

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		14-1344		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2009 TIME 10:50

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:
 LAWRENCE COUNTY MEMORIAL HOSPITAL 14-1344
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	28,252	96,952	0	
3	SWING BED - SNF	0	8,187	0	0	
9	RHC	0	0	9,949	0	
100	TOTAL	0	36,439	106,901	0	

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

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

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST 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). N 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). / /

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 2111 LEXINGTON AVENUE
 1.01 CITY: LAWRENCEVILLE STATE: IL ZIP CODE: 62439 COUNTY:
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-1344

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

PREPARED 11/24/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		270,616	270,616		270,616
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		335,503	335,503		335,503
5	0500 EMPLOYEE BENEFITS		1,845,316	1,845,316	27,770	1,873,086
6.01	0600 ADMINISTRATION & GENERAL	281,712	293,368	575,080		575,080
6.02	0630 PURCHASING, RECEIVING AND STORES	57,916	4,613	62,529		62,529
6.03	1160 COMMUNICATIONS		40,556	40,556		40,556
6.04	0660 OTHER ADMINISTRATION AND GENERAL	146,013	937,073	1,083,086	-27,770	1,055,316
7	0700 MAINTENANCE & REPAIRS	131,444	109,335	240,779		240,779
8	0800 OPERATION OF PLANT		160,171	160,171	7,119	167,290
9	0900 LAUNDRY & LINEN SERVICE		40,421	40,421		40,421
10	1000 HOUSEKEEPING	158,918	24,667	183,585		183,585
11	1100 DIETARY	185,130	184,711	369,841	-299,904	69,937
12	1200 CAFETERIA				299,904	299,904
14	1400 NURSING ADMINISTRATION	118,973	4,754	123,727		123,727
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY	143,942	23,648	167,590		167,590
17	1700 MEDICAL RECORDS & LIBRARY	166,883	42,116	208,999	43,257	252,256
18	1800 SOCIAL SERVICE	74,298	8,923	83,221		83,221
20	2000 NONPHYSICIAN ANESTHETISTS		35,457	35,457		35,457
25	2500 ADULTS & PEDIATRICS	728,415	55,551	783,966		783,966
31	3100 SUBPROVIDER					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	121,338	117,722	239,060		239,060
40	4000 ANESTHESIOLOGY	5,280	233,982	239,262		239,262
41	4100 RADIOLOGY-DIAGNOSTIC	196,211	632,216	828,427		828,427
44	4400 LABORATORY	362,011	370,220	732,231		732,231
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		47,298	47,298		47,298
49	4900 RESPIRATORY THERAPY	21,385	165,005	186,390	19,545	205,935
50	5000 PHYSICAL THERAPY	94,921	10,719	105,640		105,640
50.01	3160 CARDIAC REHAB	13,896	26,130	40,026	-19,545	20,481
53	5300 ELECTROCARDIOLOGY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		57,016	57,016		57,016
56	5600 DRUGS CHARGED TO PATIENTS		159,377	159,377		159,377
59	3950 OTHER ANCILLARY SERVICE COST CENTERS	8,654	7,250	15,904		15,904
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	280,207	543,115	823,322	-64,909	758,413
61	6100 EMERGENCY	310,749	1,093,276	1,404,025	-43,257	1,360,768
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4040 FAMILY PRACTICE					
63.50	6310 RURAL HEALTH CLINIC				129,458	129,458
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	401,064	81,271	482,335	-7,119	475,216
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	4,009,360	7,961,396	11,970,756	64,549	12,035,305
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	135,271	269,056	404,327	-64,549	339,778
98.01	9801 RURAL HEALTH CLINIC (NON-CERTIFIED)					
98.02	9802 LSC					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	4,144,631	8,230,452	12,375,083	-0-	12,375,083

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009
I 14-1344 I FROM 7/ 1/2008 I WORKSHEET A
I I TO 6/30/2009 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		270,616
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-12,059	323,444
5	0500 EMPLOYEE BENEFITS	-392,687	1,480,399
6.01	0600 ADMINISTRATIVE & GENERAL	-34,434	540,646
6.02	0630 PURCHASING, RECEIVING AND STORES		62,529
6.03	1160 COMMUNICATIONS		40,556
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	-111,984	943,332
7	0700 MAINTENANCE & REPAIRS		240,779
8	0800 OPERATION OF PLANT		167,290
9	0900 LAUNDRY & LINEN SERVICE		40,421
10	1000 HOUSEKEEPING		183,585
11	1100 DIETARY		69,937
12	1200 CAFETERIA	-83,968	215,936
14	1400 NURSING ADMINISTRATION		123,727
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		167,590
17	1700 MEDICAL RECORDS & LIBRARY	-5,235	247,021
18	1800 SOCIAL SERVICE		83,221
20	2000 NONPHYSICIAN ANESTHETISTS		35,457
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		783,966
31	3100 SUBPROVIDER		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		239,060
40	4000 ANESTHESIOLOGY	-208,340	30,922
41	4100 RADIOLOGY-DIAGNOSTIC		828,427
44	4400 LABORATORY		732,231
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		47,298
49	4900 RESPIRATORY THERAPY		205,935
50	5000 PHYSICAL THERAPY		105,640
50.01	3160 CARDIAC REHAB	-455	20,026
53	5300 ELECTROCARDIOLOGY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-18,300	38,716
56	5600 DRUGS CHARGED TO PATIENTS	-1,027	158,350
59	3950 OTHER ANCILLARY SERVICE COST CENTERS		15,904
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-455,272	303,141
61	6100 EMERGENCY	-211,967	1,148,801
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4040 FAMILY PRACTICE		
63.50	6310 RURAL HEALTH CLINIC		129,458
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		475,216
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-1,535,728	10,499,577
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		339,778
98.01	9801 RURAL HEALTH CLINIC (NON-CERTIFIED)		
98.02	9802 LSC		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-1,535,728	10,839,355

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1344
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE & GENERAL	0600	
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	COMMUNICATIONS	1160	COMMUNICATIONS
6.04	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
31	SUBPROVIDER	3100	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	CARDIAC REHAB	3160	CARDIOPULMONARY
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	OTHER ANCILLARY SERVICE COST CENTERS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	FAMILY PRACTICE	4040	FAMILY PRACTICE
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	RURAL HEALTH CLINIC (NON-CERTIFIED)	9801	PHYSICIANS' PRIVATE OFFICES
98.02	LSC	9802	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 141344	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/24/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA RECLASS	A	CAFETERIA	12	150,122	149,782
2 EMPLOYEE BENEFIT RECLASS	B	EMPLOYEE BENEFITS	5	27,770	
3 AMBULANCE OVERHEAD COST RECLASS	E	OPERATION OF PLANT	8		7,119
4 TRANSCRIPTION COSTS RECLASS	F	MEDICAL RECORDS & LIBRARY	17		43,257
5 CARDIAC REHAB RECLASS	G	RESPIRATORY THERAPY	49		19,545
6 RHC RECLASS	H	RURAL HEALTH CLINIC	63.50	58,410	71,048
7					
36 TOTAL RECLASSIFICATIONS				236,302	290,751

(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: 141344	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/24/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
1 CAFETERIA RECLASS	A	6	11	150,122	149,782
2 EMPLOYEE BENEFIT RECLASS	B		6.04	27,770	
3 AMBULANCE OVERHEAD COST RECLASS	E		65		7,119
4 TRANSCRIPTION COSTS RECLASS	F		61		43,257
5 CARDIAC REHAB RECLASS	G		50.01		19,545
6 RHC RECLASS	H		60	36,618	28,291
7			98	21,792	42,757
36 TOTAL RECLASSIFICATIONS				236,302	290,751

(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:
141344

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

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

RECLASS CODE: A
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	299,904	DIETARY	11	299,904	
TOTAL RECLASSIFICATIONS FOR CODE A			299,904				299,904

RECLASS CODE: B
EXPLANATION : EMPLOYEE BENEFIT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	27,770	OTHER ADMINISTRATIVE AND GENERAL	6.04	27,770	
TOTAL RECLASSIFICATIONS FOR CODE B			27,770				27,770

RECLASS CODE: E
EXPLANATION : AMBULANCE OVERHEAD COST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	7,119	AMBULANCE SERVICES	65	7,119	
TOTAL RECLASSIFICATIONS FOR CODE E			7,119				7,119

RECLASS CODE: F
EXPLANATION : TRANSCRIPTION COSTS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL RECORDS & LIBRARY	17	43,257	EMERGENCY	61	43,257	
TOTAL RECLASSIFICATIONS FOR CODE F			43,257				43,257

RECLASS CODE: G
EXPLANATION : CARDIAC REHAB RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	19,545	CARDIAC REHAB	50.01	19,545	
TOTAL RECLASSIFICATIONS FOR CODE G			19,545				19,545

RECLASS CODE: H
EXPLANATION : RHC RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RURAL HEALTH CLINIC	63.50	129,458	CLINIC	60	64,909	
2.00			0	PHYSICIANS' PRIVATE OFFICES	98	64,549	
TOTAL RECLASSIFICATIONS FOR CODE H			129,458				129,458

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
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		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	20,150						20,150	
2 LAND IMPROVEMENTS	142,586	206,835			206,835		349,421	
3 BUILDINGS & FIXTURE	3,945,155	1,345,567			1,345,567		5,290,722	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT	325,922	173,835			173,835		499,757	
6 MOVABLE EQUIPMENT	3,982,912	158,801			158,801		4,141,713	
7 SUBTOTAL	8,416,725	1,885,038			1,885,038		10,301,763	
8 RECONCILING ITEMS								
9 TOTAL	8,416,725	1,885,038			1,885,038		10,301,763	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
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	B	-11,939	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-18,300	MEDICAL SUPPLIES CHARGED	55	
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	-417,965			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-83,968	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTTHS					
18 SALE OF MED AND SURG SUPPLIES	B	-5,235	MEDICAL RECORDS & LIBRARY	17	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,027	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 MISC REVENUE - ADMIN	B	-1,887	OTHER ADMINISTRATIVE AND	6.04	
38 PART B PHYSICIAN BILLING COSTS	A	-34,434	ADMINISTRATIVE & GENERAL	6.01	
39 TELEPHONE OFFSET	A	-120	NEW CAP REL COSTS-MVBLE E	4	14
40 TELEPHONE OFFSET	A	-2,087	OTHER ADMINISTRATIVE AND	6.04	
41 TELEPHONE OFFSET	A	-567	EMPLOYEE BENEFITS	5	
42 PHYSICIAN MALPRACTICE COSTS	A	-2,797	EMERGENCY	61	
43 PHYSICIAN RECRUITMENT	A	-77,619	OTHER ADMINISTRATIVE AND	6.04	
44 MISC EXPENSE - ADMIN	A	-3,927	OTHER ADMINISTRATIVE AND	6.04	
45 DONATIONS EXPENSE	A	-7,823	OTHER ADMINISTRATIVE AND	6.04	
46 ADVERTISING	A	-10,370	OTHER ADMINISTRATIVE AND	6.04	
47 LOBBYING EXPENSE	A	-6,705	OTHER ADMINISTRATIVE AND	6.04	
48 PROMOTIONAL ITEMS	A	-1,566	OTHER ADMINISTRATIVE AND	6.04	
49 ADVERTISING - CLINIC	A	-135	CLINIC	60	
49.01 SELF-INSURANCE	A	-392,120	EMPLOYEE BENEFITS	5	
49.02 PHYSICIAN COST OFFSETS	A	-455,137	CLINIC	60	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,535,728			

(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

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	50 1 CARDIAC REHAB (41026005)	455	455					
2	61 EMERGENCY	999,360	209,170	790,190				
3	40 ANESTHESIOLOGY	208,340	208,340					
4								
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	1,208,155	417,965	790,190				

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED		23.00		
10	AHSEA (SEE INSTRUCTIONS)		68.36		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	34.18	34.18		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	1,572
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	1,572
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	1,572

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	68.35
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	53,313
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	53,313

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	12,476
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	12,476
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	12,476

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

PHYSICAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 12,476
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 53,313
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 12,476
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 65,789
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 1,365

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	1,365
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	1,365
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

RESPIRATORY THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	1783.00	3299.00		
10	AHSEA (SEE INSTRUCTIONS)	64.01	50.90		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	25.45	25.45		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	114,130
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	167,919
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	282,049
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	282,049

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	282,049

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	9,289
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	9,289
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	9,289

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

RESPIRATORY THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 9,289
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 282,049
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 9,289
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 291,338
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 146,509

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	146,509
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	146,509
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9		113.00			
10		62.29			
11	31.15	31.15			
12					
12.01					
13					
13.01					

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	7,039
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	7,039
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	7,039

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	62.29
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	48,586
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	48,586

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	11,370
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	11,370
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	11,370

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

SPEECH PATHOLOGY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 11,370
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 48,586
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 11,370
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 59,956
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 7,224

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66 COST OF OUTSIDE SUPPLIER SERVICES - 7,224
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 7,224
 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
 68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
 69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2009
 I 14-1344 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6.01	ADMINISTRATIVE & GENERAL	C	GROSS	CHARGES	NOT ENTERED
6.02	PURCHASING, RECEIVING AND STORES	14	COSTED	REQUI S.	ENTERED
6.03	COMMUNICATIONS	17	TIME	SPENT	ENTERED
6.04	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	6	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	19	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6.01	PURCHASING, RECEIVING AND 6.02	COMMUNICATIONS 6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	270,616	270,616					
005 NEW CAP REL COSTS-MVBLE E	323,444		323,444				
006 EMPLOYEE BENEFITS	1,480,399			1,480,399			
006 01 ADMINISTRATIVE & GENERAL	540,646	5,224	3,218	101,302	650,390		
006 02 PURCHASING, RECEIVING AND	62,529	4,494		20,826		87,849	
006 03 COMMUNICATIONS	40,556						40,556
006 04 OTHER ADMINISTRATIVE AND	943,332	8,662	4,375	42,519		4,825	3,605
007 MAINTENANCE & REPAIRS	240,779			47,266			
008 OPERATION OF PLANT	167,290	72,112	5,067			4,886	2,403
009 LAUNDRY & LINEN SERVICE	40,421						
010 HOUSEKEEPING	183,585			57,146		3,247	300
011 DIETARY	69,937	2,464	289	12,589		1,058	1,202
012 CAFETERIA	215,936	10,504	1,230	53,983		4,509	
014 NURSING ADMINISTRATION	123,727	674		42,782		27	901
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	167,590	1,768		51,761			
017 MEDICAL RECORDS & LIBRARY	247,021	6,954	3,118	60,010		871	3,905
018 SOCIAL SERVICE	83,221			26,717		809	601
020 NONPHYSICIAN ANESTHETISTS	35,457						
025 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	783,966	22,502	8,008	261,936	46,898	6,669	7,813
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	239,060	23,027	25,891	43,632	38,800	9,877	2,704
041 ANESTHESIOLOGY	30,922		2,238	1,899	7,379	736	300
044 RADIOLOGY-DIAGNOSTIC	828,427	8,684	142,539	70,556	164,406	11,710	1,802
046 LABORATORY	732,231	6,164	9,479	130,177	143,387	7,267	1,502
049 WHOLE BLOOD & PACKED RED	47,298				4,023	23	
050 RESPIRATORY THERAPY	205,935	4,003	121	7,690	17,493	1,647	1,502
050 01 PHYSICAL THERAPY	105,640	4,097	540	34,133	9,482	162	901
053 CARDIAC REHAB	20,026	2,472	12,036	4,997	1,398	2,608	300
055 ELECTROCARDIOLOGY							
056 MEDICAL SUPPLIES CHARGED	38,716				20,476	7,518	
059 DRUGS CHARGED TO PATIENTS	158,350		122		50,559	768	601
060 OTHER ANCILLARY SERVICE C	15,904			3,112	641	220	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	303,141	21,712	35,601	87,593	4,716	2,120	1,802
062 EMERGENCY	1,148,801	14,994	6,319	111,743	109,214	5,708	2,103
063 OBSERVATION BEDS (NON-DIS							
063 50 FAMILY PRACTICE							
063 50 RURAL HEALTH CLINIC	129,458	3,644	5,635	21,004	3,321	909	5,107
065 OTHER REIMBURS COST CNTRS							
065 01 AMBULANCE SERVICES	475,216	9,227	8,847	144,220	28,197	5,050	1,202
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,499,577	233,382	274,673	1,439,593	650,390	83,224	40,556
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC	339,778	31,538	48,771	40,806		4,625	
098 02 RURAL HEALTH CLINIC (NON-C							
100 LSC							
101 OTHER NONREIMBURSABLE COS		5,696					
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,839,355	270,616	323,444	1,480,399	650,390	87,849	40,556

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6a. 03	6. 04	7	8	9	10	11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL							
006 02 PURCHASING, RECEIVING AND							
006 03 COMMUNICATIONS							
006 04 OTHER ADMINISTRATIVE AND	1,007,318	1,007,318					
007 MAINTENANCE & REPAIRS	288,045	29,511	317,556				
008 OPERATION OF PLANT	251,758	25,793	90,785	368,336			
009 LAUNDRY & LINEN SERVICE	40,421	4,141			44,562		
010 HOUSEKEEPING	244,278	25,027				269,305	
011 DIETARY	87,539	8,969	3,102	5,039		7,690	112,339
012 CAFETERIA	286,162	29,318	13,224	21,480		32,740	
014 NURSING ADMINISTRATION	168,111	17,223	849	1,378		669	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	221,119	22,654	2,225	3,614		585	
017 MEDICAL RECORDS & LIBRARY	321,879	32,977	8,755	14,220		6,158	
018 SOCIAL SERVICE	111,348	11,408					
020 NONPHYSICIAN ANESTHETISTS	35,457	3,633					
025 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	1,137,792	116,570	28,330	46,015	26,815	61,886	112,339
037 SUBPROVIDER							
040 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	382,991	39,239	28,990	47,087	4,528	25,273	
041 ANESTHESIOLOGY	43,474	4,454					
044 RADIOLOGY-DIAGNOSTIC	1,228,124	125,825	10,933	17,758	3,401	11,675	
046 LABORATORY	1,030,207	105,548	7,760	12,605		14,935	
049 WHOLE BLOOD & PACKED RED	51,344	5,260					
050 RESPIRATORY THERAPY	238,391	24,424	5,040	8,186	23	6,353	
050 01 PHYSICAL THERAPY	154,955	15,876	5,158	8,378	1,584	5,712	
053 01 CARDIAC REHAB	43,837	4,491	3,112	5,054		4,932	
055 ELECTROCARDIOLOGY							
056 MEDICAL SUPPLIES CHARGED	66,710	6,835					
059 DRUGS CHARGED TO PATIENTS	210,400	21,556					
060 OTHER ANCILLARY SERVICE C	19,877	2,036					
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	456,685	46,789	27,335	44,399		2,759	
062 EMERGENCY	1,398,882	143,316	18,877	30,661	7,301	26,861	
063 OBSERVATION BEDS (NON-DIS							
063 50 FAMILY PRACTICE							
063 RURAL HEALTH CLINIC	169,078	17,323	4,587	7,451		10,393	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	671,959	68,844	11,617	18,869	910	1,560	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,368,141	959,040	270,679	292,194	44,562	220,181	112,339
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC	465,518	47,694	39,706	64,495		49,124	
098 02 RURAL HEALTH CLINIC (NON-C							
100 LSC							
101 OTHER NONREIMBURSABLE COS	5,696	584	7,171	11,647			
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,839,355	1,007,318	317,556	368,336	44,562	269,305	112,339

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL							
006 02 PURCHASING, RECEIVING AND							
006 03 COMMUNICATIONS							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	382,924						
014 NURSING ADMINISTRATION	8,605	196,835					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY				250,197			
017 MEDICAL RECORDS & LIBRARY	30,118				414,107		
018 SOCIAL SERVICE	4,303					127,059	
020 NONPHYSICIAN ANESTHETISTS							39,090
025 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	98,955	130,353			109,649	127,059	
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	12,908	16,786			83,489		
044 ANESTHESIOLOGY							39,090
041 RADIOLOGY-DIAGNOSTIC	21,513						
044 LABORATORY	43,025						
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY					21,707		
050 PHYSICAL THERAPY	8,605	9,380					
050 01 CARDIAC REHAB	4,303						
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	8,605			250,197			
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	34,420						
061 EMERGENCY	30,118	40,316			199,262		
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY PRACTICE							
063 50 RURAL HEALTH CLINIC	8,605						
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	55,933						
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	370,016	196,835		250,197	414,107	127,059	39,090
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	12,908						
098 01 RURAL HEALTH CLINIC (NON-C							
098 02 LSC							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	382,924	196,835		250,197	414,107	127,059	39,090

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 01 ADMINISTRATIVE & GENERAL			
006 02 PURCHASING, RECEIVING AND			
006 03 COMMUNICATIONS			
006 04 OTHER ADMINISTRATIVE AND			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
INPAT ROUTINE SRVC CNTRS			
ADULTS & PEDIATRICS	1,995,763		1,995,763
031 SUBPROVIDER			
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	641,291		641,291
040 ANESTHESIOLOGY	87,018		87,018
041 RADIOLOGY-DIAGNOSTIC	1,419,229		1,419,229
044 LABORATORY	1,214,080		1,214,080
046 WHOLE BLOOD & PACKED RED	56,604		56,604
049 RESPIRATORY THERAPY	304,124		304,124
050 PHYSICAL THERAPY	209,648		209,648
050 01 CARDIAC REHAB	65,729		65,729
053 ELECTROCARDIOLOGY			
055 MEDICAL SUPPLIES CHARGED	73,545		73,545
056 DRUGS CHARGED TO PATIENTS	490,758		490,758
059 OTHER ANCILLARY SERVICE C	21,913		21,913
OUTPAT SERVICE COST CNTRS			
060 CLINIC	612,387		612,387
061 EMERGENCY	1,895,594		1,895,594
062 OBSERVATION BEDS (NON-DIS			
063 FAMILY PRACTICE			
063 50 RURAL HEALTH CLINIC	217,437		217,437
OTHER REIMBURS COST CNTRS			
065 AMBULANCE SERVICES	829,692		829,692
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	10,134,812		10,134,812
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP			
098 PHYSICIANS' PRIVATE OFFIC	679,445		679,445
098 01 RURAL HEALTH CLINIC (NON-C			
098 02 LSC			
100 OTHER NONREIMBURSABLE COS	25,098		25,098
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	10,839,355		10,839,355

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1344
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PURCHASING, RECEIVING AND
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL		5,224	3,218	8,442		8,442	
006 02 PURCHASING, RECEIVING AND		4,494		4,494			4,494
006 03 COMMUNICATIONS							
006 04 OTHER ADMINISTRATIVE AND		8,662	4,375	13,037			247
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		72,112	5,067	77,179			250
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							166
011 DIETARY		2,464	289	2,753			54
012 CAFETERIA		10,504	1,230	11,734			231
014 NURSING ADMINISTRATION		674		674			1
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY		1,768		1,768			
017 MEDICAL RECORDS & LIBRARY		6,954	3,118	10,072			45
018 SOCIAL SERVICE							41
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS		22,502	8,008	30,510		609	341
037 SUBPROVIDER							
040 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		23,027	25,891	48,918		504	505
041 ANESTHESIOLOGY			2,238	2,238		96	38
044 RADIOLOGY-DIAGNOSTIC		8,684	142,539	151,223		2,134	601
046 LABORATORY		6,164	9,479	15,643		1,861	372
049 WHOLE BLOOD & PACKED RED						52	1
050 RESPIRATORY THERAPY		4,003	121	4,124		227	84
050 01 PHYSICAL THERAPY		4,097	540	4,637		123	8
053 CARDIAC REHAB		2,472	12,036	14,508		18	133
055 ELECTROCARDIOLOGY							
056 MEDICAL SUPPLIES CHARGED						266	385
059 DRUGS CHARGED TO PATIENTS			122	122		656	39
060 OTHER ANCILLARY SERVICE C						8	11
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		21,712	35,601	57,313		61	108
062 EMERGENCY		14,994	6,319	21,313		1,418	292
063 OBSERVATION BEDS (NON-DIS							
063 50 FAMILY PRACTICE							
063 RURAL HEALTH CLINIC		3,644	5,635	9,279		43	46
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		9,227	8,847	18,074		366	258
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		233,382	274,673	508,055		8,442	4,257
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC		31,538	48,771	80,309			237
098 02 RURAL HEALTH CLINIC (NON-C							
100 LSC							
101 OTHER NONREIMBURSABLE COS		5,696		5,696			
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		270,616	323,444	594,060		8,442	4,494

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1344
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.03	6.04	7	8	9	10	11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL							
006 02 PURCHASING, RECEIVING AND							
006 03 COMMUNICATIONS							
006 04 OTHER ADMINISTRATIVE AND		13,284					
007 MAINTENANCE & REPAIRS		389	389				
008 OPERATION OF PLANT		340	110	77,879			
009 LAUNDRY & LINEN SERVICE		55			55		
010 HOUSEKEEPING		330				496	
011 DIETARY		118	4	1,065		14	4,008
012 CAFETERIA		387	16	4,542		60	
014 NURSING ADMINISTRATION		227	1	291		1	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY		299	3	764		1	
017 MEDICAL RECORDS & LIBRARY		435	11	3,007		11	
018 SOCIAL SERVICE		150					
020 NONPHYSICIAN ANESTHETISTS		48					
025 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS		1,537	35	9,729	33	114	4,008
037 SUBPROVIDER							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		517	36	9,956	6	47	
044 ANESTHESIOLOGY		59					
046 RADIOLOGY-DIAGNOSTIC		1,659	13	3,755	4	22	
049 LABORATORY		1,392	10	2,665		28	
050 WHOLE BLOOD & PACKED RED		69					
050 01 RESPIRATORY THERAPY		322	6	1,731		12	
053 PHYSICAL THERAPY		209	6	1,771	2	11	
055 CARDIAC REHAB		59	4	1,069		9	
056 ELECTROCARDIOLOGY							
059 MEDICAL SUPPLIES CHARGED		90					
060 DRUGS CHARGED TO PATIENTS		284					
061 OTHER ANCILLARY SERVICE C		27					
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC		617	33	9,388		5	
063 50 EMERGENCY		1,892	23	6,483	9	49	
065 OBSERVATION BEDS (NON-DIS							
095 FAMILY PRACTICE							
096 RURAL HEALTH CLINIC		228	6	1,575		19	
098 OTHER REIMBURS COST CNTRS							
099 AMBULANCE SERVICES		908	14	3,989	1	3	
100 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS		12,647	331	61,780	55	406	4,008
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		629	49	13,636		90	
098 01 RURAL HEALTH CLINIC (NON-C							
098 02 LSC							
100 OTHER NONREIMBURSABLE COS		8	9	2,463			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		13,284	389	77,879	55	496	4,008

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1344
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL							
006 02 PURCHASING, RECEIVING AND							
006 03 COMMUNICATIONS							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	16,970						
014 NURSING ADMINISTRATION	381	1,576					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY				2,835			
017 MEDICAL RECORDS & LIBRARY	1,335				14,916		
018 SOCIAL SERVICE	191					382	
020 NONPHYSICIAN ANESTHETISTS							48
025 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	4,386	1,044			3,950	382	
037 SUBPROVIDER							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	572	134			3,007		
044 ANESTHESIOLOGY							
046 RADIOLOGY-DIAGNOSTIC	953						
049 LABORATORY	1,907						
050 WHOLE BLOOD & PACKED RED							
050 01 RESPIRATORY THERAPY	381	75			782		
053 CARDIAC REHAB	191						
055 ELECTROCARDIOLOGY							
056 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS	381			2,835			
060 OTHER ANCILLARY SERVICE C							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	1,525						
063 EMERGENCY	1,335	323			7,177		
063 50 OBSERVATION BEDS (NON-DIS							
065 FAMILY PRACTICE							
063 50 RURAL HEALTH CLINIC	381						
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES	2,479						
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	16,398	1,576		2,835	14,916	382	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC	572						
098 02 RURAL HEALTH CLINIC (NON-C							
100 LSC							
101 OTHER NONREIMBURSABLE COS							48
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	16,970	1,576		2,835	14,916	382	48

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1344
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 01 ADMINISTRATIVE & GENERAL			
006 02 PURCHASING, RECEIVING AND			
006 03 COMMUNICATIONS			
006 04 OTHER ADMINISTRATIVE AND			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	56,678		56,678
031 SUBPROVIDER			
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	64,202		64,202
040 ANESTHESIOLOGY	2,431		2,431
041 RADIOLOGY-DIAGNOSTIC	160,364		160,364
044 LABORATORY	23,878		23,878
046 WHOLE BLOOD & PACKED RED	122		122
049 RESPIRATORY THERAPY	7,288		7,288
050 PHYSICAL THERAPY	7,223		7,223
050 01 CARDIAC REHAB	15,991		15,991
053 ELECTROCARDIOLOGY			
055 MEDICAL SUPPLIES CHARGED	741		741
056 DRUGS CHARGED TO PATIENTS	4,317		4,317
059 OTHER ANCILLARY SERVICE C	46		46
OUTPAT SERVICE COST CNTRS			
060 CLINIC	69,050		69,050
061 EMERGENCY	40,314		40,314
062 OBSERVATION BEDS (NON-DIS			
063 FAMILY PRACTICE			
063 50 RURAL HEALTH CLINIC	11,577		11,577
OTHER REIMBURS COST CNTRS			
065 AMBULANCE SERVICES	26,092		26,092
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	490,314		490,314
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP			
098 PHYSICIANS' PRIVATE OFFIC	95,522		95,522
098 01 RURAL HEALTH CLINIC (NON-C			
098 02 LSC			
100 OTHER NONREIMBURSABLE COS	8,176		8,176
101 CROSS FOOT ADJUSTMENTS	48		48
102 NEGATIVE COST CENTER			
103 TOTAL	594,060		594,060

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PURCHASING, RECEIVING AND	COMMUNICATIONS
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(GROSS CHARGES)	(COSTED EQUIP.)	(TIME SPENT)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	72,265					
005 NEW CAP REL COSTS-MVB		387,736				
005 EMPLOYEE BENEFITS			4,116,861			
006 01 ADMINISTRATIVE & GENE	1,395	3,858	281,712	20,951,061		
006 02 PURCHASING, RECEIVING	1,200		57,916		666,284	
006 03 COMMUNICATIONS						135
006 04 OTHER ADMINISTRATIVE	2,313	5,245	118,243		36,593	12
007 MAINTENANCE & REPAIRS			131,444			
008 OPERATION OF PLANT	19,257	6,074			37,060	8
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING			158,918		24,625	1
011 DIETARY	658	346	35,008		8,022	4
012 CAFETERIA	2,805	1,474	150,122		34,199	
014 NURSING ADMINISTRATIO	180		118,973		204	3
015 CENTRAL SERVICES & SU						
016 PHARMACY	472		143,942			
017 MEDICAL RECORDS & LIB	1,857	3,738	166,883		6,605	13
018 SOCIAL SERVICE			74,298		6,136	2
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN						
031 ADULTS & PEDIATRICS	6,009	9,600	728,415	1,510,732	50,583	26
037 SUBPROVIDER						
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	6,149	31,038	121,338	1,249,872	74,915	9
044 ANESTHESIOLOGY		2,683	5,280	237,711	5,583	1
046 RADIOLOGY-DIAGNOSTIC	2,319	170,872	196,211	5,295,909	88,813	6
049 LABORATORY	1,646	11,363	362,011	4,618,971	55,116	5
050 WHOLE BLOOD & PACKED				129,596	176	
053 RESPIRATORY THERAPY	1,069	145	21,385	563,495	12,492	5
055 PHYSICAL THERAPY	1,094	647	94,921	305,460	1,227	3
059 01 CARDIAC REHAB	660	14,429	13,896	45,023	19,781	1
056 ELECTROCARDIOLOGY						
059 MEDICAL SUPPLIES CHAR				659,609	57,016	
060 DRUGS CHARGED TO PATI		146		1,628,663	5,827	2
061 OTHER ANCILLARY SERVI			8,654	20,650	1,665	
062 OUTPAT SERVICE COST C						
063 CLINIC	5,798	42,677	243,589	151,916	16,079	6
066 EMERGENCY	4,004	7,575	310,749	3,518,168	43,294	7
062 OBSERVATION BEDS (NON						
063 FAMILY PRACTICE						
063 50 RURAL HEALTH CLINIC	973	6,755	58,410	106,975	6,892	17
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	2,464	10,606	401,064	908,311	38,300	4
095 SPEC PURPOSE COST CEN						
096 SUBTOTALS	62,322	329,271	4,003,382	20,951,061	631,203	135
098 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
098 01 PHYSICIANS' PRIVATE O	8,422	58,465	113,479		35,081	
098 02 RURAL HEALTH CLINIC (N						
100 LSC						
101 OTHER NONREIMBURSABLE	1,521					
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
104 COST TO BE ALLOCATED	270,616	323,444	1,480,399	650,390	87,849	40,556
104 (WRKSHT B, PART I)						
105 UNIT COST MULTIPLIER	3.744773		.359594		.131849	
105 (WRKSHT B, PT I)		.834186		.031043		300.414815
106 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
107 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
108 COST TO BE ALLOCATED				8,442	4,494	
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.006745	
108 (WRKSHT B, PT III)				.000403		

COST CENTER DESCRIPTION	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	(S)
	6a.04	6.04	7	8	9	10	11	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 ADMINISTRATIVE & GENERAL								
006 02 PURCHASING, RECEIVING								
006 03 COMMUNICATIONS								
006 04 OTHER ADMINISTRATIVE	-1,007,318	9,832,037						
007 MAINTENANCE & REPAIRS		288,045	67,357					
008 OPERATION OF PLANT		251,758	19,257	48,100				
009 LAUNDRY & LINEN SERVICE		40,421			82,597			
010 HOUSEKEEPING		244,278				9,665		
011 DIETARY		87,539	658	658		276	2,241	
012 CAFETERIA		286,162	2,805	2,805		1,175		
014 NURSING ADMINISTRATIVE		168,111	180	180		24		
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY		221,119	472	472		21		
017 MEDICAL RECORDS & LIBRARY		321,879	1,857	1,857		221		
018 SOCIAL SERVICE		111,348						
020 NONPHYSICIAN ANESTHETIC		35,457						
025 INPATIENT ROUTINE SERVICE CENTER		1,137,792	6,009	6,009	49,705	2,221	2,241	
031 SUBPROVIDER								
037 ANCILLARY SERVICE COST CENTER								
040 OPERATING ROOM		382,991	6,149	6,149	8,392	907		
041 ANESTHESIOLOGY		43,474						
044 RADIOLOGY-DIAGNOSTIC		1,228,124	2,319	2,319	6,303	419		
046 LABORATORY		1,030,207	1,646	1,646		536		
049 WHOLE BLOOD & PACKED		51,344						
050 RESPIRATORY THERAPY		238,391	1,069	1,069	43	228		
050 01 PHYSICAL THERAPY		154,955	1,094	1,094	2,936	205		
053 01 CARDIAC REHAB		43,837	660	660		177		
055 ELECTROCARDIOLOGY								
056 MEDICAL SUPPLIES CHARGED TO PATIENT		66,710						
059 DRUGS CHARGED TO PATIENT		210,400						
060 OTHER ANCILLARY SERVICE		19,877						
060 OUTPAT SERVICE COST CENTER								
061 CLINIC		456,685	5,798	5,798		99		
061 EMERGENCY		1,398,882	4,004	4,004	13,532	964		
062 OBSERVATION BEDS (NON)								
063 FAMILY PRACTICE								
063 50 RURAL HEALTH CLINIC		169,078	973	973		373		
065 OTHER REIMBURSABLE COST CENTER								
065 AMBULANCE SERVICES		671,959	2,464	2,464	1,686	56		
095 SPEC PURPOSE COST CENTER								
095 SUBTOTALS	-1,007,318	9,360,823	57,414	38,157	82,597	7,902	2,241	
096 NONREIMBURSABLE COST CENTER								
098 GIFT, FLOWER, COFFEE								
098 PHYSICIANS' PRIVATE OFFICE		465,518	8,422	8,422		1,763		
098 01 RURAL HEALTH CLINIC (NON)								
098 02 LSC								
100 OTHER NONREIMBURSABLE		5,696	1,521	1,521				
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED		1,007,318	317,556	368,336	44,562	269,305	112,339	
104 (WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.102453		7.657713		27.863942	50.128960	
105 (WRKSHT B, PT I)			4.714521		.539511			
105 COST TO BE ALLOCATED								
106 (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
106 (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED		13,284	389	77,879	55	496	4,008	
107 (WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.001351		1.619106		.051319		
108 (WRKSHT B, PT III)			.005775		.000666		1.788487	

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT) (SING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED) (EQUI S.))	PHARMACY (R(COSTED) (EQUI S.))	MEDICAL RECORDS & LIBRARY (R(TIME) (SPENT))	SOCIAL SERVICES (TIME) (SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED) (TIME)
GENERAL SERVICE COST	12	14	15	16	17	18	20
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL							
006 02 PURCHASING, RECEIVING							
006 03 COMMUNICATIONS							
006 04 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	89						
014 NURSING ADMINISTRATION	2	72,102					
015 CENTRAL SERVICES & SUPPLY			525,581				
016 PHARMACY				100			
017 MEDICAL RECORDS & LIBRARY	7		6,605		744		
018 SOCIAL SERVICE	1		6,136			100	
020 NONPHYSICIAN ANESTHETIST							100
025 INPAT ROUTINE SRVC CN							
031 ADULTS & PEDIATRICS	23	47,749	50,583		197	100	
037 SUBPROVIDER							
040 ANCI LLARY SRVC COST C							
041 OPERATING ROOM	3	6,149	74,915		150		
044 ANESTHESIOLOGY			5,583				100
046 RADIOLOGY-DIAGNOSTIC	5		88,813				
049 LABORATORY	10		55,116				
050 WHOLE BLOOD & PACKED			176				
053 RESPIRATORY THERAPY			12,492		39		
055 PHYSICAL THERAPY	2	3,436	1,227				
056 01 CARDIAC REHAB	1		19,781				
059 ELECTROCARDIOLOGY							
060 MEDICAL SUPPLIES CHAR			57,016				
061 DRUGS CHARGED TO PATI	2		5,827	100			
062 OTHER ANCI LLARY SERVI			1,665				
063 OUTPAT SERVICE COST C							
066 CLINIC	8		16,079				
068 EMERGENCY	7	14,768	43,294		358		
070 OBSERVATION BEDS (NON							
073 FAMI LY PRACTICE							
076 50 RURAL HEALTH CLINIC	2		6,892				
079 OTHER REIMBURS COST C							
082 AMBULANCE SERVICES	13		38,300				
085 SPEC PURPOSE COST CEN							
088 SUBTOTALS	86	72,102	490,500	100	744	100	100
091 NONREIMBURS COST CENT							
094 GIFT, FLOWER, COFFEE							
097 01 PHYSICIANS' PRIVATE O	3		35,081				
099 02 RURAL HEALTH CLINIC (N							
100 LSC							
101 OTHER NONREIMBURSABLE							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
104 COST TO BE ALLOCATED	382,924	196,835		250,197	414,107	127,059	39,090
(WRKSHT B, PART I)							
105 UNIT COST MULTIPLIER		2.729952		2,501.970000		1,270.590000	390.900000
(WRKSHT B, PT I)	4,302.516854				556.595430		
106 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
107 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
108 COST TO BE ALLOCATED	16,970	1,576		2,835	14,916	382	48
(WRKSHT B, PART III)							
109 UNIT COST MULTIPLIER		.021858		28.350000		3.820000	
(WRKSHT B, PT III)	190.674157				20.048387		.480000

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
31	ADULTS & PEDIATRICS SUBPROVIDER	1,995,763		1,995,763		
37	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	641,291		641,291		
41	ANESTHESIOLOGY	87,018		87,018		
44	RADIOLOGY-DIAGNOSTIC	1,419,229		1,419,229		
46	LABORATORY	1,214,080		1,214,080		
49	WHOLE BLOOD & PACKED RED	56,604		56,604		
50	RESPIRATORY THERAPY	304,124		304,124		
50	PHYSICAL THERAPY	209,648		209,648		
53	01 CARDIAC REHAB	65,729		65,729		
55	ELECTROCARDIOLOGY					
56	MEDICAL SUPPLIES CHARGED	73,545		73,545		
59	DRUGS CHARGED TO PATIENTS	490,758		490,758		
60	OTHER ANCILLARY SERVICE C	21,913		21,913		
61	OUTPAT SERVICE COST CNTRS					
62	CLINIC	612,387		612,387		
63	EMERGENCY	1,895,594		1,895,594		
65	OBSERVATION BEDS (NON-DIS	22,570		22,570		
101	FAMILY PRACTICE					
102	50 RURAL HEALTH CLINIC	217,437		217,437		
103	OTHER REIMBURS COST CNTRS					
104	AMBULANCE SERVICES	829,692		829,692		
105	SUBTOTAL	10,157,382		10,157,382		
106	LESS OBSERVATION BEDS	22,570		22,570		
107	TOTAL	10,134,812		10,134,812		

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,488,570		1,488,570			
31	SUBPROVIDER						
	ANCI LLARY SRVC COST CNTRS						
37	OPERATING ROOM	147,291	1,102,581	1,249,872	.513085	.513085	
40	ANESTHESIOLOGY	43,676	194,035	237,711	.366066	.366066	
41	RADIOLOGY-DIAGNOSTIC	616,588	4,679,321	5,295,909	.267986	.267986	
44	LABORATORY	711,989	3,906,982	4,618,971	.262846	.262846	
46	WHOLE BLOOD & PACKED RED	111,313	18,283	129,596	.436773	.436773	
49	RESPIRATORY THERAPY	291,284	272,211	563,495	.539710	.539710	
50	PHYSICAL THERAPY	80,971	224,489	305,460	.686335	.686335	
50	01 CARDIAC REHAB		45,023	45,023	1.459898	1.459898	
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	629,609	30,000	659,609	.111498	.111498	
56	DRUGS CHARGED TO PATIENTS	1,139,517	489,146	1,628,663	.301326	.301326	
59	OTHER ANCI LLARY SERVICE C		20,650	20,650	1.061162	1.061162	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		151,916	151,916	4.031090	4.031090	
61	EMERGENCY	147,608	3,370,560	3,518,168	.538801	.538801	
62	OBSERVATION BEDS (NON-DIS	1,324	20,838	22,162	1.018410	1.018410	
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC	13,314	93,661	106,975	2.032596	2.032596	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	495	907,816	908,311	.913445	.913445	
101	SUBTOTAL	5,423,549	15,527,512	20,951,061			
102	LESS OBSERVATION BEDS						
103	TOTAL	5,423,549	15,527,512	20,951,061			

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	641,291	64,202	577,089			641,291
40	ANESTHESIOLOGY	87,018	2,431	84,587			87,018
41	RADIOLOGY-DIAGNOSTIC	1,419,229	160,364	1,258,865			1,419,229
44	LABORATORY	1,214,080	23,878	1,190,202			1,214,080
46	WHOLE BLOOD & PACKED RED	56,604	122	56,482			56,604
49	RESPIRATORY THERAPY	304,124	7,288	296,836			304,124
50	PHYSICAL THERAPY	209,648	7,223	202,425			209,648
50	01 CARDIAC REHAB	65,729	15,991	49,738			65,729
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	73,545	741	72,804			73,545
56	DRUGS CHARGED TO PATIENTS	490,758	4,317	486,441			490,758
59	OTHER ANCILLARY SERVICE C	21,913	46	21,867			21,913
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	612,387	69,050	543,337			612,387
61	EMERGENCY	1,895,594	40,314	1,855,280			1,895,594
62	OBSERVATION BEDS (NON-DIS	22,570		22,570			22,570
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC	217,437	11,577	205,860			217,437
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	829,692	26,092	803,600			829,692
101	SUBTOTAL	8,161,619	433,636	7,727,983			8,161,619
102	LESS OBSERVATION BEDS	22,570		22,570			22,570
103	TOTAL	8,139,049	433,636	7,705,413			8,139,049

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	1,249,872	.513085	.513085
40	ANESTHESIOLOGY	237,711	.366066	.366066
41	RADIOLOGY-DIAGNOSTIC	5,295,909	.267986	.267986
44	LABORATORY	4,618,971	.262846	.262846
46	WHOLE BLOOD & PACKED RED	129,596	.436773	.436773
49	RESPIRATORY THERAPY	563,495	.539710	.539710
50	PHYSICAL THERAPY	305,460	.686335	.686335
50	01 CARDIAC REHAB	45,023	1.459898	1.459898
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	659,609	.111498	.111498
56	DRUGS CHARGED TO PATIENTS	1,628,663	.301326	.301326
59	OTHER ANCILLARY SERVICE C	20,650	1.061162	1.061162
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	151,916	4.031090	4.031090
61	EMERGENCY	3,518,168	.538801	.538801
62	OBSERVATION BEDS (NON-DIS	22,162	1.018410	1.018410
63	FAMILY PRACTICE			
63	50 RURAL HEALTH CLINIC	106,975	2.032596	2.032596
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	908,311	.913445	.913445
101	SUBTOTAL	19,462,491		
102	LESS OBSERVATION BEDS	22,162		
103	TOTAL	19,440,329		

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	641,291	64,202	577,089			641,291
40	ANESTHESIOLOGY	87,018	2,431	84,587			87,018
41	RADIOLOGY-DIAGNOSTIC	1,419,229	160,364	1,258,865			1,419,229
44	LABORATORY	1,214,080	23,878	1,190,202			1,214,080
46	WHOLE BLOOD & PACKED RED	56,604	122	56,482			56,604
49	RESPIRATORY THERAPY	304,124	7,288	296,836			304,124
50	PHYSICAL THERAPY	209,648	7,223	202,425			209,648
50	01 CARDIAC REHAB	65,729	15,991	49,738			65,729
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	73,545	741	72,804			73,545
56	DRUGS CHARGED TO PATIENTS	490,758	4,317	486,441			490,758
59	OTHER ANCILLARY SERVICE C	21,913	46	21,867			21,913
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	612,387	69,050	543,337			612,387
61	EMERGENCY	1,895,594	40,314	1,855,280			1,895,594
62	OBSERVATION BEDS (NON-DIS	22,570		22,570			22,570
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC	217,437	11,577	205,860			217,437
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	829,692	26,092	803,600			829,692
101	SUBTOTAL	8,161,619	433,636	7,727,983			8,161,619
102	LESS OBSERVATION BEDS	22,570		22,570			22,570
103	TOTAL	8,139,049	433,636	7,705,413			8,139,049

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	1,249,872	.513085	.513085
40	ANESTHESIOLOGY	237,711	.366066	.366066
41	RADIOLOGY-DIAGNOSTIC	5,295,909	.267986	.267986
44	LABORATORY	4,618,971	.262846	.262846
46	WHOLE BLOOD & PACKED RED	129,596	.436773	.436773
49	RESPIRATORY THERAPY	563,495	.539710	.539710
50	PHYSICAL THERAPY	305,460	.686335	.686335
50	01 CARDIAC REHAB	45,023	1.459898	1.459898
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	659,609	.111498	.111498
56	DRUGS CHARGED TO PATIENTS	1,628,663	.301326	.301326
59	OTHER ANCILLARY SERVICE C	20,650	1.061162	1.061162
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	151,916	4.031090	4.031090
61	EMERGENCY	3,518,168	.538801	.538801
62	OBSERVATION BEDS (NON-DIS	22,162	1.018410	1.018410
63	FAMILY PRACTICE			
63	50 RURAL HEALTH CLINIC	106,975	2.032596	2.032596
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	908,311	.913445	.913445
101	SUBTOTAL	19,462,491		
102	LESS OBSERVATION BEDS	22,162		
103	TOTAL	19,440,329		

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	33
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	683.95
85	OBSERVATION BED COST	22,570

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				

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

- 1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)
- 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)
- 1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT
- 1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)
- 1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)
- 1.05 OUTLIER PAYMENTS
- 1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)
- 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)

- INPATIENT PSYCHIATRIC FACILITY (IPF)
- 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)
- 1.09 NET IPF PPS OUTLIER PAYMENTS
- 1.10 NET IPF PPS ECT PAYMENTS
- 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)
- 1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.
- 1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).
- 1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)
- 1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)
- 1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)
- 1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)
- 1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)

- INPATIENT REHABILITATION FACILITY (IRF)
- 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)
- 1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.
- 1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).

- 2 ORGAN ACQUISITION
- 3 COST OF TEACHING PHYSICIANS
- 4 SUBTOTAL (SEE INSTRUCTIONS)
- 5 PRIMARY PAYER PAYMENTS
- 6 SUBTOTAL
- 7 DEDUCTIBLES
- 8 SUBTOTAL
- 9 COINSURANCE
- 10 SUBTOTAL
- 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)
- 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 12 SUBTOTAL
- 13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)
- 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 15 OTHER ADJUSTMENTS (SPECIFY)
- 15.99 OUTLIER RECONCILIATION ADJUSTMENT
- 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 1

- RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 17 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)
- 18 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 19 INTERIM PAYMENTS
- 19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 20 BALANCE DUE PROVIDER/PROGRAM
- 21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
 OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
 OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		1,806,251
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		1,806,251
5	PRIMARY PAYER PAYMENTS		
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)		1,824,314

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		1,824,314
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		350,174
21	EXCESS REASONABLE COST		
22	SUBTOTAL		1,474,140
23	COINSURANCE		3,840
24	SUBTOTAL		1,470,300
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		78,876
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		78,876
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		69,111
26	SUBTOTAL		1,549,176
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		1,549,176
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		1,520,924
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		28,252
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		

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

	TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		92,518	
2	MEDICAL AND OTHER SERVICES		2,261,109	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		2,353,627	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		2,353,627	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		4,680,573	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		4,680,573	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		4,680,573	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		2,326,946	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		2,353,627	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		2,353,627	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		2,353,627	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		2,353,627	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		2,353,627	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		2,353,627	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		2,353,627	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		2,353,627	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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

TITLE XIX

HOSPITAL

TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING OF PERIOD	5,440,436	
2 NET INCOME (LOSS)	-1,042,033	
3 TOTAL	4,398,403	
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5 ADDITIONS (CREDIT ADJUSTM		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL	4,398,403	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	4,398,403	

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,398,410		1,398,410
2 00 SUBPROVIDER			
4 00 SWING BED - SNF	186,580		186,580
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,584,990		1,584,990
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	1,584,990		1,584,990
17 00 ANCILLARY SERVICES	3,970,596	15,760,550	19,731,146
18 00 OUTPATIENT SERVICES			
18 50 RURAL HEALTH CLINIC			
20 00 AMBULANCE SERVICES	504	907,816	908,320
24 00 INPT - INTERNAL MED CLINIC	65,477	1,279,716	1,345,193
25 00 TOTAL PATIENT REVENUES	5,621,567	17,948,082	23,569,649

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		12,375,083	
ADD (SPECIFY)			
27 00 BAD DEBTS	1,615,155		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,615,155	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		13,990,238	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1344	FROM 7/ 1/2008	11/24/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET M-2
14-3499		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.24	746	4,200	1,008
2	PHYSICIAN ASSISTANTS	.15	279	2,100	315
3	NURSE PRACTITIONERS	.14	370	2,100	294
4	SUBTOTAL (SUM OF LINES 1-3)	.53	1,395		1,617
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	.53	1,395		
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)	125,754			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	1,299			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	127,053			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.989776			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	2,405			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	87,979			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	90,384			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	90,384			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	89,460			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	215,214			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	1,617			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1,617			
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.

