222,747			222,747
103	TOTAL	22,754,467	5,637,202	17,117,265			22,754,467

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	5,078,205	.732431	.732431
39	DELIVERY ROOM & LABOR ROO	304,653	.862411	.862411
40	ANESTHESIOLOGY	456,942	.209188	.209188
41	RADIOLOGY-DIAGNOSTIC	2,850,202	.885736	.885736
43	RADIOISOTOPE	882,027	.430551	.430551
43 02	CAT SCAN	6,747,049	.084506	.084506
43 03	ULTRASOUND	1,500,584	.121279	.121279
43 04	MRI	1,739,567	.318998	.318998
44	LABORATORY	10,428,501	.239735	.239735
46	WHOLE BLOOD & PACKED RED	132,553	1.224522	1.224522
49	RESPIRATORY THERAPY	2,405,411	.192100	.192100
50	PHYSICAL THERAPY	1,327,846	.891819	.891819
51	OCCUPATIONAL THERAPY	389,296	.844815	.844815
52	SPEECH PATHOLOGY	126,419	1.076895	1.076895
53 01	CARDIO-PULMONARY	1,365,291	.338359	.338359
53 02	VASCULAR LAB	385,388	.522977	.522977
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	3,033,881	.579866	.579866
56 01	ONCOLOGY			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,872,543	.671576	.671576
62	OBSERVATION BEDS (NON-DIS	234,060	.951666	.951666
63 50	RHC	1,874,970	1.920387	1.920387
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	367,686	1.076875	1.076875
101	SUBTOTAL	46,503,074		
102	LESS OBSERVATION BEDS	234,060		
103	TOTAL	46,269,014		

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	3,719,437	1,133,692	2,585,745			3,719,437
39	DELIVERY ROOM & LABOR ROO	262,736	69,024	193,712			262,736
40	ANESTHESIOLOGY	95,587	25,660	69,927			95,587
41	RADIOLOGY-DIAGNOSTIC	2,524,527	829,136	1,695,391			2,524,527
43	RADIOISOTOPE	379,758	39,998	339,760			379,758
43	02 CAT SCAN	570,167	270,487	299,680			570,167
43	03 ULTRASOUND	181,990	58,380	123,610			181,990
43	04 MRI	554,919	91,689	463,230			554,919
44	LABORATORY	2,500,079	365,644	2,134,435			2,500,079
46	WHOLE BLOOD & PACKED RED	162,314	21,822	140,492			162,314
49	RESPIRATORY THERAPY	462,080	75,516	386,564			462,080
50	PHYSICAL THERAPY	1,184,198	352,479	831,719			1,184,198
51	OCCUPATIONAL THERAPY	328,883	47,198	281,685			328,883
52	SPEECH PATHOLOGY	136,140	17,221	118,919			136,140
53	01 CARDIO-PULMONARY	461,958	224,125	237,833			461,958
53	02 VASCULAR LAB	201,549	18,517	183,032			201,549
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,759,244	197,478	1,561,766			1,759,244
56	01 ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,272,281	803,801	2,468,480			3,272,281
62	OBSERVATION BEDS (NON-DIS	222,747		222,747			222,747
63	50 RHC	3,600,668	977,999	2,622,669			3,600,668
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	395,952	17,336	378,616			395,952
101	SUBTOTAL	22,977,214	5,637,202	17,340,012			22,977,214
102	LESS OBSERVATION BEDS	222,747		222,747			222,747
103	TOTAL	22,754,467	5,637,202	17,117,265			22,754,467

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	5,078,205	.732431	.732431
39	DELIVERY ROOM & LABOR ROO	304,653	.862411	.862411
40	ANESTHESIOLOGY	456,942	.209188	.209188
41	RADIOLOGY-DIAGNOSTIC	2,850,202	.885736	.885736
43	RADIOISOTOPE	882,027	.430551	.430551
43 02	CAT SCAN	6,747,049	.084506	.084506
43 03	ULTRASOUND	1,500,584	.121279	.121279
43 04	MRI	1,739,567	.318998	.318998
44	LABORATORY	10,428,501	.239735	.239735
46	WHOLE BLOOD & PACKED RED	132,553	1.224522	1.224522
49	RESPIRATORY THERAPY	2,405,411	.192100	.192100
50	PHYSICAL THERAPY	1,327,846	.891819	.891819
51	OCCUPATIONAL THERAPY	389,296	.844815	.844815
52	SPEECH PATHOLOGY	126,419	1.076895	1.076895
53 01	CARDIO-PULMONARY	1,365,291	.338359	.338359
53 02	VASCULAR LAB	385,388	.522977	.522977
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	3,033,881	.579866	.579866
56 01	ONCOLOGY			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,872,543	.671576	.671576
62	OBSERVATION BEDS (NON-DIS	234,060	.951666	.951666
63 50	RHC	1,874,970	1.920387	1.920387
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	367,686	1.076875	1.076875
101	SUBTOTAL	46,503,074		
102	LESS OBSERVATION BEDS	234,060		
103	TOTAL	46,269,014		

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
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,719,437	5,078,205			
39	DELIVERY ROOM & LABOR ROO	262,736	304,653			
40	ANESTHESIOLOGY	95,587	456,942			
41	RADIOLOGY-DIAGNOSTIC	2,524,527	2,850,202			
43	RADIOISOTOPE	379,758	882,027			
43 02	CAT SCAN	570,167	6,747,049			
43 03	ULTRASOUND	181,990	1,500,584			
43 04	MRI	554,919	1,739,567			
44	LABORATORY	2,500,079	10,428,501			
46	WHOLE BLOOD & PACKED RED	162,314	132,553			
49	RESPIRATORY THERAPY	462,080	2,405,411			
50	PHYSICAL THERAPY	1,184,198	1,327,846			
51	OCCUPATIONAL THERAPY	328,883	389,296			
52	SPEECH PATHOLOGY	136,140	126,419			
53 01	CARDIO-PULMONARY	461,958	1,365,291			
53 02	VASCULAR LAB	201,549	385,388			
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,759,244	3,033,881			
56 01	ONCOLOGY					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,272,281	4,872,543			
62	OBSERVATION BEDS (NON-DIS	222,747	234,060			
63 50	RHC	3,600,668	1,874,970			
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	395,952	367,686			
101	TOTAL	22,977,214	46,503,074			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1325
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/5/2010
WORKSHEET C
PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	3,719,437		3,719,437	5,078,205			
39	DELIVERY ROOM & LABOR ROO	262,736		262,736	304,653			
40	ANESTHESIOLOGY	95,587		95,587	456,942			
41	RADIOLOGY-DIAGNOSTIC	2,524,527		2,524,527	2,850,202			
43	RADIOISOTOPE	379,758		379,758	882,027			
43	02 CAT SCAN	570,167		570,167	6,747,049			
43	03 ULTRASOUND	181,990		181,990	1,500,584			
43	04 MRI	554,919		554,919	1,739,567			
44	LABORATORY	2,500,079	30,000	2,530,079	10,428,501			
46	WHOLE BLOOD & PACKED RED	162,314		162,314	132,553			
49	RESPIRATORY THERAPY	462,080		462,080	2,405,411			
50	PHYSICAL THERAPY	1,184,198		1,184,198	1,327,846			
51	OCCUPATIONAL THERAPY	328,883		328,883	389,296			
52	SPEECH PATHOLOGY	136,140		136,140	126,419			
53	01 CARDIO-PULMONARY	461,958		461,958	1,365,291			
53	02 VASCULAR LAB	201,549		201,549	385,388			
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS	1,759,244		1,759,244	3,033,881			
56	01 ONCOLOGY							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	3,272,281	1,053,713	4,325,994	4,872,543			
62	OBSERVATION BEDS (NON-DIS	222,747		222,747	234,060			
63	50 RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN	395,952		395,952	367,686			
101	TOTAL	19,376,546	1,083,713	20,460,259	44,628,104			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/ 5/2010
 | 14-1325 | FROM 10/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2009 | PART V
 | 14-1325 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	1,358,914		
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY	22,854		
41 RADIOLOGY-DIAGNOSTIC	947,814		
43 RADIOISOTOPE	168,052		
43 02 CAT SCAN	188,825		
43 03 ULTRASOUND	29,496		
43 04 MRI	169,596		
44 LABORATORY	897,451		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	62,709		
49 RESPIRATORY THERAPY	37,056		
50 PHYSICAL THERAPY	243,502		
51 OCCUPATIONAL THERAPY	18,989		
52 SPEECH PATHOLOGY	31,870		
53 01 CARDIO-PULMONARY	180,641		
53 02 VASCULAR LAB	92,756		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS	574,255		
56 01 ONCOLOGY			
61 OUTPAT SERVICE COST CNTRS			
62 EMERGENCY	890,419		
63 OBSERVATION BEDS (NON-DISTINCT PART)	16,120		
63 50 RHC			
66 OTHER REIMBURS COST CNTRS			
101 DURABLE MEDICAL EQUIP-RENTED	5,931,319		
102 SUBTOTAL			
103 CRNA CHARGES			
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
NET CHARGES	5,931,319		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D
14-1325		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1
.579866
2,430
1,409

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 2/ 5/2010
14-1325	FROM 10/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 9/30/2009	PART I
14-1325		

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)	4,389
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,653
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,653
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	178
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)	532
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7
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)	19
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,315
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	169
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)	506
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	107.32
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,892,735
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	751
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	2,039
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	961,276
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,931,459

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,850,322
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,850,322
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.016728
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,327.76
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	4,931,459

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
COMPONENT NO:	TO	WORKSHEET D-1
14-1325	9/30/2009	PART II

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				1,349.98
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				3,125,204
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				3,125,204

	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	847,746	242	3,503.08	177	620,045
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

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)	228,147
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	683,090
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	911,237
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	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 2/ 5/2010
14-1325	FROM 10/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 9/30/2009	PART III
14-1325		

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	165
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,349.98
85	OBSERVATION BED COST	222,747

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				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 2/ 5/2010
14-1325	FROM 10/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 9/30/2009	PART I
14-1325		

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,389
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,653
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,653
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	178
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)	532
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7
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)	19
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	488
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
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)	373
16	NURSERY DAYS (TITLE V OR XIX ONLY)	117

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	107.32
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,892,735
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	751
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	2,039
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	961,276
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,931,459

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,850,322
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,850,322
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.016728
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,327.76
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	4,931,459

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
COMPONENT NO:	TO	WORKSHEET D-1
14-1325	9/30/2009	PART II

TITLE XIX - I/P 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	1,349.98
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	658,790
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	658,790

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	284,625	373	763.07	117	89,279
43	INTENSIVE CARE UNIT	847,746	242	3,503.08	16	56,049
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	
49	TOTAL PROGRAM INPATIENT COSTS	804,118

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)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 2/ 5/2010
14-1325	FROM 10/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 9/30/2009	PART III
14-1325		

TITLE XIX - I/P 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	165
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,349.98
85	OBSERVATION BED COST	222,747

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				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 2/ 5/2010
14-1325	FROM 10/ 1/2008	WORKSHEET D-4
COMPONENT NO:	TO 9/30/2009	
14-1325		

TITLE XVIII, PART A HOSPITAL 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		2,842,499	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		500,215	
37	OPERATING ROOM	.732431	536,322	392,819
39	DELIVERY ROOM & LABOR ROOM	.862411		
40	ANESTHESIOLOGY	.209188	44,696	9,350
41	RADIOLOGY-DIAGNOSTIC	.885736	151,644	134,317
43	RADIOISOTOPE	.430551	70,217	30,232
43 02	CAT SCAN	.084506	411,511	34,775
43 03	ULTRASOUND	.121279	57,664	6,993
43 04	MRI	.318998	53,746	17,145
44	LABORATORY	.239735	976,558	234,115
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.224522	71,962	88,119
49	RESPIRATORY THERAPY	.192100	1,444,890	277,563
50	PHYSICAL THERAPY	.891819	224,388	200,113
51	OCCUPATIONAL THERAPY	.844815	111,308	94,035
52	SPEECH PATHOLOGY	1.076895	15,765	16,977
53 01	CARDIO-PULMONARY	.338359	247,262	83,663
53 02	VASCULAR LAB	.522977	47,804	25,000
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.579866	878,027	509,138
56 01	ONCOLOGY			
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.671576	740	497
62	OBSERVATION BEDS (NON-DISTINCT PART)	.951666		
63 50	RHC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	1.076875		
101	TOTAL		5,344,504	2,154,851
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,344,504	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1325
 COMPONENT NO: 14-Z325
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 WORKSHEET D-4

TITLE XVIII, PART A SWING BED SNF

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	.732431	1,700	1,245
39	DELIVERY ROOM & LABOR ROOM	.862411		
40	ANESTHESIOLOGY	.209188	2	
41	RADIOLOGY-DIAGNOSTIC	.885736	11,286	9,996
43	RADIOISOTOPE	.430551	3,481	1,499
43 02	CAT SCAN	.084506		
43 03	ULTRASOUND	.121279	3,375	409
43 04	MRI	.318998		
44	LABORATORY	.239735	80,333	19,259
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.224522	2,879	3,525
49	RESPIRATORY THERAPY	.192100	152,719	29,337
50	PHYSICAL THERAPY	.891819	141,741	126,407
51	OCCUPATIONAL THERAPY	.844815	88,893	75,098
52	SPEECH PATHOLOGY	1.076895	2,279	2,454
53 01	CARDIO-PULMONARY	.338359	8,371	2,832
53 02	VASCULAR LAB	.522977	8,517	4,454
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.579866	177,503	102,928
56 01	ONCOLOGY			
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.671576		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.951666		
63 50	RHC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	1.076875		
101	TOTAL		683,079	379,443
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		683,079	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,932,728
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)	5,932,728

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)	5,992,055
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	34,692
18.01	CAH ACTUAL BILLED COINSURANCE	2,001,195
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,956,168
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,956,168
24	PRIMARY PAYER PAYMENTS	397
25	SUBTOTAL	3,955,771

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	551,859
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	551,859
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	497,412
28	SUBTOTAL	4,507,630
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	4,507,630
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,985,924
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	521,706
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1325
 COMPONENT NO: 14-1325
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,921,077		3,907,557
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	9/11/2009	29,105	4/24/2009	29,542
ADJUSTMENTS TO PROVIDER .02			9/11/2009	48,825
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51	4/24/2009	10,231		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		18,874		78,367
4 TOTAL INTERIM PAYMENTS		3,939,951		3,985,924
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)		1,667,255		521,706
7 TOTAL MEDICARE PROGRAM LIABILITY		5,607,206		4,507,630

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1325
 COMPONENT NO: 14-Z325
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 WORKSHEET E-1

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		811,312		
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	4/24/2009	17,202		
ADJUSTMENTS TO PROVIDER .02	9/11/2009	22,706		
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		39,908		NONE
4 TOTAL INTERIM PAYMENTS		851,220		
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)		448,950		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,300,170		

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
14-1325	FROM 10/ 1/2008	2/ 5/2010
COMPONENT NO:	TO	WORKSHEET E-2
14-2325	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)	920,349	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	383,237	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	675	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,303,586	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,303,586	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,303,586	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	3,416	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,300,170	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,300,170	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	851,220	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	448,950	
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
14-1325	FROM 10/ 1/2008	2/ 5/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
14-1325		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	5,900,100
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	5,900,100
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	5,959,101

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	5,959,101
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	518,172
21	EXCESS REASONABLE COST	
22	SUBTOTAL	5,440,929
23	COI NSURANCE	
24	SUBTOTAL	5,440,929
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	124,944
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	124,944
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	103,043
26	SUBTOTAL	5,565,873
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	41,333
30	SUBTOTAL	5,607,206
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	3,939,951
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	1,667,255
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	11,636,638			
2 TEMPORARY INVESTMENTS	988,870			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	4,345,284			
5 OTHER RECEIVABLES	957,143			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	294,442			
8 PREPAID EXPENSES	275,287			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	18,497,664			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	33,552,284			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	33,552,284			
OTHER ASSETS				
22 INVESTMENTS	8,578,692			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,139,320			
26 TOTAL OTHER ASSETS	9,718,012			
27 TOTAL ASSETS	61,767,960			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,185,045			
29 SALARIES, WAGES & FEES PAYABLE	1,236,254			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	795,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,607,628			
36 TOTAL CURRENT LIABILITIES	4,823,927			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	29,935,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	106,624			
42 TOTAL LONG-TERM LIABILITIES	30,041,624			
43 TOTAL LIABILITIES	34,865,551			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	26,902,409			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	26,902,409			
52 TOTAL LIABILITIES AND FUND BALANCES	61,767,960			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		28,673,776		
2	NET INCOME (LOSS)		-1,787,255		
3	TOTAL		26,886,521		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8	NET ASSETS TRANSFERRED	193,697			
9					
10	TOTAL ADDITIONS		193,697		
11	SUBTOTAL		27,080,218		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	UNREALIZED INVESTMENTS LO	177,809			
15					
16					
17					
18	TOTAL DEDUCTIONS		177,809		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		26,902,409		

		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	NET ASSETS TRANSFERRED				
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	UNREALIZED INVESTMENTS LO				
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	4,850,322		4,850,322
4 00 SWING BED - SNF	368,448		368,448
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	5,218,770		5,218,770
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	687,482		687,482
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	687,482		687,482
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,906,252		5,906,252
17 00 ANCILLARY SERVICES	9,249,690	38,917,718	48,167,408
18 00 OUTPATIENT SERVICES		367,686	367,686
18 50 RHC		1,874,970	1,874,970
19 00 HOME HEALTH AGENCY		922,608	922,608
23 00 HOSPICE		634,349	634,349
24 00 DIETARY	3,182	10,019	13,201
24 01 NURSERY	425,133	6,025	431,158
25 00 TOTAL PATIENT REVENUES	15,584,257	42,733,375	58,317,632

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		30,981,839	
ADD (SPECIFY)			
27 00 LOSS ON DISPOSAL OF ASSETS	33,865		
28 00 BAD DEBTS	2,925,867		
29 00 COURTESY ALLOWANCE	2,656		
30 00 CHARITY ALLOWANCE	861,092		
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,823,480	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		34,805,319	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1325
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	58,317,632
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	25,454,657
3	NET PATIENT REVENUES	32,862,975
4	LESS: TOTAL OPERATING EXPENSES	34,805,319
5	NET INCOME FROM SERVICE TO PATIENTS	-1,942,344
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	24,228
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	GRANTS	18,282
24.01	OTHER OPERATING	559,846
24.03	NET ASSETS RELEASED	100,573
24.04	ROUNDING	4
25	TOTAL OTHER INCOME	702,933
26	TOTAL OTHER EXPENSES	-1,239,411
27	CHANGE IN NET UNREALIZED GAINS	547,844
28		
29		
30	TOTAL OTHER EXPENSES	547,844
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,787,255

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	91,014		8,021	20,192	6,392	125,619
HHA REIMBURSABLE SERVICES						
6	240,934					240,934
7	37,767					37,767
8	7,007			5,170		12,177
9	396					396
10						
11	42,557					42,557
12					17,800	17,800
13						
13.20					1,112	1,112
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	419,675		8,021	25,362	25,304	478,362

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		125,619		125,619
HHA REIMBURSABLE SERVICES				
6		240,934		240,934
7		37,767		37,767
8		12,177		12,177
9		396		396
10				
11		42,557		42,557
12		17,800		17,800
13				
13.20		1,112		1,112
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		478,362		478,362

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATI V E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		125,619				125,619	125,619
HHA REIMBURSABLE SERVICES							
6		240,934				240,934	85,802
7		37,767				37,767	13,450
8		12,177				12,177	4,336
9		396				396	141
10							
11		42,557				42,557	15,155
12		17,800				17,800	6,339
13							
13. 20		1,112				1,112	396
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		478,362				478,362	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		326,736					
7		51,217					
8		16,513					
9		537					
10							
11		57,712					
12		24,139					
13							
13. 20		1,508					
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		478,362					

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					-125,619	352,743
6	SKILLED NURSING CARE					240,934	
7	PHYSICAL THERAPY					37,767	
8	OCCUPATIONAL THERAPY					12,177	
9	SPEECH PATHOLOGY					396	
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE					42,557	
12	SUPPLIES					17,800	
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS					1,112	
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)					-125,619 352,743	
25	COST TO BE ALLOCATED					125,619	
26	UNIT COST MULTIPLIER					.356120	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		28,367	3,252	2,304	33,923	13,003
2 SKILLED NURSING CARE	326,736			6,098	332,834	127,573
3 PHYSICAL THERAPY	51,217			956	52,173	19,998
4 OCCUPATIONAL THERAPY	16,513			177	16,690	6,397
5 SPEECH PATHOLOGY	537			10	547	210
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	57,712			1,077	58,789	22,534
8 SUPPLIES	24,139				24,139	9,252
9 DRUGS						
9.20 COST ADMINISTERING DRUGS	1,508				1,508	578
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)	478,362	28,367	3,252	10,622	520,603	199,545
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	12,682		3,154		22,861	
2 SKILLED NURSING CARE						17,723
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)	12,682		3,154		22,861	17,723
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEP DOWN ADJUST
	15	16	17	18	25	26
1 ADMIN & GENERAL					85,623	
2 SKILLED NURSING CARE					478,130	
3 PHYSICAL THERAPY					72,171	
4 OCCUPATIONAL THERAPY					23,087	
5 SPEECH PATHOLOGY					757	
6 MEDICAL SOCIAL SERVICES				3,528	3,528	
7 HOME HEALTH AIDE					81,323	
8 SUPPLIES					33,391	
9 DRUGS						
9.20 COST ADMINISTERING DRUGS					2,086	
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)				3,528	780,096	
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	ALLOCATED HHA A & G	TOTAL HHA COSTS
	27	28	29
1 ADMIN & GENERAL	85,623		
2 SKILLED NURSING CARE	478,130	58,951	537,081
3 PHYSICAL THERAPY	72,171	8,898	81,069
4 OCCUPATIONAL THERAPY	23,087	2,846	25,933
5 SPEECH PATHOLOGY	757	93	850
6 MEDICAL SOCIAL SERVICES	3,528	435	3,963
7 HOME HEALTH AIDE	81,323	10,026	91,349
8 SUPPLIES	33,391	4,117	37,508
9 DRUGS			
9.20 COST ADMINISTERING DRUGS	2,086	257	2,343
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)	780,096	85,623	780,096
21 UNIT COST MULTIPLIER		0.123292	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (MME DEPRE)	EMPLOYEE BEN EFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL	377	3,252	91,014		33,923	377
2 SKILLED NURSING CARE			240,934		332,834	
3 PHYSICAL THERAPY			37,767		52,173	
4 OCCUPATIONAL THERAPY			7,007		16,690	
5 SPEECH PATHOLOGY			396		547	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			42,558		58,789	
8 SUPPLIES					24,139	
9 DRUGS						
9.20 COST ADMINISTERING DRUGS					1,508	
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)	377	3,252	419,676		520,603	377
21 COST TO BE ALLOCATED	28,367	3,252	10,622		199,545	12,682
22 UNIT COST MULTIPLIER	75.244032	1.000000	0.025310		0.383296	33.639257

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT DAYS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	CENTRAL SERVICES & SUPPLIES (TIME SPENT)
	9	10	11	12	14	15
1 ADMIN & GENERAL		20		1,172		
2 SKILLED NURSING CARE					1,172	
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)		20		1,172	1,172	
21 COST TO BE ALLOCATED		3,154		22,861	17,723	
22 UNIT COST MULTIPLIER		157.700000		19.505973	15.122014	

HHA 1

HHA COST CENTER	PHARMACY (COSTED REQUIS. 16	MEDICAL RECO RDS & LIBRAR (GROSS CHARGES) 17	SOCIAL SERVI CE (TIME SPENT) 18
1 ADMIN & GENERAL			
2 SKILLED NURSING CARE			
3 PHYSICAL THERAPY			
4 OCCUPATIONAL THERAPY			
5 SPEECH PATHOLOGY			
6 MEDICAL SOCIAL SERVICES			18
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)			18
21 COST TO BE ALLOCATED			3,528
22 UNIT COST MULTIPLIER			196.000000

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							6
1 SKILLED NURSING	2	537,081	2	537,081	6,086	88.25	1,929
2 PHYSICAL THERAPY	3	81,069		81,069	954	84.98	448
3 OCCUPATIONAL THERAPY	4	25,933		25,933	277	93.62	78
4 SPEECH PATHOLOGY	5	850		850	10	85.00	4
5 MEDICAL SOCIAL SERVICES	6	3,963		3,963	14	283.07	6
6 HOME HEALTH AIDE SERVICE	7	91,349		91,349	1,075	84.98	256
7 TOTAL		740,245		740,245	8,416		2,721

PROGRAM VISITS	PART B		COST OF SERVICES		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR		
1 SKILLED NURSING	7	8	9	10	11	12
2 PHYSICAL THERAPY	2,137	173	170,234	188,590	358,824	
3 OCCUPATIONAL THERAPY	85	1	38,071	14,702	52,773	
4 SPEECH PATHOLOGY	1	1	7,302	7,958	15,260	
5 MEDICAL SOCIAL SERVICES	1	1	340	85	425	
6 HOME HEALTH AIDE SERVICES	560	1	1,698	283	1,981	
7 TOTAL	2,957	2	239,400	47,589	259,207	498,607

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

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

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART I) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	37,508		37,508	1,430	26.229371	441
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20	2,343		2,343	725	3.231724	

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	989		11,567	25,941
16 COST OF DRUGS				
16.20 COST OF DRUGS	725			2,343

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.891819			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.844815			COL 2, LN 3
3 SPEECH PATHOLOGY	52	1.076895			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55				COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.579866			COL 2, LN 16
5.01 ONCOLOGY	56.01				

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 3	PROGRAM COSTS PRIOR 1/1/1998 4	
1 PHYSICAL THERAPY		84.98	2.01	3.01	
2 OCCUPATIONAL THERAPY		93.62			
3 SPEECH PATHOLOGY		85.00			
4 TOTAL (SUM OF LINES 1-3)					

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII I HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	2,343	
	CUSTOMARY CHARGES	725	
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	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)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES	725	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	1,618	
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST	2,343
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	317,881
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	11,588
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	7,942
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE	
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES	
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	1,793
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	341,547
13	EXCESS REASONABLE COST	1,618
14	SUBTOTAL	339,929
15	COINSURANCE BILLED TO PROGRAM PATIENTS	
16	NET COST	339,929
17	REIMBURSABLE BAD DEBTS	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	339,929
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION	
21	OTHER ADJUSTMENTS (SPECIFY)	
22	SUBTOTAL	339,929
23	SEQUESTRATION ADJUSTMENT	
24	SUBTOTAL	339,929
25	INTERIM PAYMENTS	339,929
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	

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HHA NO:	TO 9/30/2009	WORKSHEET H-8
14-7418		

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		294,134		339,929
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				
ADJUSTMENTS TO PROGRAM .59				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		294,134		339,929
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 .59				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		294,134		339,929

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K
14-1557		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			11,629	7,909
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	85,130			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	62,669			
15 SPIRITUAL COUNSELING	30,782			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	178,581		11,629	7,909

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K
14-1557		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	17,260	36,798		36,798
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE	4,242	4,242		4,242
VISITING SERVICES				
9 PHYSICIAN SERVICES	3,155	3,155		3,155
10 NURSING CARE		85,130		85,130
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		62,669	-14,226	48,443
15 SPIRITUAL COUNSELING		30,782		30,782
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	33,864	33,864		33,864
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	1,096	1,096		1,096
25 MEDICAL SUPPLIES	3,866	3,866		3,866
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	63,483	261,602	-14,226	247,376

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K
14-1557		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		36,798
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		4,242
VISITING SERVICES		
9 PHYSICIAN SERVICES		3,155
10 NURSING CARE		85,130
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		48,443
15 SPIRITUAL COUNSELING		30,782
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		33,864
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		1,096
25 MEDICAL SUPPLIES		3,866
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		247,376

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
14-1557		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES	62,669	
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)	62,669	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
14-1557		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	85,130			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				30,782
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	85,130			30,782

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
14-1557		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	85,130
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	62,669
19	SPIRITUAL COUNSELING	30,782
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOME MAKER	
23	HH AIDE & HOME MAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	178,581

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1557		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1557		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				7,909
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				7,909

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1557		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	7,909
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	7,909

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1557		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	36,798			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPI TE CARE	4,242			
VISITING SERVICES				
9 PHYSICIAN SERVICES	3,155			
10 NURSING CARE	85,130			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	48,443			
15 SPIRITUAL COUNSELING	30,782			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	33,864			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	1,096			
25 MEDICAL SUPPLIES	3,866			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	247,376			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1557		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			36,798	36,798
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			4,242	741
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			3,155	551
13 NURSING CARE			85,130	14,876
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			48,443	8,465
19 SPIRITUAL COUNSELING			30,782	5,379
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			33,864	5,918
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS			1,096	192
34 MEDICAL SUPPLIES			3,866	676
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			210,578	36,798

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED 2/ 5/2010
14-1325	FROM 10/ 1/2008	WORKSHEET K-4
HOSPICE NO:	TO 9/30/2009	PART I
14-1557		

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	4,983
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	3,706
13	NURSING CARE	100,006
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	56,908
19	SPIRITUAL COUNSELING	36,161
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	39,782
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	1,288
34	MEDICAL SUPPLIES	4,542
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	247,376

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1557		PART 11

HOSPICE 1

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1557		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-36,798	210,578
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			4,242
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			3,155
13 NURSING CARE			85,130
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			48,443
19 SPIRITUAL COUNSELING			30,782
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			33,864
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			1,096
34 MEDICAL SUPPLIES			3,866
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			36,798
45 UNIT COST MULTIPLIER	.000000		.174748

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-1325
 HOSPICE NO: 14-1557
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7		28,367	2,083	4,160
3.00 INPATIENT - RESPIRE CARE	8	4,983			
4.00 PHYSICIAN SERVICES	9	3,706			
5.00 NURSING CARE	10	100,006			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	56,908			
10.00 SPIRITUAL COUNSELING	15	36,161			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	39,782			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24	1,288			
20.00 MEDICAL SUPPLIES	25	4,542			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		247,376	28,367	2,083	4,160
30.00 UNIT COST MULTIPLIER					

SUBTOTAL ADMINISTRATIVE & GENERAL OPERATIONS OF PLANT LAUNDRY & LINEN SERVICE

HOSPICE COST CENTER	5A	6	8	9
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	34,610	13,266	12,682	
3.00 INPATIENT - RESPIRE CARE	4,983	1,910		
4.00 PHYSICIAN SERVICES	3,706	1,420		
5.00 NURSING CARE	100,006	38,332		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	56,908	21,813		
10.00 SPIRITUAL COUNSELING	36,161	13,860		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	39,782	15,248		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	1,288	494		
20.00 MEDICAL SUPPLIES	4,542	1,741		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	281,986	108,084	12,682	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-1325 HOSPICE NO: 14-1557
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010 WORKSHEET K-5 PART I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	89,911		89,911	
3.00 INPATIENT - RESPIRE CARE	6,893		6,893	
4.00 PHYSICIAN SERVICES	5,126		5,126	
5.00 NURSING CARE	138,338		138,338	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	78,721		78,721	
10.00 SPIRITUAL COUNSELING	50,021		50,021	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	55,030		55,030	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	1,782		1,782	
20.00 MEDICAL SUPPLIES	6,283		6,283	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	432,105		432,105	
30.00 UNIT COST MULTIPLIER				.000000

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	89,911
3.00 INPATIENT - RESPIRE CARE	6,893
4.00 PHYSICIAN SERVICES	5,126
5.00 NURSING CARE	138,338
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	78,721
10.00 SPIRITUAL COUNSELING	50,021
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	55,030
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	1,782
20.00 MEDICAL SUPPLIES	6,283
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	432,105
30.00 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 2/ 5/2010
14-1325	FROM 10/ 1/2008	WORKSHEET K-5
HOSPICE NO:	TO 9/30/2009	PART I
14-1557		

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

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

PROVIDER NO: 14-1325
HOSPICE NO: 14-1557
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/5/2010
WORKSHEET K-5
PART 11

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE EQUIP (MME DEP) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	377	2,083	164,355	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	377	2,083	164,355	
30.00 TOTAL COST TO BE ALLOCATED	28,367	2,083	4,160	
31.00 UNIT COST MULTIPLIER	75.244032	1.000000	.025311	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (TIME SPENT) 10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	34,610	377		
3.00 INPATIENT - RESPIRE CARE	4,983			
4.00 PHYSICIAN SERVICES	3,706			
5.00 NURSING CARE	100,006			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	56,908			
10.00 SPIRITUAL COUNSELING	36,161			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	39,782			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	1,288			
20.00 MEDICAL SUPPLIES	4,542			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
14-1557		PART II

HOSPICE 1

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6	8	9	10
29.00 TOTAL (SUM OF LINE 1 THRU 28)	281,986	377		
30.00 TOTAL COST TO BE ALLOCATED	108,084	12,682		
31.00 UNIT COST MULTIPLIER	.383296	33.639257	.000000	.000000

HOSPICE COST CENTER	DIETARY (PATIENT DAYS)	CAFETERIA (FTE' S)	NURSING ADMINISTRATION (NURSING FTE' S)	CENTRAL SERVICES & SUPPLY (TIME SPENT)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE			559	559
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		559	559	
30.00 TOTAL COST TO BE ALLOCATED		10,904	8,453	
31.00 UNIT COST MULTIPLIER	.000000	19.506261	15.121646	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
14-1557		PART II

HOSPICE 1

PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
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HOSPICE COST CENTER

(COSTED REQUIS.)	(GROSS CHARGES)	(TIME SPENT)
16	17	18

1.00 ADMINISTRATIVE AND GENERAL			
2.00 INPATIENT - GENERAL CARE			51
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)			51
30.00 TOTAL COST TO BE ALLOCATED			9,996
31.00 UNIT COST MULTIPLIER	.000000	.000000	196.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
14-1557		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3
1	PHYSICAL THERAPY	50	.891819	
2	OCCUPATIONAL THERAPY	51	.844815	
3	SPEECH PATHOLOGY	52	1.076895	
4	DRUGS CHARGED TO PATIENTS	56	.579866	
4.01	ONCOLOGY	56.01		
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.239735	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		
8	EMERGENCY	61	.671576	
9	RADIOLOGY-DIAGNOSTIC	41	.885736	
10	OTHER ANCI LLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-6
14-1557		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				432,105
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				4,398
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				98.25
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	4,280			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	420,510			
6 UNDUPLICATED MEDICAID DAYS		109		
7 AGGREGATE MEDICAID COST		10,709		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			9	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			884	

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

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

PROVIDER NO: 14-1325
 COMPONENT NO: 14-3445
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 WORKSHEET M-1

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1				
2	1,061,942		1,061,942	
3	99,709		99,709	
4				
5				
6				
7				
8				
9	394,261		394,261	-34,865
10	1,555,912		1,555,912	-34,865
COSTS UNDER AGREEMENT				
11				
12				
13				
14				
OTHER HEALTH CARE COSTS				
15				
16		15,558	15,558	
17				
18				
19		232,295	232,295	-91,630
20				
21		247,853	247,853	-91,630
22	1,555,912	247,853	1,803,765	-126,495
COSTS OTHER THAN RHC/FQHC SERVICES				
23				
24				
25				
26				
27				
28				
FACILITY OVERHEAD				
29				
30				
31				
32	1,555,912	247,853	1,803,765	-126,495

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

PROVIDER NO: 14-1325
 COMPONENT NO: 14-3445
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 WORKSHEET M-1

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1	1,061,942	-148,397	913,545
2	99,709		99,709
3			
4			
5			
6			
7			
8			
9	359,396		359,396
10	1,521,047	-148,397	1,372,650
COSTS UNDER AGREEMENT			
11			
12			
13			
14			
OTHER HEALTH CARE COSTS			
15	15,558		15,558
16			
17			
18			
19	140,665		140,665
20			
21	156,223		156,223
22	1,677,270	-148,397	1,528,873
COSTS OTHER THAN RHC/FQHC SERVICES			
23			
24			
25			
26			
27			
28			
FACILITY OVERHEAD			
29			
30			
31			
32	1,677,270	-148,397	1,528,873

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-2
14-3445		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	3.97	9,480	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	1.71	2,905	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	5.68	12,385	
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5.68	12,385	
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)	1,528,873		
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)	1,528,873		
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)			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	2,071,795		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	2,071,795		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	2,071,795		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	2,071,795		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	3,600,668		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	20,265		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	20,265		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2008	2/ 5/2010
COMPONENT NO:	TO	WORKSHEET M-3
14-3445	9/30/2009	

TITLE XVII I RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	3,600,668
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	3,600,668
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	20,265
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	20,265
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	177.68

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	75.63
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	177.68
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	351
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	62,366
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	1,054
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	187,275
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)*	249,641
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	18,951
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	230,690
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	184,552
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	184,552
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)	184,552
25	INTERIM PAYMENTS	151,671
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	32,881
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2	

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

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

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

PROVIDER NO: 14-1325
 COMPONENT NO: 14-3445
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/5/2010
 WORKSHEET M-5

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY 1	B AMOUNT 2
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		128,202
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	2/24/2009	23,469
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		23,469
4 TOTAL INTERIM PAYMENTS		151,671
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)		32,881
SETTLEMENT TO PROVIDER .01		
SETTLEMENT TO PROGRAM .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		184,552

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.