

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		14-1349		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/ 9/2009 TIME 11:46

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:  
 SPARTA COMMUNITY HOSPITAL 14-1349  
 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		
1	HOSPITAL	0	188,144	-357,622		0
3	SWING BED - SNF	0	127,758	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
9	RHC	0	0	54,242		0
9 .01	RHC II	0	0	0		0
9 .02	RHC III	0	0	0		0
9 .03	RHC IV	0	0	0		0
9 .04	RHC V	0	0	0		0
9 .05	RHC VI	0	0	0		0
100	TOTAL	0	315,902	-303,380		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). 0

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/26/2009

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	75,576.00			1,948	609
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						773	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	75,576.00			2,721	609
11 NURSERY							128
12 TOTAL	25	9,125	75,576.00			2,721	737
13 RPCH VISITS							
18 HOME HEALTH AGENCY						3,511	
24 RURAL HEALTH CLINIC						11,525	
25 TOTAL	25						
26 OBSERVATION BED DAYS							168
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	DISSCHARGES TOTAL NOT ADMITTED 6.02	-- INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYSICIANS 8
1 ADULTS & PEDIATRICS			3,149				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			773				
4 ADULTS & PED-SB NF			23				
5 TOTAL ADULTS AND PEDS			3,945				
11 NURSERY			313				
12 TOTAL			4,258				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			6,053				
24 RURAL HEALTH CLINIC			46,346				
25 TOTAL							
26 OBSERVATION BED DAYS	27	141	629	66	563		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			41				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISSCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					554	156	1,029
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
11 NURSERY							
12 TOTAL		186.92			554	156	1,029
13 RPCH VISITS							
18 HOME HEALTH AGENCY			8.31				
24 RURAL HEALTH CLINIC			54.04				
25 TOTAL		249.27					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	238	0	0
2 UNDUPLICATED CENSUS COUNT		244.00		94.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	238
2 UNDUPLICATED CENSUS COUNT	338.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.04		1.04
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.47		1.47
5 OTHER ADMINISTRATIVE PERSONEL	4.40		4.40
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	1.08		1.08
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.05		.05
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.02	.02
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.03		.03
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.24	.06	.30
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,865	47	19	102
22 SKILLED NURSING VISIT CHARGES	348,610	8,457	3,773	19,088
23 PHYSICAL THERAPY VISITS	1,246	0	1	57
24 PHYSICAL THERAPY VISIT CHARGES	188,810	0	246	8,919
25 OCCUPATIONAL THERAPY VISITS	82	0	0	1
26 OCCUPATIONAL THERAPY VISIT CHARGES	15,313	0	0	187
27 SPEECH PATHOLOGY VISITS	21	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	3,922	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	8	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	2,154	0	0	0
31 HOME HEALTH AIDE VISITS	60	0	0	2
32 HOME HEALTH AIDE VISIT CHARGES	6,159	0	0	206
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,282	47	20	162
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	564,968	8,457	4,019	28,400
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	245	0	8	15
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	11,112	306	677	268

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,033
22 SKILLED NURSING VISIT CHARGES	0	0	379,928
23 PHYSICAL THERAPY VISITS	0	0	1,304
24 PHYSICAL THERAPY VISIT CHARGES	0	0	197,975
25 OCCUPATIONAL THERAPY VISITS	0	0	83
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	15,500
27 SPEECH PATHOLOGY VISITS	0	0	21
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	3,922
29 MEDICAL SOCIAL SERVICE VISITS	0	0	8
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	2,154
31 HOME HEALTH AIDE VISITS	0	0	62
32 HOME HEALTH AIDE VISIT CHARGES	0	0	6,365
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,511
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	605,844
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	268
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	12,363

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1300 N MARKET  
 1.01 CITY: SPARTA STATE: IL ZIP CODE: 62286 COUNTY: RANDOLPH  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC														
12.01 NORTH CAMPUS	1300	1700	1130	1900	1130	1900	1130	1900	1130	1900	1130	1900	1000	1500
12.02 SPARTA MEDICAL OFFICE			830	1700	830	1700	830	1700	830	1700	830	1700		
12.03 MARISSA MEDICAL CLINIC			830	1700	830	1700	830	1700	830	1700	830	1700		
12.04 FAMILY HEALTH CENTER			830	1700	830	1700	830	1700	830	1700	830	1700		
12.05 COULDTERVILLE MEDICAL CLINIC			830	1700	830	1700	830	1700	830	1700	830	1700		
12.06 STEELVILLE CLINIC			830	1900	830	1700	830	1700	830	1900	830	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. Y 6

15 PROVIDER NAME: NORTH CAMPUS PROVIDER NUMBER: 143464  
 15.01 PROVIDER NAME: SPARTA MEDICAL OFFICE PROVIDER NUMBER: 143489  
 15.02 PROVIDER NAME: MARISSA MEDICAL CLINIC PROVIDER NUMBER: 143490  
 15.03 PROVIDER NAME: FAMILY HEALTH CENTER PROVIDER NUMBER: 143466  
 15.04 PROVIDER NAME: COULDTERVILLE MEDICAL CLINIC PROVIDER NUMBER: 143465  
 15.05 PROVIDER NAME: STEELVILLE CLINIC PROVIDER NUMBER: 143467

TITLE V TITLE XVIII 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.

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1349	FROM 7/ 1/2008	11/ 9/2009
	TO 6/30/2009	WORKSHEET S-10

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
  - 2.01 IS IT AT THE TIME OF ADMISSION?
  - 2.02 IS IT AT THE TIME OF FIRST BILLING?
  - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
  - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
  - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
  - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
    - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
    - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
    - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
    - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
  - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
  - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
  - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
  - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
  - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
  - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
  
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
  - 17.01 GROSS MEDICAID REVENUES
  - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
  - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
  - 20 RESTRICTED GRANTS
  - 21 NON-RESTRICTED GRANTS
  - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
  
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .486754
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 7,067,512

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/ 9/2009
14-1349	FROM 7/ 1/2008	WORKSHEET S-10
	TO 6/30/2009	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,440,140
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	235,738
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	114,746
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,440,140

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1349  
 PERIOD: FROM 7/ 1/2008 TO 6/30/2009  
 PREPARED 11/ 9/2009  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		766,042	766,042	103,491	869,533
3.01	0301 NEW CAP REL COSTS-NORTH CAMPUS BLDG				216,352	216,352
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		596,182	596,182	40,770	636,952
5	0500 EMPLOYEE BENEFITS		2,735,667	2,735,667		2,735,667
6	0600 ADMINSTRATIVE & GENERAL	1,555,009	2,106,058	3,661,067	556,679	4,217,746
7	0700 MAINTENANCE & REPAIRS	192,589	7,066	199,655		199,655
8	0800 OPERATION OF PLANT		438,423	438,423		438,423
9	0900 LAUNDRY & LINEN SERVICE		35,068	35,068		35,068
10	1000 HOUSEKEEPING	242,085	36,636	278,721		278,721
11	1100 DIETARY	215,296	149,761	365,057		365,057
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION				87,838	87,838
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY		851,171	851,171		851,171
17	1700 MEDICAL RECORDS & LIBRARY	128,393	38,870	167,263	-1,497	165,766
18	1800 SOCIAL SERVICE	24,337	855	25,192		25,192
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS				540,870	540,870
25	2500 ADULTS & PEDIATRICS	1,651,657	254,995	1,906,652	-233,018	1,673,634
33	3300 NURSERY ANCILLARY SRVC COST CNTRS				95,233	95,233
37	3700 OPERATING ROOM	393,334	498,207	891,541	-218,335	673,206
39	3900 DELIVERY ROOM & LABOR ROOM				49,448	49,448
40	4000 ANESTHESIOLOGY	518,800	145,491	664,291	-633,257	31,034
41	4100 RADIOLOGY-DIAGNOSTIC	444,204	1,089,873	1,534,077		1,534,077
44	4400 LABORATORY	504,967	902,617	1,407,584	-27,563	1,380,021
49	4900 RESPIRATORY THERAPY	46,433	31,756	78,189		78,189
49.01	4901 SLEEP LAB		148,800	148,800		148,800
50	5000 PHYSICAL THERAPY	412,987	102,036	515,023	-1,770	513,253
53	5300 ELECTROCARDIOLOGY	10,894	12,288	23,182	27,392	50,574
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				218,335	218,335
56	5600 DRUGS CHARGED TO PATIENTS					
59	3020 CHEMOTHERAPY					
59.01	3021 CARDIAC REHAB OUTPAT SERVICE COST CNTRS	39,214	8,359	47,573		47,573
61	6100 EMERGENCY	353,376	846,033	1,199,409		1,199,409
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	3,234,703	1,953,224	5,187,927	-663,794	4,524,133
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	411,511	119,837	531,348	-14,084	517,264
88	8800 INTEREST EXPENSE		292,878	292,878	-292,878	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS NONREIMBURS COST CENTERS	10,379,789	14,168,193	24,547,982	-149,788	24,398,194
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		6,473	6,473		6,473
98.01	9801 CATERING MEALS					
100	7950 FREESTANDING CLINICS	544,317	-515,143	29,174	149,788	178,962
100.01	7951 UNUSED SPACE					
101	TOTAL	10,924,106	13,659,523	24,583,629	-0-	24,583,629

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1349  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/9/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-37,505	832,028
3.01	0301 NEW CAP REL COSTS-NORTH CAMPUS BLDG		216,352
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-652	636,300
5	0500 EMPLOYEE BENEFITS	-112,530	2,623,137
6	0600 ADMINISTRATIVE & GENERAL	-226,307	3,991,439
7	0700 MAINTENANCE & REPAIRS		199,655
8	0800 OPERATION OF PLANT		438,423
9	0900 LAUNDRY & LINEN SERVICE		35,068
10	1000 HOUSEKEEPING		278,721
11	1100 DIETARY	-56,772	308,285
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		87,838
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		851,171
17	1700 MEDICAL RECORDS & LIBRARY	-23,127	142,639
18	1800 SOCIAL SERVICE		25,192
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	-540,870	
25	2500 ADULTS & PEDIATRICS		1,673,634
33	3300 NURSERY		95,233
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		673,206
39	3900 DELIVERY ROOM & LABOR ROOM		49,448
40	4000 ANESTHESIOLOGY		31,034
41	4100 RADIOLOGY-DIAGNOSTIC	-425	1,533,652
44	4400 LABORATORY		1,380,021
49	4900 RESPIRATORY THERAPY		78,189
49.01	4901 SLEEP LAB		148,800
50	5000 PHYSICAL THERAPY		513,253
53	5300 ELECTROCARDIOLOGY		50,574
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,761	214,574
56	5600 DRUGS CHARGED TO PATIENTS		
59	3020 CHEMOTHERAPY		
59.01	3021 CARDIAC REHAB OUTPAT SERVICE COST CNTRS		47,573
61	6100 EMERGENCY	-416,075	783,334
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	-292,591	4,231,542
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		517,264
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,710,615	22,687,579
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		6,473
98.01	9801 CATERING MEALS		
100	7950 FREESTANDING CLINICS		178,962
100.01	7951 UNUSED SPACE		
101	TOTAL	-1,710,615	22,873,014

## COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1349  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/9/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NORTH CAMPUS BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
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	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CHEMOTHERAPY	3020	ACUPUNCTURE
59.01	CARDIAC REHAB	3021	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	CATERING MEALS	9801	PHYSICIANS' PRIVATE OFFICES
100	FREESTANDING CLINICS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	UNUSED SPACE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
141349

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

PREPARED 11/ 9/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS COST OF SUPPLIES SOLD	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		218,335
2 TO RECLASS NURSING ADMIN EXPENSES	B	NURSING ADMINISTRATION	14	86,286	1,552
3 TO RECLASS INTEREST EXPENSE	C	ADMINISTRATIVE & GENERAL	6		1,044
4		NEW CAP REL COSTS-BLDG & FIXT	3		291,834
5 TO RECLASS EKG SALARIES	D	ELECTROCARDIOLOGY	53	27,392	
6 TO RECLASS NURSERY & LABOR SALARIES	E	NURSERY	33	84,739	10,494
7		DELIVERY ROOM & LABOR ROOM	39	43,999	5,449
8 TO RECLASS A&G SALARIES	F	FREESTANDING CLINICS	100		585,403
9		NEW CAP REL COSTS-MVBLE EQUIP	4		22,260
10		ADMINISTRATIVE & GENERAL	6	406,408	179,801
11 TO RECLASS CRNA SALARIES	G	NONPHYSICIAN ANESTHETISTS	20	518,800	22,070
12 TO RECLASS PHYSICIAN RECRUITING EXP	H	RURAL HEALTH CLINIC	63.50		52,488
13 TO RECLASS PROPERTY INSURANCE COST	I	OTHER CAPITAL RELATED COSTS	90		46,519
14 TO RECLASS TELEPHONE EXPENSE	J	ADMINISTRATIVE & GENERAL	6		58,409
15					
16					
17					
18					
19					
20					
21 TO RECLASS HH BILLER SALARIES	K	ADMINISTRATIVE & GENERAL	6	10,024	
22 TO RECLASS NORTH CAMPUS BLDG COST	L	NEW CAP REL COSTS-NORTH CAMPUS BLDG	3.01		210,760
36 TOTAL RECLASSIFICATIONS				1,177,648	1,706,418

(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.

PROVIDER NO:  
141349

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

PREPARED 11/ 9/2009  
WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASS COST OF SUPPLIES SOLD	A	OPERATING ROOM	37		218,335	
2 TO RECLASS NURSING ADMIN EXPENSES	B	ADULTS & PEDIATRICS	25	86,286	1,552	
3 TO RECLASS INTEREST EXPENSE	C	INTEREST EXPENSE	88		292,878	
4						11
5 TO RECLASS EKG SALARIES	D	LABORATORY	44	27,392		
6 TO RECLASS NURSERY & LABOR SALARIES	E	ADULTS & PEDIATRICS	25	128,738	15,943	
7						
8 TO RECLASS A&G SALARIES	F	RURAL HEALTH CLINIC	63.50		672,817	
9		ANESTHESIOLOGY	40		92,387	
10		FREESTANDING CLINICS	100	406,408	22,260	9
11 TO RECLASS CRNA SALARIES	G	ANESTHESIOLOGY	40	518,800	22,070	
12 TO RECLASS PHYSICIAN RECRUITING EXP	H	ADMINISTRATIVE & GENERAL	6		52,488	
13 TO RECLASS PROPERTY INSURANCE COST	I	ADMINISTRATIVE & GENERAL	6		46,519	
14 TO RECLASS TELEPHONE EXPENSE	J	ADULTS & PEDIATRICS	25		499	
15		HOME HEALTH AGENCY	71		4,060	
16		LABORATORY	44		171	
17		PHYSICAL THERAPY	50		1,770	
18		MEDICAL RECORDS & LIBRARY	17		1,497	
19		RURAL HEALTH CLINIC	63.50		43,465	
20		FREESTANDING CLINICS	100		6,947	
21 TO RECLASS HH BILLER SALARIES	K	HOME HEALTH AGENCY	71	10,024		
22 TO RECLASS NORTH CAMPUS BLDG COST	L	NEW CAP REL COSTS-BLDG & FIXT	3		210,760	9
36 TOTAL RECLASSIFICATIONS				1,177,648	1,706,418	

(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:  
141349

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

PREPARED 11/ 9/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : TO RECLASS COST OF SUPPLIES SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	218,335	OPERATING ROOM	37	218,335	
TOTAL RECLASSIFICATIONS FOR CODE A			218,335				218,335

RECLASS CODE: B  
EXPLANATION : TO RECLASS NURSING ADMIN EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	87,838	ADULTS & PEDIATRICS	25	87,838	
TOTAL RECLASSIFICATIONS FOR CODE B			87,838				87,838

RECLASS CODE: C  
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,044	INTEREST EXPENSE	88	292,878	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	291,834			0	
TOTAL RECLASSIFICATIONS FOR CODE C			292,878				292,878

RECLASS CODE: D  
EXPLANATION : TO RECLASS EKG SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	27,392	LABORATORY	44	27,392	
TOTAL RECLASSIFICATIONS FOR CODE D			27,392				27,392

RECLASS CODE: E  
EXPLANATION : TO RECLASS NURSERY & LABOR SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	95,233	ADULTS & PEDIATRICS	25	144,681	
2.00	DELIVERY ROOM & LABOR ROOM	39	49,448			0	
TOTAL RECLASSIFICATIONS FOR CODE E			144,681				144,681

RECLASS CODE: F  
EXPLANATION : TO RECLASS A&G SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FREESTANDING CLINICS	100	585,403	RURAL HEALTH CLINIC	63.50	672,817	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	22,260	ANESTHESIOLOGY	40	92,387	
3.00	ADMINISTRATIVE & GENERAL	6	586,209	FREESTANDING CLINICS	100	428,668	
TOTAL RECLASSIFICATIONS FOR CODE F			1,193,872				1,193,872

RECLASS CODE: G  
EXPLANATION : TO RECLASS CRNA SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	540,870	ANESTHESIOLOGY	40	540,870	
TOTAL RECLASSIFICATIONS FOR CODE G			540,870				540,870

RECLASS CODE: H  
EXPLANATION : TO RECLASS PHYSICIAN RECRUITING EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RURAL HEALTH CLINIC	63.50	52,488	ADMINISTRATIVE & GENERAL	6	52,488	
TOTAL RECLASSIFICATIONS FOR CODE H			52,488				52,488

RECLASS CODE: I  
EXPLANATION : TO RECLASS PROPERTY INSURANCE COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	46,519	ADMINISTRATIVE & GENERAL	6	46,519	
TOTAL RECLASSIFICATIONS FOR CODE I			46,519				46,519

RECLASSIFICATIONS

PROVIDER NO:  
141349

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

PREPARED 11/9/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: J  
EXPLANATION : TO RECLASS TELEPHONE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	58,409	ADULTS & PEDIATRICS	25	499	
2.00			0	HOME HEALTH AGENCY	71	4,060	
3.00			0	LABORATORY	44	171	
4.00			0	PHYSICAL THERAPY	50	1,770	
5.00			0	MEDICAL RECORDS & LIBRARY	17	1,497	
6.00			0	RURAL HEALTH CLINIC	63.50	43,465	
7.00			0	FREESTANDING CLINICS	100	6,947	
TOTAL RECLASSIFICATIONS FOR CODE J			58,409				58,409

RECLASS CODE: K  
EXPLANATION : TO RECLASS HH BILLER SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	10,024	HOME HEALTH AGENCY	71	10,024	
TOTAL RECLASSIFICATIONS FOR CODE K			10,024				10,024

RECLASS CODE: L  
EXPLANATION : TO RECLASS NORTH CAMPUS BLDG COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-NORTH CAMPUS	3.01	210,760	NEW CAP REL COSTS-BLDG & FIXT	3	210,760	
TOTAL RECLASSIFICATIONS FOR CODE L			210,760				210,760

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	85,673					85,673	
2 LAND IMPROVEMENTS	663,393					663,393	
3 BUILDINGS & FIXTURE	15,007,869	111,471		111,471	298,975	14,820,365	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	9,959,563	637,517		637,517	364,827	10,232,253	
7 SUBTOTAL	25,716,498	748,988		748,988	663,802	25,801,684	
8 RECONCILING ITEMS							
9 TOTAL	25,716,498	748,988		748,988	663,802	25,801,684	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	12,392,379		12,392,379	.481894	22,417			22,417
3 01	NEW CAP REL COSTS-NO	3,091,379		3,091,379	.120212	5,592			5,592
4	NEW CAP REL COSTS-MV	10,232,253		10,232,253	.397894	18,510			18,510
5	TOTAL	25,716,011		25,716,011	1.000000	46,519			46,519

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	555,282		254,329	22,417			832,028
3 01	NEW CAP REL COSTS-NO	210,760			5,592			216,352
4	NEW CAP REL COSTS-MV	617,790			18,510			636,300
5	TOTAL	1,383,832		254,329	46,519			1,684,680

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	766,042						766,042
3 01	NEW CAP REL COSTS-NO							
4	NEW CAP REL COSTS-MV	596,182						596,182
5	TOTAL	1,362,224						1,362,224

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (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	B	-37,505	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-136	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-36,711	ADMINISTRATIVE & GENERAL	6	
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	-709,091			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-56,268	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES	B	-3,761	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-23,127	MEDICAL RECORDS & LIBRARY	17	
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	A	-540,870	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 PHOTO COMMISSION	B	-1,810	ADMINISTRATIVE & GENERAL	6	
38 BILL COPY CHARGES	B	-3,743	ADMINISTRATIVE & GENERAL	6	
39 MISCELLANEOUS INCOME	B	-1,584	ADMINISTRATIVE & GENERAL	6	
40 TRANSMED SERVICE REVENUE	B	-2,992	ADMINISTRATIVE & GENERAL	6	
41 PHYSICIAN RECRUITMENT COST	A	-4,926	ADMINISTRATIVE & GENERAL	6	
42 PERSONAL USE OF VEHICLES	A	-3,598	ADMINISTRATIVE & GENERAL	6	
43 CRNA BENEFITS	A	-58,212	EMPLOYEE BENEFITS	5	
44 MARKETING SALARY EXPENSE	A	-6,045	ADMINISTRATIVE & GENERAL	6	
45 MARKETING EXPENSE	A	-96,059	ADMINISTRATIVE & GENERAL	6	
46 MARKETING EMPLOYEE BENEFITS	A	-20	EMPLOYEE BENEFITS	5	
47 MARKETING CAPITAL EXPENSE	A	-652	NEW CAP REL COSTS-MVBLE E	4	9
48 LOBBYING EXPENSE	A	-10,324	ADMINISTRATIVE & GENERAL	6	
49 SALES TAX	A	-504	DIETARY	11	
49.01 ADMINISTRATION EXPENSE	A	-17,150	ADMINISTRATIVE & GENERAL	6	
49.02 VOLUNTARY HOSPITAL CONTRIBUTION	A	-24,079	ADMINISTRATIVE & GENERAL	6	
49.03 PHYSICIAN EMPLOYEE BENEFITS	A	-54,298	EMPLOYEE BENEFITS	5	
49.04 FINES & PENALTIES	A	-17,150	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,710,615			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1349  
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 PREPARED 11/9/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	PATHOLOGIST	25,100		25,100				
2 61	EMERGENCY ROOM	654,309	416,075	238,234				
3 41	RADIOLOGY DEPARTMENT	425	425					
4 63 50	RURAL HEALTH CLINIC	292,591	292,591					
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	972,425	709,091	263,334				



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

PROVIDER NO: 14-1349

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

PREPARED 11/9/2009 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	12
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	180
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	60
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	3.45
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		473.50		
10	AHSEA (SEE INSTRUCTIONS)		67.99		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	34.00	34.00		
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)	32,193
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)	32,193
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)	32,193

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)	32,193

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)	2,040
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	2,040
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	207
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	2,247

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) 2,247  
 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) 32,193  
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 2,247  
 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) 34,440  
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 28,916

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

PROVIDER NO:  
 14-1349

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

PREPARED 11/ 9/2009  
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 PARTS I - VII

PHYSICAL THERAPY

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)	16,513
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)	12,403
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	28,916
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	.571068
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)	.428932
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

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

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PREPARED 11/9/2009 WORKSHEET A-8-4 PARTS I - VII

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	1
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	15
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	3
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	3.45
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		3.50		
10	AHSEA (SEE INSTRUCTIONS)		64.45		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	32.23	32.23		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	226
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)	226
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)	226

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)	64.57
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	969
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	969

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)	97
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	97
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	10
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	107

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)	

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

PROVIDER NO: 14-1349

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PREPARED 11/9/2009 WORKSHEET A-8-4 PARTS I - VII

OCCUPATIONAL THERAPY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 107
- 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) 969
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 107
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 1,076
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 193

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

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OCCUPATIONAL THERAPY

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)	83
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)	110
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	193
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	.430052
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)	.569948
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

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

PROVIDER NO: 14-1349

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

PREPARED 11/9/2009 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	6
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	90
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	32
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.45
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		249.50		
10	AHSEA (SEE INSTRUCTIONS)		61.93		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	30.97	30.97		
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)	15,452
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)	15,452
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)	15,452

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)	15,452

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)	991
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	991
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	110
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	1,101

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)	

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

PROVIDER NO: 14-1349

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

PREPARED 11/9/2009 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 1,101
- 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) 15,452
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 1,101
- 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) 16,553
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 13,723

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

PROVIDER NO: 14-1349  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
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WORKSHEET A-8-4  
PARTS I - VII

## SPEECH PATHOLOGY

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)	11,867
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)	1,856
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	13,723
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	.864753
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)	.135247
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1349  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/9/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-NORTH CAMPUS BLDG	2	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	7	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	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	12	DIRECT	NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUIS.	ENTERED
16	PHARMACY	14	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	15	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	16	PATIENT	DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	17	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NORTH C	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	5	5a.00	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	832,028	832,028					
004 NEW CAP REL COSTS-NORTH C	216,352		216,352				
005 NEW CAP REL COSTS-MVBLE E	636,300			636,300			
006 EMPLOYEE BENEFITS	2,623,137				2,623,137		
007 ADMINISTRATIVE & GENERAL	3,991,439	114,835		91,213	510,109	4,707,596	4,707,596
008 MAINTENANCE & REPAIRS	199,655	19,670		549	49,986	269,860	69,935
009 OPERATION OF PLANT	438,423	47,793		53,804		540,020	139,947
010 LAUNDRY & LINEN SERVICE	35,068	9,445				44,513	11,536
011 HOUSEKEEPING	278,721	7,858		1,188	62,832	350,599	90,858
012 DIETARY	308,285	18,988		4,136	55,879	387,288	100,366
014 CAFETERIA		11,415				11,415	2,958
015 NURSING ADMINISTRATION	87,838	6,123		7	22,395	116,363	30,156
016 CENTRAL SERVICES & SUPPLY		13,361				13,361	3,463
017 PHARMACY	851,171	5,342		3,231		859,744	222,804
018 MEDICAL RECORDS & LIBRARY	142,639	4,499		12,755	33,324	193,217	50,073
020 SOCIAL SERVICE	25,192				6,317	31,509	8,166
025 NONPHYSICIAN ANESTHETISTS							
033 INPAT ROUTINE SRVC CNTRS	1,673,634	92,525		64,887	372,871	2,203,917	571,149
037 ADULTS & PEDIATRICS	95,233	4,859		4,419	21,994	126,505	32,784
039 NURSERY							
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	673,206	84,729		95,208	102,088	955,231	247,550
049 DELIVERY ROOM & LABOR ROO	49,448	9,333		2,294	11,420	72,495	18,787
050 ANESTHESIOLOGY	31,034	1,078		18,948		51,060	13,232
053 RADIOLOGY-DIAGNOSTIC	1,533,652	41,236		99,798	115,291	1,789,977	463,876
059 LABORATORY	1,380,021	20,129		58,549	123,952	1,582,651	410,147
061 RESPIRATORY THERAPY	78,189	2,082		5,678	12,051	98,000	25,397
063 SLEEP LAB	148,800	5,206				154,006	39,911
066 PHYSICAL THERAPY	513,253		141,778	29,618	107,189	791,838	205,206
069 ELECTROCARDIOLOGY	50,574	5,949		7,591	9,937	74,051	19,190
071 MEDICAL SUPPLIES CHARGED	214,574					214,574	55,607
075 DRUGS CHARGED TO PATIENTS							
079 CHEMOTHERAPY							
081 CARDIAC REHAB	47,573	26,834		229	10,178	84,814	21,980
084 OUTPAT SERVICE COST CNTRS							
087 EMERGENCY	783,334	46,851		21,115	91,717	943,017	244,385
090 OBSERVATION BEDS (NON-DIS							
093 OTHER OUTPATIENT SERVICE							
096 RURAL HEALTH CLINIC	4,231,542	190,478	74,574	45,803	763,609	5,306,006	1,375,056
099 OTHER REIMBURS COST CNTRS							
101 HOME HEALTH AGENCY	517,264	13,944		15,280	104,204	650,692	168,628
103 SPEC PURPOSE COST CENTERS							
106 SUBTOTALS	22,687,579	804,562	216,352	636,300	2,587,343	22,624,319	4,643,147
109 NONREIMBURS COST CENTERS							
112 GIFT, FLOWER, COFFEE SHOP		2,479				2,479	642
115 PHYSICIANS' PRIVATE OFFIC	6,473					6,473	1,677
118 CATERING MEALS							
121 FREESTANDING CLINICS	178,962	24,987			35,794	239,743	62,130
124 UNUSED SPACE							
127 CROSS FOOT ADJUSTMENT							
130 NEGATIVE COST CENTER							
133 TOTAL	22,873,014	832,028	216,352	636,300	2,623,137	22,873,014	4,707,596

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14	
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG &								
004 NEW CAP REL COSTS-NORTH C								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS	339,795							
009 OPERATION OF PLANT	17,243	697,210						
010 LAUNDRY & LINEN SERVICE	3,407	17,081	76,537					
011 HOUSEKEEPING	2,835	14,211	220	458,723				
012 DIETARY	6,851	34,340	751	6,372	535,968			
014 CAFETERIA	4,118	20,645		14,785	391,408	445,329		
015 NURSING ADMINISTRATION	2,209	11,073				3,960	163,761	
016 CENTRAL SERVICES & SUPPLY	4,820	24,164						
017 PHARMACY	930	4,662		2,417				
018 MEDICAL RECORDS & LIBRARY	1,623	8,137		6,467		20,695		
020 SOCIAL SERVICE						3,321		
025 NONPHYSICIAN ANESTHETISTS								
033 INPAT ROUTINE SRVC CNTRS								
ADULTS & PEDIATRICS	33,381	167,332	46,529	216,023	134,364	129,025	109,182	
NURSERY	1,753	8,787	559	5,249		8,815	5,562	
037 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM	30,568	153,232	7,423	53,020		28,743	26,940	
040 DELIVERY ROOM & LABOR ROO	3,367	16,879	294	10,114		4,599	2,887	
041 ANESTHESIOLOGY	389	1,950				8,304		
044 RADIOLOGY-DIAGNOSTIC	14,877	74,576	6,858	26,620		37,175		
049 LABORATORY	7,262	36,403		31,643		50,077		
049 01 RESPIRATORY THERAPY	751	3,766				4,216		
050 SLEEP LAB								
053 PHYSICAL THERAPY	65,554		4,706	63		36,791		
055 ELECTROCARDIOLOGY	2,146	10,759						
056 MEDICAL SUPPLIES CHARGED								
059 DRUGS CHARGED TO PATIENTS								
059 01 CHEMOTHERAPY								
CARDIAC REHAB	9,681					2,555		
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY	16,903	84,730	8,033	85,950		24,017	19,190	
063 OBSERVATION BEDS (NON-DIS								
063 50 OTHER OUTPATIENT SERVICE								
RURAL HEALTH CLINIC	103,202		1,096			58,892		
071 OTHER REIMBURS COST CNTRS								
HOME HEALTH AGENCY	5,031					17,629		
095 SPEC PURPOSE COST CENTERS								
SUBTOTALS	338,901	692,727	76,469	458,723	525,772	438,814	163,761	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP	894	4,483						
098 01 PHYSICIANS' PRIVATE OFFIC								
CATERING MEALS					10,196			
100 FREESTANDING CLINICS			68			6,515		
101 01 UNUSED SPACE								
CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	339,795	697,210	76,537	458,723	535,968	445,329	163,761	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	15	16	17	18	20	25	
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NORTH C							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	45,808						
016 CENTRAL SERVICES & SUPPLY		1,090,557					
017 PHARMACY			280,212				
018 MEDICAL RECORDS & LIBRARY				42,996			
020 SOCIAL SERVICE							
025 NONPHYSICIAN ANESTHETISTS							
033 INPAT ROUTINE SRVC CNTRS			59,218	40,242		3,710,362	
037 ADULTS & PEDIATRICS				2,754		192,768	
039 NURSERY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM			19,525			1,522,232	
044 DELIVERY ROOM & LABOR ROO						129,422	
049 ANESTHESIOLOGY						74,935	
053 RADIOLOGY-DIAGNOSTIC			115,217			2,529,176	
059 LABORATORY			36,260			2,154,443	
055 RESPIRATORY THERAPY						132,130	
059 01 SLEEP LAB						193,917	
053 PHYSICAL THERAPY						1,104,158	
055 ELECTROCARDIOLOGY						106,146	
056 MEDICAL SUPPLIES CHARGED	45,808					315,989	
059 DRUGS CHARGED TO PATIENTS		1,090,557				1,090,557	
059 01 CHEMOTHERAPY							
061 CARDIAC REHAB						119,030	
062 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY			36,475			1,462,700	
063 50 OBSERVATION BEDS (NON-DIS							
071 OTHER OUTPATIENT SERVICE							
095 RURAL HEALTH CLINIC			13,517			6,857,769	
096 OTHER REIMBURS COST CNTRS							
098 HOME HEALTH AGENCY						841,980	
095 SUBTOTALS	45,808	1,090,557	280,212	42,996		22,537,714	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP						8,498	
098 01 PHYSICIANS' PRIVATE OFFIC						8,150	
100 CATERING MEALS						10,196	
102 FREESTANDING CLINICS						308,456	
101 01 UNUSED SPACE							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	45,808	1,090,557	280,212	42,996		22,873,014	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1349  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/9/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
003	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-NORTH C	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
020	SOCIAL SERVICE	
025	NONPHYSICIAN ANESTHETISTS	
033	INPAT ROUTINE SRVC CNTRS	
	ADULTS & PEDIATRICS	3,710,362
	NURSERY	192,768
037	ANCILLARY SRVC COST CNTRS	
039	OPERATING ROOM	1,522,232
040	DELIVERY ROOM & LABOR ROO	129,422
041	ANESTHESIOLOGY	74,935
044	RADIOLOGY-DIAGNOSTIC	2,529,176
049	LABORATORY	2,154,443
049	01 RESPIRATORY THERAPY	132,130
050	SLEEP LAB	193,917
053	PHYSICAL THERAPY	1,104,158
055	ELECTROCARDIOLOGY	106,146
056	MEDICAL SUPPLIES CHARGED	315,989
059	DRUGS CHARGED TO PATIENTS	1,090,557
059	01 CHEMOTHERAPY	
	CARDIAC REHAB	119,030
061	OUTPAT SERVICE COST CNTRS	
062	EMERGENCY	1,462,700
063	OBSERVATION BEDS (NON-DIS	
063	50 OTHER OUTPATIENT SERVICE	
	RURAL HEALTH CLINIC	6,857,769
071	OTHER REIMBURS COST CNTRS	
	HOME HEALTH AGENCY	841,980
095	SPEC PURPOSE COST CENTERS	
	SUBTOTALS	22,537,714
096	NONREIMBURS COST CENTERS	
098	GIFT, FLOWER, COFFEE SHOP	8,498
098	01 PHYSICIANS' PRIVATE OFFIC	8,150
100	CATERING MEALS	10,196
100	01 FREESTANDING CLINICS	308,456
101	UNUSED SPACE	
102	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	22,873,014

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
14-1349

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

PREPARED 11/ 9/2009  
WORKSHEET B  
PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NORTH C	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	4a	5	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NORTH C							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	30,591	114,835		91,213	236,639		236,639
008 MAINTENANCE & REPAIRS	249	19,670		549	20,468		3,515
009 OPERATION OF PLANT	2,765	47,793		53,804	104,362		7,035
010 LAUNDRY & LINEN SERVICE		9,445			9,445		580
011 HOUSEKEEPING		7,858		1,188	9,046		4,567
012 DIETARY		18,988		4,136	23,124		5,045
014 CAFETERIA		11,415			11,415		149
015 NURSING ADMINISTRATION	180	6,123		7	6,310		1,516
016 CENTRAL SERVICES & SUPPLY		13,361			13,361		174
017 PHARMACY	6,852	5,342		3,231	15,425		11,200
018 MEDICAL RECORDS & LIBRARY		4,499		12,755	17,254		2,517
020 SOCIAL SERVICE							410
025 NONPHYSICIAN ANESTHETISTS							
033 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	21,563	92,525		64,887	178,975		28,710
037 NURSERY		4,859		4,419	9,278		1,648
039 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	3,318	84,729		95,208	183,255		12,444
040 DELIVERY ROOM & LABOR ROO		9,333		2,294	11,627		944
041 ANESTHESIOLOGY	144	1,078		18,948	20,170		665
044 RADIOLOGY-DIAGNOSTIC	111,373	41,236		99,798	252,407		23,318
049 LABORATORY	48	20,129		58,549	78,726		20,617
049 01 RESPIRATORY THERAPY	16,028	2,082		5,678	23,788		1,277
SLEEP LAB		5,206			5,206		2,006
050 PHYSICAL THERAPY	24		141,778	29,618	171,420		10,315
053 ELECTROCARDIOLOGY		5,949		7,591	13,540		965
055 MEDICAL SUPPLIES CHARGED							2,795
056 DRUGS CHARGED TO PATIENTS							
059 CHEMOTHERAPY							
059 01 CARDIAC REHAB	36	26,834		229	27,099		1,105
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	48	46,851		21,115	68,014		12,285
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	9,608	190,478	74,574	45,803	320,463		69,121
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY	107	13,944		15,280	29,331		8,477
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	202,934	804,562	216,352	636,300	1,860,148		233,400
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP		2,479			2,479		32
098 PHYSICIANS' PRIVATE OFFIC							84
098 01 CATERING MEALS							
100 FREESTANDING CLINICS	9,959	24,987			34,946		3,123
100 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	212,893	832,028	216,352	636,300	1,897,573		236,639

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
14-1349

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

PREPARED 11/ 9/2009  
WORKSHEET B  
PART III

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS OF REPAIRS	PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NORTH C							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS	23,983						
009 OPERATION OF PLANT	1,217	112,614					
010 LAUNDRY & LINEN SERVICE	240	2,759	13,024				
011 HOUSEKEEPING	200	2,295	37	16,145			
012 DIETARY	484	5,547	128	224	34,552		
014 CAFETERIA	291	3,335		520	25,233	40,943	
015 NURSING ADMINISTRATION	156	1,789				364	10,135
016 CENTRAL SERVICES & SUPPLY	340	3,903					
017 PHARMACY	66	753		85			
018 MEDICAL RECORDS & LIBRARY	115	1,314		228		1,903	
020 SOCIAL SERVICE						305	
025 NONPHYSICIAN ANESTHETISTS							
033 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	2,356	27,027	7,918	7,603	8,662	11,862	6,757
NURSERY	124	1,419	95	185		810	344
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,158	24,750	1,263	1,866		2,643	1,667
040 DELIVERY ROOM & LABOR ROO	238	2,726	50	356		423	179
041 ANESTHESIOLOGY	27	315				763	
044 RADIOLOGY-DIAGNOSTIC	1,050	12,046	1,167	937		3,418	
049 LABORATORY	513	5,880		1,114		4,604	
050 RESPIRATORY THERAPY	53	608				388	
053 SLEEP LAB			801	2		3,383	
055 PHYSICAL THERAPY	4,627						
056 ELECTROCARDIOLOGY	151	1,738					
059 MEDICAL SUPPLIES CHARGED							
059 01 DRUGS CHARGED TO PATIENTS							
CHEMOTHERAPY							
059 01 CARDIAC REHAB	683					235	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,193	13,686	1,367	3,025		2,208	1,188
063 OBSERVATION BEDS (NON-DIS							
063 50 OTHER OUTPATIENT SERVICE			186			5,414	
071 RURAL HEALTH CLINIC	7,283						
095 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY	355					1,621	
096 SPEC PURPOSE COST CENTERS							
096 01 SUBTOTALS	23,920	111,890	13,012	16,145	33,895	40,344	10,135
098 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP	63	724					
098 01 PHYSICIANS' PRIVATE OFFIC							
098 01 CATERING MEALS					657		
100 FREESTANDING CLINICS			12			599	
101 01 UNUSED SPACE							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	23,983	112,614	13,024	16,145	34,552	40,943	10,135

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1349  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/9/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	18	20	25	26
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NORTH C							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	17,778						
016 CENTRAL SERVICES & SUPPLY		27,529					
017 PHARMACY			23,331				
018 MEDICAL RECORDS & LIBRARY				715			
020 SOCIAL SERVICE							
025 NONPHYSICIAN ANESTHETISTS			4,931	669		285,470	
033 INPAT ROUTINE SRVC CNTRS				46		13,949	
037 ADULTS & PEDIATRICS							
039 NURSERY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM			1,626			231,672	
044 DELIVERY ROOM & LABOR ROO						16,543	
049 ANESTHESIOLOGY						21,940	
053 RADIOLOGY-DIAGNOSTIC			9,593			303,936	
055 LABORATORY			3,019			114,473	
059 RESPIRATORY THERAPY						26,114	
059 01 SLEEP LAB						7,212	
050 PHYSICAL THERAPY						190,548	
053 ELECTROCARDIOLOGY						16,394	
055 MEDICAL SUPPLIES CHARGED	17,778					20,573	
056 DRUGS CHARGED TO PATIENTS		27,529				27,529	
059 CHEMOTHERAPY							
059 01 CARDIAC REHAB						29,122	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			3,037			106,003	
063 OBSERVATION BEDS (NON-DIS							
063 50 OTHER OUTPATIENT SERVICE							
063 RURAL HEALTH CLINIC			1,125			403,592	
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY						39,784	
096 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	17,778	27,529	23,331	715		1,854,854	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP						3,298	
098 PHYSICIANS' PRIVATE OFFIC						84	
098 01 CATERING MEALS						657	
100 FREESTANDING CLINICS						38,680	
100 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	17,778	27,529	23,331	715		1,897,573	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
003	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-NORTH C	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
020	SOCIAL SERVICE	
025	NONPHYSICIAN ANESTHETISTS	
033	INPAT ROUTINE SRVC CNTRS	
	ADULTS & PEDIATRICS	285,470
	NURSERY	13,949
037	ANCILLARY SRVC COST CNTRS	
	OPERATING ROOM	231,672
	DELIVERY ROOM & LABOR ROO	16,543
	ANESTHESIOLOGY	21,940
	RADIOLOGY-DIAGNOSTIC	303,936
	LABORATORY	114,473
	RESPIRATORY THERAPY	26,114
	01 SLEEP LAB	7,212
	PHYSICAL THERAPY	190,548
	ELECTROCARDIOLOGY	16,394
	MEDICAL SUPPLIES CHARGED	20,573
	DRUGS CHARGED TO PATIENTS	27,529
	CHEMOTHERAPY	
	01 CARDIAC REHAB	29,122
	OUTPAT SERVICE COST CNTRS	
	EMERGENCY	106,003
	OBSERVATION BEDS (NON-DIS	
	OTHER OUTPATIENT SERVICE	
	50 RURAL HEALTH CLINIC	403,592
	OTHER REIMBURS COST CNTRS	
	HOME HEALTH AGENCY	39,784
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	1,854,854
	NONREIMBURS COST CENTERS	
	GIFT, FLOWER, COFFEE SHOP	3,298
	PHYSICIANS' PRIVATE OFFIC	84
	01 CATERING MEALS	657
	FREESTANDING CLINICS	38,680
	01 UNUSED SPACE	
	CROSS FOOT ADJUSTMENTS	
	NEGATIVE COST CENTER	
103	TOTAL	1,897,573

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 11/ 9/2009

14-1349

FROM 7/ 1/2008

WORKSHEET B-1

TO 6/30/2009

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILI- ATION	ADMINISTRATI V
	OSTS-BLDG &	OSTS-NORTH C	OSTS-MVBLE E	FITS		E & GENERAL
	(SQUARE FEET	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES		( ACCUM. COST )
	3	3.01	4	5	6a.00	6
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	67,129					
004 01 NEW CAP REL COSTS-NOR		22,371				
005 01 NEW CAP REL COSTS-MVB			612,904			
006 01 EMPLOYEE BENEFITS				10,106,670		
007 01 ADMINISTRATIVE & GENE	9,265		87,859	1,965,396	-4,707,596	18,165,418
008 01 MAINTENANCE & REPAIRS	1,587		529	192,589		269,860
009 01 OPERATION OF PLANT	3,856		51,826			540,020
010 01 LAUNDRY & LINEN SERVI	762					44,513
011 01 HOUSEKEEPING	634		1,144	242,085		350,599
012 01 DIETARY	1,532		3,984	215,296		387,288
014 01 CAFETERIA	921					11,415
015 01 NURSING ADMINISTRATIO	494		7	86,286		116,363
016 01 CENTRAL SERVICES & SU	1,078					13,361
017 01 PHARMACY	431		3,112			859,744
018 01 MEDICAL RECORDS & LIB	363		12,286	128,393		193,217
020 01 SOCIAL SERVICE				24,337		31,509
025 01 NONPHYSICIAN ANESTHET						
033 01 INPAT ROUTINE SRVC CN						
037 01 ADULTS & PEDIATRICS	7,465		62,501	1,436,633		2,203,917
039 01 NURSERY	392		4,257	84,739		126,505
040 01 ANCILLARY SRVC COST C						
041 01 OPERATING ROOM	6,836		91,707	393,334		955,231
044 01 DELIVERY ROOM & LABOR	753		2,210	43,999		72,495
049 01 ANESTHESIOLOGY	87		18,251			51,060
053 01 RADIOLOGY-DIAGNOSTIC	3,327		96,128	444,204		1,789,977
055 01 LABORATORY	1,624		56,396	477,575		1,582,651
059 01 RESPIRATORY THERAPY	168		5,469	46,433		98,000
061 01 SLEEP LAB	420					154,006
062 01 PHYSICAL THERAPY		14,660	28,529	412,987		791,838
063 01 ELECTROCARDIOLOGY	480		7,312	38,286		74,051
066 01 MEDICAL SUPPLIES CHAR						214,574
067 01 DRUGS CHARGED TO PATI						
068 01 CHEMOTHERAPY						
069 01 CARDIAC REHAB	2,165		221	39,214		84,814
071 01 OUTPAT SERVICE COST C						
072 01 EMERGENCY	3,780		20,339	353,376		943,017
073 01 OBSERVATION BEDS (NON						
074 01 OTHER OUTPATIENT SERV						
075 01 RURAL HEALTH CLINIC	15,368	7,711	44,119	2,942,112		5,306,006
076 01 OTHER REIMBURS COST C						
077 01 HOME HEALTH AGENCY	1,125		14,718	401,487		650,692
078 01 SPEC PURPOSE COST CEN						
079 01 SUBTOTALS	64,913	22,371	612,904	9,968,761	-4,707,596	17,916,723
080 01 NONREIMBURS COST CENT						
081 01 GIFT, FLOWER, COFFEE	200					2,479
082 01 PHYSICIANS' PRIVATE O						6,473
083 01 CATERING MEALS						
084 01 FREESTANDING CLINICS	2,016			137,909		239,743
085 01 UNUSED SPACE						
086 01 CROSS FOOT ADJUSTMENT						
087 01 NEGATIVE COST CENTER						
088 01 COST TO BE ALLOCATED	832,028	216,352	636,300	2,623,137		4,707,596
089 01 (WRKSHT B, PART I)						
090 01 UNIT COST MULTIPLIER	12.394464		1.038172			
091 01 (WRKSHT B, PT I)		9.671092		.259545		.259152
092 01 COST TO BE ALLOCATED						
093 01 (WRKSHT B, PART II)						
094 01 UNIT COST MULTIPLIER						
095 01 (WRKSHT B, PT II)						
096 01 COST TO BE ALLOCATED						236,639
097 01 (WRKSHT B, PART III)						
098 01 UNIT COST MULTIPLIER						
099 01 (WRKSHT B, PT III)						.013027

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1349  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/9/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	7	8	9	10	11	12	14
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NOR							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS	75,989						
008 OPERATION OF PLANT	3,856	31,104					
009 LAUNDRY & LINEN SERVICE	762	762	13,549				
010 HOUSEKEEPING	634	634	39	73,065			
011 DIETARY	1,532	1,532	133	1,015	53,723		
012 CAFETERIA	921	921		2,355	39,233	3,486	
014 NURSING ADMINISTRATION	494	494				31	110,145
015 CENTRAL SERVICES & SUPPLIES	1,078	1,078					
016 PHARMACY	208	208		385			
017 MEDICAL RECORDS & LIBRARY	363	363		1,030		162	
018 SOCIAL SERVICE						26	
020 NONPHYSICIAN ANESTHETIC							
INPAT ROUTINE SRVC CNTR							
025 ADULTS & PEDIATRICS	7,465	7,465	8,237	34,408	13,468	1,010	73,435
033 NURSERY	392	392	99	836		69	3,741
ANCILLARY SRVC COST CTR							
037 OPERATING ROOM	6,836	6,836	1,314	8,445		225	18,120
039 DELIVERY ROOM & LABOR	753	753	52	1,611		36	1,942
040 ANESTHESIOLOGY	87	87				65	
041 RADIOLOGY-DIAGNOSTIC	3,327	3,327	1,214	4,240		291	
044 LABORATORY	1,624	1,624		5,040		392	
049 RESPIRATORY THERAPY	168	168				33	
049 01 SLEEP LAB							
050 PHYSICAL THERAPY	14,660		833	10		288	
053 ELECTROCARDIOLOGY	480	480					
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENT							
059 CHEMOTHERAPY							
059 01 CARDIAC REHAB	2,165					20	
OUTPAT SERVICE COST CENTER							
061 EMERGENCY	3,780	3,780	1,422	13,690		188	12,907
062 OBSERVATION BEDS (NON-PAYING)							
063 OTHER OUTPATIENT SERVICES							
063 50 RURAL HEALTH CLINIC	23,079		194			461	
071 OTHER REIMBURSEMENT COST CENTER							
HOME HEALTH AGENCY	1,125					138	
095 SPEC PURPOSE COST CENTER							
SUBTOTALS	75,789	30,904	13,537	73,065	52,701	3,435	110,145
NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE	200	200					
098 PHYSICIANS' PRIVATE OFFICE							
098 01 CATERING MEALS					1,022		
100 FREESTANDING CLINICS			12			51	
100 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	339,795	697,210	76,537	458,723	535,968	445,329	163,761
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.471634	22.415445	5.648904	6.278286	9.976509	127.747849	1.486777
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	23,983	112,614	13,024	16,145	34,552	40,943	10,135
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.315611	3.620563	.961252	.220968	.643151	11.744980	.092015

COST ALLOCATION - STATISTICAL BASIS

14-1349

FROM 7/ 1/2008

WORKSHEET B-1

|

TO 6/30/2009 |

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	15	16	17	18	20
GENERAL SERVICE COST					
003 NEW CAP REL COSTS-BLD					
003 01 NEW CAP REL COSTS-NOR					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS					
007 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY	100				
016 PHARMACY		100			
017 MEDICAL RECORDS & LIBRARY			1,306		
018 SOCIAL SERVICE				4,887	
020 NONPHYSICIAN ANESTHETIST INPAT ROUTINE SRVC CN					100
025 ADULTS & PEDIATRICS			276	4,574	
033 NURSERY				313	
ANCILLARY SRVC COST CENTER					
037 OPERATING ROOM			91		
039 DELIVERY ROOM & LABOR					
040 ANESTHESIOLOGY					100
041 RADIOLOGY-DIAGNOSTIC			537		
044 LABORATORY			169		
049 RESPIRATORY THERAPY					
049 01 SLEEP LAB					
050 PHYSICAL THERAPY					
053 ELECTROCARDIOLOGY					
055 MEDICAL SUPPLIES CHARGED TO PATIENT	100				
056 DRUGS CHARGED TO PATIENT		100			
059 CHEMOTHERAPY					
059 01 CARDIAC REHAB					
OUTPAT SERVICE COST CENTER					
061 EMERGENCY			170		
062 OBSERVATION BEDS (NON)					
063 OTHER OUTPATIENT SERVICE					
063 50 RURAL HEALTH CLINIC			63		
071 OTHER REIMBURSEMENT COST CENTER HOME HEALTH AGENCY					
SPEC PURPOSE COST CENTER					
095 SUBTOTALS	100	100	1,306	4,887	100
NONREIMBURSEMENT COST CENTER					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE OFFICE					
098 01 CATERING MEALS					
100 FREESTANDING CLINICS					
100 01 UNUSED SPACE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	45,808	1,090,557	280,212	42,996	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	458.080000	10,905.570000	214.557427	8.798036	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART II)					
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED (PER WRKSHT B, PART III)	17,778	27,529	23,331	715	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	177.780000	275.290000	17.864472	146307	



COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,979,360		1,979,360			
33	NURSERY	108,649		108,649			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	618,837	2,466,408	3,085,245	.493391	.493391	.493391
39	DELIVERY ROOM & LABOR ROO	109,325	500	109,825	1.178438	1.178438	1.178438
40	ANESTHESIOLOGY	23,680	87,381	111,061	.674719	.674719	.674719
41	RADIOLOGY-DIAGNOSTIC	1,020,987	14,465,912	15,486,899	.163311	.163311	.163311
44	LABORATORY	1,040,745	5,575,953	6,616,698	.325607	.325607	.325607
49	RESPIRATORY THERAPY	124,495	176,529	301,024	.438935	.438935	.438935
49	01 SLEEP LAB		629,907	629,907	.307850	.307850	.307850
50	PHYSICAL THERAPY	290,716	2,760,445	3,051,161	.361881	.361881	.361881
53	ELECTROCARDIOLOGY	28,086	351,484	379,570	.279648	.279648	.279648
55	MEDICAL SUPPLIES CHARGED	190,890	405,148	596,038	.530149	.530149	.530149
56	DRUGS CHARGED TO PATIENTS	1,926,599	1,325,301	3,251,900	.335360	.335360	.335360
59	CHEMOTHERAPY						
59	01 CARDIAC REHAB		90,746	90,746	1.311683	1.311683	1.311683
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	212,366	3,088,265	3,300,631	.443158	.443158	.443158
62	OBSERVATION BEDS (NON-DIS	33,700	292,990	326,690	1.568677	1.568677	1.568677
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		5,146,844	5,146,844	1.332422	1.332422	1.332422
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,708,435	36,863,813	44,572,248			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,708,435	36,863,813	44,572,248			





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	1,522,232	231,672	1,290,560			1,522,232
39	DELIVERY ROOM & LABOR ROO	129,422	16,543	112,879			129,422
40	ANESTHESIOLOGY	74,935	21,940	52,995			74,935
41	RADIOLOGY-DIAGNOSTIC	2,529,176	303,936	2,225,240			2,529,176
44	LABORATORY	2,154,443	114,473	2,039,970			2,154,443
49	RESPIRATORY THERAPY	132,130	26,114	106,016			132,130
49	01 SLEEP LAB	193,917	7,212	186,705			193,917
50	PHYSICAL THERAPY	1,104,158	190,548	913,610			1,104,158
53	ELECTROCARDIOLOGY	106,146	16,394	89,752			106,146
55	MEDICAL SUPPLIES CHARGED	315,989	20,573	295,416			315,989
56	DRUGS CHARGED TO PATIENTS	1,090,557	27,529	1,063,028			1,090,557
59	CHEMOTHERAPY						
59	01 CARDIAC REHAB	119,030	29,122	89,908			119,030
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,462,700	106,003	1,356,697			1,462,700
62	OBSERVATION BEDS (NON-DIS	512,471		512,471			512,471
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	6,857,769	403,592	6,454,177			6,857,769
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,305,075	1,515,651	16,789,424			18,305,075
102	LESS OBSERVATION BEDS	512,471		512,471			512,471
103	TOTAL	17,792,604	1,515,651	16,276,953			17,792,604



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	1,522,232	231,672	1,290,560			1,522,232
39	DELIVERY ROOM & LABOR ROO	129,422	16,543	112,879			129,422
40	ANESTHESIOLOGY	74,935	21,940	52,995			74,935
41	RADIOLOGY-DIAGNOSTIC	2,529,176	303,936	2,225,240			2,529,176
44	LABORATORY	2,154,443	114,473	2,039,970			2,154,443
49	RESPIRATORY THERAPY	132,130	26,114	106,016			132,130
49	01 SLEEP LAB	193,917	7,212	186,705			193,917
50	PHYSICAL THERAPY	1,104,158	190,548	913,610			1,104,158
53	ELECTROCARDIOLOGY	106,146	16,394	89,752			106,146
55	MEDICAL SUPPLIES CHARGED	315,989	20,573	295,416			315,989
56	DRUGS CHARGED TO PATIENTS	1,090,557	27,529	1,063,028			1,090,557
59	CHEMOTHERAPY						
59	01 CARDIAC REHAB	119,030	29,122	89,908			119,030
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,462,700	106,003	1,356,697			1,462,700
62	OBSERVATION BEDS (NON-DIS	512,471		512,471			512,471
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	6,857,769	403,592	6,454,177			6,857,769
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,305,075	1,515,651	16,789,424			18,305,075
102	LESS OBSERVATION BEDS	512,471		512,471			512,471
103	TOTAL	17,792,604	1,515,651	16,276,953			17,792,604

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,085,245	.493391	.493391
39	DELIVERY ROOM & LABOR ROO	109,825	1.178438	1.178438
40	ANESTHESIOLOGY	111,061	.674719	.674719
41	RADIOLOGY-DIAGNOSTIC	15,486,899	.163311	.163311
44	LABORATORY	6,616,698	.325607	.325607
49	RESPIRATORY THERAPY	301,024	.438935	.438935
49	01 SLEEP LAB	629,907	.307850	.307850
50	PHYSICAL THERAPY	3,051,161	.361881	.361881
53	ELECTROCARDIOLOGY	379,570	.279648	.279648
55	MEDICAL SUPPLIES CHARGED	596,038	.530149	.530149
56	DRUGS CHARGED TO PATIENTS	3,251,900	.335360	.335360
59	CHEMOTHERAPY			
59	01 CARDIAC REHAB	90,746	1.311683	1.311683
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	3,300,631	.443158	.443158
62	OBSERVATION BEDS (NON-DIS	326,690	1.568677	1.568677
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	5,146,844	1.332422	1.332422
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	42,484,239		
102	LESS OBSERVATION BEDS	326,690		
103	TOTAL	42,157,549		







TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.335360
2	PROGRAM VACCINE CHARGES		5,042
3	PROGRAM COSTS		1,691





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	629
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	814.74
85	OBSERVATION BED COST	512,471

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS		973,500	
37	OPERATING ROOM	.493391	178,809	88,223
39	DELIVERY ROOM & LABOR ROOM	1.178438	3,533	4,163
40	ANESTHESIOLOGY	.674719	6,727	4,539
41	RADIOLOGY-DIAGNOSTIC	.163311	637,731	104,148
44	LABORATORY	.325607	572,897	186,539
49	RESPIRATORY THERAPY	.438935	71,957	31,584
49 01	SLEEP LAB	.307850		
50	PHYSICAL THERAPY	.361881	117,741	42,608
53	ELECTROCARDIOLOGY	.279648	17,842	4,989
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.530149	87,527	46,402
56	DRUGS CHARGED TO PATIENTS	.335360	1,009,410	338,516
59	CHEMOTHERAPY			
59 01	CARDIAC REHAB	1.311683		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.443158	3,244	1,438
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.568677	230	361
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
101	TOTAL		2,707,648	853,510
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,707,648	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.493391	1,890	933
39	DELIVERY ROOM & LABOR ROOM	1.178438		
40	ANESTHESIOLOGY	.674719		
41	RADIOLOGY-DIAGNOSTIC	.163311	51,628	8,431
44	LABORATORY	.325607	88,683	28,876
49	RESPIRATORY THERAPY	.438935	21,876	9,602
49 01	SLEEP LAB	.307850		
50	PHYSICAL THERAPY	.361881	152,392	55,148
53	ELECTROCARDIOLOGY	.279648	910	254
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.530149	9,479	5,025
56	DRUGS CHARGED TO PATIENTS	.335360	298,790	100,202
59	CHEMOTHERAPY			
59 01	CARDIAC REHAB	1.311683		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.443158		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.568677		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
101	TOTAL		625,648	208,471
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		625,648	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/ 9/2009
14-1349	FROM 7/ 1/2008	WORKSHEET E
COMPONENT NO:	TO 6/30/2009	PART B
14-1349		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,237,945
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,237,945

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,270,324
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	41,083
18.01	CAH ACTUAL BILLED COINSURANCE	1,803,408
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,425,833
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,425,833
24	PRIMARY PAYER PAYMENTS	538
25	SUBTOTAL	1,425,295

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	325,266
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	325,266
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	296,028
28	SUBTOTAL	1,750,561
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,750,561
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,108,183
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-357,622
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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





CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 11/ 9/2009
14-1349	FROM 7/ 1/2008	
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-2
14-2349		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	636,092	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	210,556	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	773	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	846,648	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	846,648	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	846,648	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	18,219	
14	80% OF PART B COSTS		
15	SUBTOTAL	828,429	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	828,429	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	700,671	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	127,758	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/ 9/2009
14-1349	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART II
14-1349		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,440,624
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,440,624
5	PRIMARY PAYER PAYMENTS	4,078
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,460,911

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	

CUSTOMARY CHARGES

12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,460,911
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	360,919
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,099,992
23	COINSURANCE	1,536
24	SUBTOTAL	2,098,456
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	89,368
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	89,368
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	73,472
26	SUBTOTAL	2,187,824
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	2,187,824
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,999,680
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	188,144
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	5,791,930			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	6,888,241			
5 OTHER RECEIVABLES	200,000			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,794,556			
7 INVENTORY	423,540			
8 PREPAID EXPENSES	409,060			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	9,918,215			
FIXED ASSETS				
12 LAND	85,673			
12.01 LAND IMPROVEMENTS	663,393			
13.01 LESS ACCUMULATED DEPRECIATION	-495,088			
14 BUILDINGS	14,775,139			
14.01 LESS ACCUMULATED DEPRECIATION	-7,074,796			
15 LEASEHOLD IMPROVEMENTS	4,270			
15.01 LESS ACCUMULATED DEPRECIATION	-3,968			
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	10,258,342			
18.01 LESS ACCUMULATED DEPRECIATION	-7,899,269			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE	14,865			
21 TOTAL FIXED ASSETS	10,328,561			
OTHER ASSETS				
22 INVESTMENTS	1,504,733			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	154,951			
26 TOTAL OTHER ASSETS	1,659,684			
27 TOTAL ASSETS	21,906,460			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	581,115			
29 SALARIES, WAGES & FEES PAYABLE	873,662			
30 PAYROLL TAXES PAYABLE	767,832			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	300,349			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	75,507			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	2,598,465			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	5,451,815			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	5,451,815			
43 TOTAL LIABILITIES	8,050,280			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	13,856,180			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	13,856,180			
52 TOTAL LIABILITIES AND FUND BALANCES	21,906,460			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		12,606,879		
2	NET INCOME (LOSS)		1,249,301		
3	TOTAL		13,856,180		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		13,856,180		
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		13,856,180		

		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	2,326,132		2,326,132
4 00 SWING BED - SNF	110,700		110,700
5 00 SWING BED - NF	208		208
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,437,040		2,437,040
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,437,040		2,437,040
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE			
17 00 ANCILLARY SERVICES	5,696,250	32,355,564	38,051,814
18 00 OUTPATIENT SERVICES		78,528	78,528
18 50 RURAL HEALTH CLINIC		5,146,844	5,146,844
19 00 HOME HEALTH AGENCY		936,488	936,488
24 00			
25 00 TOTAL PATIENT REVENUES	8,133,290	38,517,424	46,650,714

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		24,583,629	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 INTEREST EXPENSE	250,502		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		250,502	
40 00 TOTAL OPERATING EXPENSES		24,333,127	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1349 PERIOD: FROM 7/1/2008 TO 6/30/2009 PREPARED 11/9/2009 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	46,650,714
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	21,526,388
3	NET PATIENT REVENUES	25,124,326
4	LESS: TOTAL OPERATING EXPENSES	24,333,127
5	NET INCOME FROM SERVICE TO PATIENTS	791,199
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	115,240
7	INCOME FROM INVESTMENTS	74,394
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	36,711
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	64,461
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	3,761
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	23,127
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	250,502
24	THE CENTER INCOME	91,523
24.01	MEDICAL OFFICE BUILDING RENTAL INC	25,450
24.02	MISCELLANEOUS INCOME	23,435
25	TOTAL OTHER INCOME	708,604
26	TOTAL	1,499,803
	OTHER EXPENSES	
27	INTEREST EXPENSE	250,502
28		
29		
30	TOTAL OTHER EXPENSES	250,502
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,249,301

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
5	122,959				60,405	183,364
HHA REIMBURSABLE SERVICES						
6	218,585		44,993			263,578
7	53,702			12,403		66,105
8	2,717			110		2,827
9				1,856		1,856
10	1,399			70		1,469
11	12,149					12,149
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	411,511		44,993	14,439	60,405	531,348

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
5	-14,084	169,280		169,280
HHA REIMBURSABLE SERVICES				
6		263,578		263,578
7		66,105		66,105
8		2,827		2,827
9		1,856		1,856
10		1,469		1,469
11		12,149		12,149
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-14,084	517,264		517,264

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		169,280				169,280	169,280
HHA REIMBURSABLE SERVICES							
6		263,578				263,578	128,220
7		66,105				66,105	32,157
8		2,827				2,827	1,375
9		1,856				1,856	903
10		1,469				1,469	715
11		12,149				12,149	5,910
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		517,264				517,264	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		391,798					
6		98,262					
7		4,202					
8		2,759					
9		2,184					
10		18,059					
11							
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		517,264					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-169,280	347,984
6	SKILLED NURSING CARE					263,578	
7	PHYSICAL THERAPY					66,105	
8	OCCUPATIONAL THERAPY					2,827	
9	SPEECH PATHOLOGY					1,856	
10	MEDICAL SOCIAL SERVICES					1,469	
11	HOME HEALTH AIDE					12,149	
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-169,280	347,984
25	COST TO BE ALLOCATED					169,280	
26	UNIT COST MULTIPLIER					.486459	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-NORTH 3.01	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A
1 ADMIN & GENERAL		13,944		15,280	29,312	58,536
2 SKILLED NURSING CARE	391,798				56,733	448,531
3 PHYSICAL THERAPY	98,262				13,938	112,200
4 OCCUPATIONAL THERAPY	4,202				705	4,907
5 SPEECH PATHOLOGY	2,759					2,759
6 MEDICAL SOCIAL SERVICES	2,184				363	2,547
7 HOME HEALTH AIDE	18,059				3,153	21,212
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	517,264	13,944		15,280	104,204	650,692
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	15,170	5,031				
2 SKILLED NURSING CARE	116,237					
3 PHYSICAL THERAPY	29,077					
4 OCCUPATIONAL THERAPY	1,272					
5 SPEECH PATHOLOGY	715					
6 MEDICAL SOCIAL SERVICES	660					
7 HOME HEALTH AIDE	5,497					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	168,628	5,031				
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
1 ADMIN & GENERAL	17,629					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	17,629					
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NONPHYSICIAN ANESTHETIST 20	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		96,366		96,366		
2 SKILLED NURSING CARE		564,768		564,768	72,993	637,761
3 PHYSICAL THERAPY		141,277		141,277	18,259	159,536
4 OCCUPATIONAL THERAPY		6,179		6,179	799	6,978
5 SPEECH PATHOLOGY		3,474		3,474	449	3,923
6 MEDICAL SOCIAL SERVICES		3,207		3,207	414	3,621
7 HOME HEALTH AIDE		26,709		26,709	3,452	30,161
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		841,980		841,980	96,366	841,980
21 UNIT COST MULTIPLIER					0.129244	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET )	NEW CAP REL COSTS-NORTH (SQUARE FEET )	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE )	EMPLOYEE BENEFITS (GROSS SALARIES )	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST )
	3	3.01	4	5	6A	6
1 ADMIN & GENERAL	1,125		14,718	112,935		58,536
2 SKILLED NURSING CARE				218,585		448,531
3 PHYSICAL THERAPY				53,702		112,200
4 OCCUPATIONAL THERAPY				2,717		4,907
5 SPEECH PATHOLOGY						2,759
6 MEDICAL SOCIAL SERVICES				1,399		2,547
7 HOME HEALTH AIDE				12,149		21,212
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,125		14,718	401,487		650,692
21 COST TO BE ALLOCATED	13,944		15,280	104,204		168,628
22 UNIT COST MULTIPLIER	12.394667		1.038185	0.259545		0.259152

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET )	OPERATION OF PLANT (SQUARE FEET )	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY )	HOUSEKEEPING (HOURS OF SERVICE )	DIETARY (MEALS SERVED )	CAFETERIA (MEALS SERVED )
	7	8	9	10	11	12
1 ADMIN & GENERAL	1,125					138
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,125					138
21 COST TO BE ALLOCATED	5,031					17,629
22 UNIT COST MULTIPLIER	4.472000					127.746377

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS ) 14	CENTRAL SERVICES & SUPPLIES (COSTED ) REQUIS. 15	PHARMACY (COSTED ) REQUIS. 16	MEDICAL RECORDS & LIBRARY (TIME ) SPENT 17	SOCIAL SERVICE (PATIENT ) DAYS 18	NONPHYSICIAN ANESTHETIST (ASSIGNED ) TIME 20
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	637,761	2	637,761	3,734	170.80	1,376
2 PHYSICAL THERAPY	3	159,536		159,536	2,051	77.78	925
3 OCCUPATIONAL THERAPY	4	6,978		6,978	98	71.20	46
4 SPEECH PATHOLOGY	5	3,923		3,923	43	91.23	14
5 MEDICAL SOCIAL SERVICES	6	3,621		3,621	19	190.58	7
6 HOME HEALTH AIDE SERVICE	7	30,161		30,161	108	279.27	26
7 TOTAL		841,980		841,980	6,053		2,394

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	657		235,021	112,216	347,237
2 PHYSICAL THERAPY	379		71,947	29,479	101,426
3 OCCUPATIONAL THERAPY	37		3,275	2,634	5,909
4 SPEECH PATHOLOGY	7		1,277	639	1,916
5 MEDICAL SOCIAL SERVICES	1		1,334	191	1,525
6 HOME HEALTH AIDE SERVICES	36		7,261	10,054	17,315
7 TOTAL	1,117		320,115	155,213	475,328

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		9914					
9 PHYSICAL THERAPY		9914					
10 OCCUPATIONAL THERAPY		9914					
11 SPEECH PATHOLOGY		9914					
12 MEDICAL SOCIAL SERVICES		9914					
13 HOME HEALTH AIDE SERVICE		9914					
14 TOTAL							

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

PROVIDER NO: 14-1349  
 HHA NO: 14-7694  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/9/2009  
 WORKSHEET H-6  
 PARTS III & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		6,554	6,554	12,363	.530130	5,581
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----		
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES	6,782		2,959	3,595	
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM F1)	9914	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.361881			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.530149	12,363	6,554	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.335360			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
	1	2	2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	77.78					
2 OCCUPATIONAL THERAPY	3	71.20					
3 SPEECH PATHOLOGY	4	91.23					
4 TOTAL (SUM OF LINES 1-3)							





RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	1,756,251	1,756,251	
2	PHYSICIAN ASSISTANT	305,527	305,527	
3	NURSE PRACTITIONER	142,768	142,768	
4	VISITING NURSE	643,175	643,175	
5	OTHER NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	2,847,721	2,847,721	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT		216,547	
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		216,547	
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)		216,547	
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		31,787	
16	TRANSPORTATION (HEALTH CARE STAFF)			
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE		457,648	
19	OTHER HEALTH CARE COSTS			52,488
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		489,435	52,488
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	2,847,721	705,982	52,488
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY		222,705	
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		222,705	
FACILITY OVERHEAD				
29	FACILITY COSTS		1,024,537	-716,282
30	ADMINISTRATIVE COSTS	386,982	386,982	
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	386,982	1,411,519	-716,282
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	3,234,703	1,953,224	-663,794



ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1349	FROM 7/ 1/2008	11/ 9/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET M-2
14-3464		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	6.33	27,169	4,200	26,586
2	PHYSICIAN ASSISTANTS	2.74	12,442	2,100	5,754
3	NURSE PRACTITIONERS	1.67	6,735	2,100	3,507
4	SUBTOTAL (SUM OF LINES 1-3)	10.74	46,346		35,847
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	10.74	46,346		
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)	3,313,600			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	222,705			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	3,536,305			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.937023			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	695,237			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	2,626,227			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	3,321,464			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	3,321,464			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	3,112,288			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	6,425,888			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	46,346			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	46,346			
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.



COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-1349  
 COMPONENT NO: 14-3464  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/9/2009  
 WORKSHEET M-4

TITLE XVII I

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	2,555,130	2,555,130
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000232	.002383
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	593	6,089
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	5,307	19,109
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	5,900	25,198
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	3,313,600	3,313,600
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	3,321,464	3,321,464
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001781	.007604
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	5,916	25,256
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	11,816	50,454
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	165	1,693
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	71.61	29.80
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	121	844
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	8,665	25,151
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		62,270
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		33,816

