

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		26-0025		FROM 10/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/24/2010 TIME 14:56

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: HANNIBAL REGIONAL HOSPITAL 26-0025 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	1,374,036	-341,696		0
2	SUBPROVIDER	0	0	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
9	RHC	0	0	489		0
9 .01	RHC II	0	0	483		0
9 .02	RHC III	0	0	1,191		0
100	TOTAL	0	1,374,036	-339,533		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: HIGHWAY 36, 6000 HOSPITAL DRIVE P.O. BOX:
 1.01 CITY: HANNIBAL STATE: MO ZIP CODE: 63401- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	HANNIBAL REGIONAL HOSPITAL	26-0025	2.01	1/1/1966	N	P	0
03.00 SUBPROVIDER	HANNIBAL REGIONAL PSYCH UNIT	26-S025		10/1/1983	N	P	0
09.00 HOSPITAL-BASED HHA	HANN REG HOME HEALTH AGENCY	26-7282		4/10/1990	N	O	N
14.00 HOSPITAL-BASED RHC	HANN REG HOSP DBA SHELBI NA	26-8512		6/11/1997	N	O	0
14.01 HOSPITAL-BASED RHC 2	HANN REG HOSP DBA LAGRANGE	26-3984		4/3/1992	N	O	0
14.02 HOSPITAL-BASED RHC 3	HANN REG HOSP DBA MONROE CI TY	26-8513		6/11/1997	N	O	N

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 99926

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. Y

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y

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

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

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

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

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

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

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

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

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

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

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

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

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IIME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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

TITLE XIX INPATIENT SERVICES

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

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 256,041
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

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

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 26-0025
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	45,278,548		45,278,548	1,730,074.00	26.17	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	389,870		389,870	1,564.00	249.28	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	8,950,892		8,950,892	58,803.00	152.22	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	7,812,892		7,812,892	238,761.00	32.72	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	810,311		810,311	9,804.00	82.65	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	546,990		546,990	2,562.00	213.50	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,954,581		7,954,581			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,134,558		2,134,558			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	109,452		109,452			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	2,512,865		2,512,865			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	610,157		610,157	25,005.00	24.40	
22 ADMINISTRATIVE & GENERAL	6,711,926		6,711,926	277,953.00	24.15	
22.01 A & G UNDER CONTRACT	518,746		518,746	2,692.00	192.70	
23 MAINTENANCE & REPAIRS	205,153		205,153	16,630.00	12.34	
24 OPERATION OF PLANT	560,689		560,689	28,070.00	19.97	
25 LAUNDRY & LINEN SERVICE	22,766		22,766	2,466.00	9.23	
26 HOUSEKEEPING	541,599		541,599	54,696.00	9.90	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	761,447		761,447	59,068.00	12.89	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	180,509		180,509	6,758.00	26.71	
31 CENTRAL SERVICE AND SUPPLY	113,983		113,983	7,953.00	14.33	
32 PHARMACY	1,341,541		1,341,541	46,702.00	28.73	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	677,580		677,580	39,380.00	17.21	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	36,846,402		36,846,402	1,673,963.00	22.01	
2 EXCLUDED AREA SALARIES	7,812,892		7,812,892	238,761.00	32.72	
3 SUBTOTAL SALARIES	29,033,510		29,033,510	1,435,202.00	20.23	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,357,301		1,357,301	12,366.00	109.76	
5 SUBTOTAL WAGE-RELATED COSTS	8,064,033		8,064,033		27.77	
6 TOTAL	38,454,844		38,454,844	1,447,568.00	26.57	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	12,246,096		12,246,096	567,373.00	21.58	

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	840	2	3
2 UNDUPLICATED CENSUS COUNT		313.00	24.00	142.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	845
2 UNDUPLICATED CENSUS COUNT	479.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.99		1.99
5 OTHER ADMINISTRATIVE PERSONEL	.95		.95
6 DIRECTING NURSING SERVICE	6.28		6.28
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	2.00		2.00
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.00		1.00
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	1	
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	50031	

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	2,523	46	92	38
22 SKILLED NURSING VISIT CHARGES	340,605	6,210	12,285	5,130
23 PHYSICAL THERAPY VISITS	1,381	2	11	31
24 PHYSICAL THERAPY VISIT CHARGES	200,245	290	1,595	4,495
25 OCCUPATIONAL THERAPY VISITS	298	1	4	5
26 OCCUPATIONAL THERAPY VISIT CHARGES	43,210	290	725	435
27 SPEECH PATHOLOGY VISITS	45	0	1	1
28 SPEECH PATHOLOGY VISIT CHARGES	6,525	0	145	145
29 MEDICAL SOCIAL SERVICE VISITS	43	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	6,235	0	0	145
31 HOME HEALTH AIDE VISITS	689	18	1	4
32 HOME HEALTH AIDE VISIT CHARGES	44,785	1,170	65	260
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,979	67	109	80
34 OTHER CHARGES	38,172	996	1,802	524
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	679,777	8,956	16,617	11,134
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	325	0	36	7
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	12,757	76	806	122

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	2,699
22 SKILLED NURSING VISIT CHARGES	0	0	364,230
23 PHYSICAL THERAPY VISITS	0	0	1,425
24 PHYSICAL THERAPY VISIT CHARGES	0	0	206,625
25 OCCUPATIONAL THERAPY VISITS	0	0	308
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	44,660
27 SPEECH PATHOLOGY VISITS	0	0	47
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	6,815
29 MEDICAL SOCIAL SERVICE VISITS	0	0	44
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	6,380
31 HOME HEALTH AIDE VISITS	0	0	712
32 HOME HEALTH AIDE VISIT CHARGES	0	0	46,280
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	5,235
34 OTHER CHARGES	0	0	41,494
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	716,484
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	368
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	13,761

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 400 S. CENTER ST
 1.01 CITY: SHELBI NA STATE: MO ZIP CODE: 63468 COUNTY: SHELBY
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1700	800	1700	800	1700	800	1200

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

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

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 120 N. MAIN ST
 1.01 CITY: LAGRANGE STATE: MO ZIP CODE: 63448 COUNTY:
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

RHC 3

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 905 C., HWYS 24 & 36 EAST
 1.01 CITY: MONROE CITY STATE: MO ZIP CODE: 63456 COUNTY:
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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 9,623,460
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 9,623,460
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) .353737
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 25,539,010

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	9,034,093
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,339,544
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,888,794
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	9,034,093

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 26-0025 I
I I

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

I PREPARED 2/24/2010 I
I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP REL COSTS- NEW BLDG				3,180,025	3,180,025
3.02	0302 NEW CAP REL COSTS-OLD BLDG					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4,797,265	4,797,265
5	0500 EMPLOYEE BENEFITS	610,157	8,622,711	9,232,868		9,232,868
6	0600 ADMINISTRATIVE & GENERAL	6,711,926	14,929,685	21,641,611	-8,834,521	12,807,090
7	0700 MAINTENANCE & REPAIRS	205,153	188,481	393,634	-28,276	365,358
7.01	0701 MAINTENANCE & REPAIRS- OLD BLDG				28,276	28,276
8	0800 OPERATION OF PLANT	560,689	1,548,288	2,108,977		2,108,977
8.01	0801 OPERATION OF PLANT-OLD BLDG					
9	0900 LAUNDRY & LINEN SERVICE	22,766	265,273	288,039		288,039
10	1000 HOUSEKEEPING	541,599	177,170	718,769		718,769
11	1100 DIETARY	761,447	666,764	1,428,211		1,428,211
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	180,509	53,309	233,818	4,968	238,786
15	1500 CENTRAL SERVICES & SUPPLY	113,983	154,356	268,339	-15,834	252,505
16	1600 PHARMACY	1,341,541	724,617	2,066,158		2,066,158
17	1700 MEDICAL RECORDS & LIBRARY	677,580	394,606	1,072,186		1,072,186
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,460,690	1,084,651	6,545,341	6,519	6,551,860
26	2600 INTENSIVE CARE UNIT	1,619,301	346,275	1,965,576		1,965,576
31	3100 SUBPROVIDER	1,181,578	357,583	1,539,161		1,539,161
33	3300 NURSERY	252,867	117,996	370,863	6,098	376,961
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,110,102	704,384	1,814,486	74,547	1,889,033
38	3800 RECOVERY ROOM	715,803	122,474	838,277		838,277
39	3900 DELIVERY ROOM & LABOR ROOM	620,332	142,415	762,747	5,983	768,730
40	4000 ANESTHESIOLOGY	2,831,140	402,936	3,234,076		3,234,076
41	4100 RADIOLOGY-DIAGNOSTIC	1,470,253	995,453	2,465,706	497,409	2,963,115
43	4300 RADIOISOTOPE	196,250	325,379	521,629	53,528	575,157
44	4400 LABORATORY	1,180,737	2,073,530	3,254,267	28,294	3,282,561
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	105,302	654,323	759,625		759,625
49	4900 RESPIRATORY THERAPY	745,213	220,304	965,517		965,517
50	5000 PHYSICAL THERAPY	1,673,169	598,957	2,272,126		2,272,126
52	5200 SPEECH PATHOLOGY	260,977	47,374	308,351		308,351
53	5300 ELECTROCARDIOLOGY	811,399	653,981	1,465,380	195,719	1,661,099
54	5400 ELECTROENCEPHALOGRAPHY	55,861	11,317	67,178		67,178
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,603,367	7,603,367		7,603,367
56	5600 DRUGS CHARGED TO PATIENTS		2,616,510	2,616,510		2,616,510
59	3480 CANCER CENTER	544,111	574,521	1,118,632		1,118,632
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	4,452,115	1,024,631	5,476,746		5,476,746
61.01	6101 OUTPATIENT PSYCH	794,913	135,002	929,915		929,915
61.02	6102 WOUND CARE	17,959	5,602	23,561		23,561
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC - SHELBYNA	368,101	145,050	513,151		513,151
63.51	6311 RURAL HEALTH CLINIC- LAGRANGE	149,214	33,915	183,129		183,129
63.52	6312 RURAL HEALTH CLINIC - MONROE CITY	302,497	142,052	444,549		444,549
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	705,284	308,718	1,014,002		1,014,002
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	39,352,518	49,173,960	88,526,478	-0-	88,526,478
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	2,384,144	757,540	3,141,684		3,141,684
99	9900 NONPAID WORKERS					
100	7950 RENTAL					
100.01	7951 CHILD DEVELOPMENT CENTER	866,299	309,869	1,176,168		1,176,168
100.02	7952 OTHER NONREIMBURSABLE COST CENTERS					
100.03	7953 MEDICAL BUILDING	2,675,587	201,831	2,877,418		2,877,418
101	TOTAL	45,278,548	50,443,200	95,721,748	-0-	95,721,748

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010
I 26-0025 I FROM 10/ 1/2008 I WORKSHEET A
I I TO 9/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		
3.01	0301 NEW CAP REL COSTS- NEW BLDG	-22,914	3,157,111
3.02	0302 NEW CAP REL COSTS-OLD BLDG		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,797,265
5	0500 EMPLOYEE BENEFITS	-1,900,898	7,331,970
6	0600 ADMINISTRATIVE & GENERAL	3,371,391	16,178,481
7	0700 MAINTENANCE & REPAIRS		365,358
7.01	0701 MAINTENANCE & REPAIRS- OLD BLDG		28,276
8	0800 OPERATION OF PLANT		2,108,977
8.01	0801 OPERATION OF PLANT-OLD BLDG		
9	0900 LAUNDRY & LINEN SERVICE		288,039
10	1000 HOUSEKEEPING		718,769
11	1100 DIETARY	-407,029	1,021,182
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		238,786
15	1500 CENTRAL SERVICES & SUPPLY		252,505
16	1600 PHARMACY	-138,299	1,927,859
17	1700 MEDICAL RECORDS & LIBRARY	-48,882	1,023,304
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-25,376	6,526,484
26	2600 INTENSIVE CARE UNIT	-19,964	1,945,612
31	3100 SUBPROVIDER	-443,698	1,095,463
33	3300 NURSERY		376,961
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-284,565	1,604,468
38	3800 RECOVERY ROOM		838,277
39	3900 DELIVERY ROOM & LABOR ROOM		768,730
40	4000 ANESTHESIOLOGY	-2,715,414	518,662
41	4100 RADIOLOGY-DIAGNOSTIC	-374	2,962,741
43	4300 RADIOISOTOPE	-56,492	518,665
44	4400 LABORATORY	-262,445	3,020,116
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		759,625
49	4900 RESPIRATORY THERAPY		965,517
50	5000 PHYSICAL THERAPY	-528,567	1,743,559
52	5200 SPEECH PATHOLOGY	-153,020	155,331
53	5300 ELECTROCARDIOLOGY	-380,743	1,280,356
54	5400 ELECTROENCEPHALOGRAPHY	-14,839	52,339
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,603,367
56	5600 DRUGS CHARGED TO PATIENTS		2,616,510
59	3480 CANCER CENTER	-60,669	1,057,963
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-2,501,779	2,974,967
61.01	6101 OUTPATIENT PSYCH	-272,607	657,308
61.02	6102 WOUND CARE		23,561
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC - SHELBYNA		513,151
63.51	6311 RURAL HEALTH CLINIC- LAGRANGE		183,129
63.52	6312 RURAL HEALTH CLINIC - MONROE CITY		444,549
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		1,014,002
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-6,867,183	81,659,295
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		3,141,684
99	9900 NONPAID WORKERS		
100	7950 RENTAL		
100.01	7951 CHILD DEVELOPMENT CENTER		1,176,168
100.02	7952 OTHER NONREIMBURSABLE COST CENTERS		
100.03	7953 MEDICAL BUILDING		2,877,418
101	TOTAL	-6,867,183	88,854,565

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2008	2/24/2010
	TO 9/30/2009	NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS- NEW BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-OLD BLDG	0302	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	
7.01	MAINTENANCE & REPAIRS- OLD BLDG	0701	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT-OLD BLDG	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIO SOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CANCER CENTER	3480	ONCOLOGY
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
61.01	OUTPATIENT PSYCH	6101	EMERGENCY
61.02	WOUND CARE	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC - SHELBI NA	6310	RURAL HEALTH CLINIC #####
63.51	RURAL HEALTH CLINIC- LAGRANGE	6311	RURAL HEALTH CLINIC #####
63.52	RURAL HEALTH CLINIC - MONROE CITY	6312	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	
99	NONPAID WORKERS	9900	
100	RENTAL	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CHILD DEVELOPMENT CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MEDICAL BUILDING	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
260025

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

PREPARED 2/24/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS ADMISSION KITS	A	ADULTS & PEDIATRICS	25		6,519
2		NURSERY	33		6,098
3		DELIVERY ROOM & LABOR ROOM	39		5,983
4 TO RECLASS INTEREST EXPENSE ON BONDS	B	NEW CAP REL COSTS- NEW BLDG	3.01		1,035,936
5 TO RECLASS CAPITAL LEASE EXPENSE	C	ADMINISTRATIVE & GENERAL	6		43,511
6		NURSING ADMINISTRATION	14		4,968
7		CENTRAL SERVICES & SUPPLY	15		2,766
8		OPERATING ROOM	37		74,547
9		RADIOLOGY-DIAGNOSTIC	41		497,409
10		RADIOISOTOPE	43		53,528
11		LABORATORY	44		28,294
12		ELECTROCARDIOLOGY	53		195,719
13 TO RECLASS OLD BLDG COSTS	D	MAINTENANCE & REPAIRS- OLD BLDG	7.01		28,276
14 TO RECLASS PROPERTY INSURANCE	E	NEW CAP REL COSTS-MVBLE EQUIP	4		51,075
15 TO RECLASS DEPRECIATION	F	NEW CAP REL COSTS- NEW BLDG	3.01		2,144,089
16		NEW CAP REL COSTS-MVBLE EQUIP	4		5,646,932
36 TOTAL RECLASSIFICATIONS					9,825,650

(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:
260025

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

PREPARED 2/24/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER	
	1	6	7	8	9
1 TO RECLASS ADMISSION KITS	A	CENTRAL SERVICES & SUPPLY	15		18,600
2					
3					
4 TO RECLASS INTEREST EXPENSE ON BONDS	B	ADMINISTRATIVE & GENERAL	6		1,035,936
5 TO RECLASS CAPITAL LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		900,742
6					
7					
8					
9					
10					
11					
12					
13 TO RECLASS OLD BLDG COSTS	D	MAINTENANCE & REPAIRS	7		28,276
14 TO RECLASS PROPERTY INSURANCE	E	ADMINISTRATIVE & GENERAL	6		51,075
15 TO RECLASS DEPRECIATION	F	ADMINISTRATIVE & GENERAL	6		7,791,021
16					
36 TOTAL RECLASSIFICATIONS					9,825,650

(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:
260025

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

PREPARED 2/24/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS ADMISSION KITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	6,519	CENTRAL SERVICES & SUPPLY	15	18,600	
2.00	NURSERY	33	6,098			0	
3.00	DELIVERY ROOM & LABOR ROOM	39	5,983			0	
TOTAL RECLASSIFICATIONS FOR CODE A			18,600			18,600	

RECLASS CODE: B
EXPLANATION : TO RECLASS INTEREST EXPENSE ON BONDS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS- NEW BLDG	3.01	1,035,936	ADMINISTRATIVE & GENERAL	6	1,035,936	
TOTAL RECLASSIFICATIONS FOR CODE B			1,035,936			1,035,936	

RECLASS CODE: C
EXPLANATION : TO RECLASS CAPITAL LEASE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	43,511	NEW CAP REL COSTS-MVBLE EQUIP	4	900,742	
2.00	NURSING ADMINISTRATION	14	4,968			0	
3.00	CENTRAL SERVICES & SUPPLY	15	2,766			0	
4.00	OPERATING ROOM	37	74,547			0	
5.00	RADIOLOGY-DIAGNOSTIC	41	497,409			0	
6.00	RADIOISOTOPE	43	53,528			0	
7.00	LABORATORY	44	28,294			0	
8.00	ELECTROCARDIOLOGY	53	195,719			0	
TOTAL RECLASSIFICATIONS FOR CODE C			900,742			900,742	

RECLASS CODE: D
EXPLANATION : TO RECLASS OLD BLDG COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS- OLD BLD	7.01	28,276	MAINTENANCE & REPAIRS	7	28,276	
TOTAL RECLASSIFICATIONS FOR CODE D			28,276			28,276	

RECLASS CODE: E
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	51,075	ADMINISTRATIVE & GENERAL	6	51,075	
TOTAL RECLASSIFICATIONS FOR CODE E			51,075			51,075	

RECLASS CODE: F
EXPLANATION : TO RECLASS DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS- NEW BLDG	3.01	2,144,089	ADMINISTRATIVE & GENERAL	6	7,791,021	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,646,932			0	
TOTAL RECLASSIFICATIONS FOR CODE F			7,791,021			7,791,021	

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	2,186,770					2,186,770	
2 LAND IMPROVEMENTS	5,006,092	1,978,306		1,978,306		6,984,398	
3 BUILDINGS & FIXTURE	32,671,609	10,273,670		10,273,670		42,945,279	
4 BUILDING IMPROVEMENT	3,293,464	14,079,802		14,079,802		17,373,266	
5 FIXED EQUIPMENT	98,327					98,327	
6 MOVABLE EQUIPMENT	40,465,841	7,410,814		7,410,814		47,876,655	
7 SUBTOTAL	83,722,103	33,742,592		33,742,592		117,464,695	
8 RECONCILING ITEMS							
9 TOTAL	83,722,103	33,742,592		33,742,592		117,464,695	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
3	NEW CAP REL COSTS-BL							8
3 01	NEW CAP REL COSTS- N	66,573,664		66,573,664	.636659			
3 02	NEW CAP REL COSTS-OL	827,606		827,606	.007915			
4	NEW CAP REL COSTS-MV	42,521,306	5,355,349	37,165,957	.355426			
5	TOTAL	109,922,576	5,355,349	104,567,227	1.000000			

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS- N	3,157,111						3,157,111
3 02	NEW CAP REL COSTS-OL							
4	NEW CAP REL COSTS-MV	4,797,265						4,797,265
5	TOTAL	7,954,376						7,954,376

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

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS- N							
3 02	NEW CAP REL COSTS-OL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER	B	-22,914	NEW CAP REL COSTS- NEW BL		3.01	9
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-3,682	ADMINISTRATIVE & GENERAL		6	
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,820,157				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-407,029	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-101,112	ADMINISTRATIVE & GENERAL		6	
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-48,882	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			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 MISC INCOME	B	-59,902	ADMINISTRATIVE & GENERAL		6	
38 RECRUITMENT FEES	B	-57,066	ADMINISTRATIVE & GENERAL		6	
39 STAFF DEVELOPMENT	B	-11,235	ADMINISTRATIVE & GENERAL		6	
40 NON ALLOWED ADVERTISING COSTS	A	-669,508	ADMINISTRATIVE & GENERAL		6	
41 NURSERY PHOTOS	B	-1,574	ADMINISTRATIVE & GENERAL		6	
42 ULTRAFAST LAB TEST	B	-1,125	LABORATORY		44	
43 MEDICAID/FRA	A	4,983,561	ADMINISTRATIVE & GENERAL		6	
44 LOBBYING EXPENSE	A	-18,250	ADMINISTRATIVE & GENERAL		6	
45 ALCOHOLIC BEVERAGE EXPENSE	A	-275	ADMINISTRATIVE & GENERAL		6	
46 EEG CONTRACT SERVICE	B	-13,759	ELECTROENCEPHALOGRAPHY		54	
47 O/T CONTRACT SERVICE	B	-49,989	PHYSICAL THERAPY		50	
48 P/T CONTRACT SERVICE	B	-34,336	PHYSICAL THERAPY		50	
49 EMPLOYED PHYSICIAN BENEFITS	A	-1,900,898	EMPLOYEE BENEFITS		5	
49.01 DEVELOPMENT SALARIES	A	-239,967	ADMINISTRATIVE & GENERAL		6	
49.03 DEVELOPMENT EXPENSE	A	-106,962	ADMINISTRATIVE & GENERAL		6	
49.04 S/T CONTRACT SERVICE	B	-153,020	SPEECH PATHOLOGY		52	
49.05 OTHER MISC	B	-26,474	ADMINISTRATIVE & GENERAL		6	
49.06 MISC REVENUE	B	-1,265	SUBPROVIDER		31	
49.07 MISC REVENUE	B	-374	RADIOLOGY-DIAGNOSTIC		41	
49.08 MISC REVENUE	B	-56,492	RADIOISOTOPE		43	
49.09 OTHER MISC	B	-44,497	PHYSICAL THERAPY		50	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,867,183				

(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:
26-0025

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

PREPARED 2/24/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATIVE AND GENERA	375,012	298,762	76,250	159,800	766	58,849	2,942
2 25	ADULTS & PEDS	27,681	25,181	2,500	159,800	30	2,305	115
3 26	ICU	19,964	19,964					
4 31	PSYCH	462,438	396,328	66,110	138,700	300	20,005	1,000
5 40	ANESTHESIA	2,715,414	2,715,414		167,500			
6 44	LABORATORY	408,120		408,120	208,000	1,468	146,800	7,340
7 50	PHYSICAL THERAPY	399,745	399,745					
8 53	EKG	392,344	317,006	75,338	159,800	151	11,601	580
9 54	EEG	1,080	1,080					
10 59	CANCER CENTER	83,563	23,563	60,000	159,800	298	22,894	1,145
11 61	EMERGENCY	2,579,682	2,356,093	223,589	159,800	1,014	77,903	3,895
12 61 1	OUTPATIENT PSYCH	272,607	272,607					
13 16	PHARMACY	138,299	138,299					
14 37	OPERATING ROOM	293,270	268,437	24,833	182,900	99	8,705	435
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	8,169,219	7,232,479	936,740		4,126	349,062	17,452

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
26-0025

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

PREPARED 2/24/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE AND GENERA					58,849	17,401	316,163
2 25	ADULTS & PEDS					2,305	195	25,376
3 26	ICU							19,964
4 31	PSYCH					20,005	46,105	442,433
5 40	ANESTHESIA							2,715,414
6 44	LABORATORY					146,800	261,320	261,320
7 50	PHYSICAL THERAPY							399,745
8 53	EKG					11,601	63,737	380,743
9 54	EEG							1,080
10 59	CANCER CENTER					22,894	37,106	60,669
11 61	EMERGENCY					77,903	145,686	2,501,779
12 61 1	OUTPATIENT PSYCH							272,607
13 16	PHARMACY							138,299
14 37	OPERATING ROOM					8,705	16,128	284,565
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					349,062	587,678	7,820,157

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0025
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/24/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
3.01	NEW CAP REL COSTS- NEW BLDG	2	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-OLD BLDG	3	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE	FEET	ENTERED
7.01	MAINTENANCE & REPAIRS- OLD BLDG	8	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	9	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT-OLD BLDG	10	SQUARE	FEET	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE	FEET	ENTERED
11	DIETARY	13	MEALS	SERVED	ENTERED
12	CAFETERIA	14	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	15	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED	REQUIS.	ENTERED
16	PHARMACY	17	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	18	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-NEW BL	NEW CAP REL C OSTS-OLD BLD	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL
	0	3	3.01	3.02	4	5a.00
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS- NEW BL	3,157,111		3,157,111			
003 02 NEW CAP REL COSTS-OLD BLD						
004 NEW CAP REL COSTS-MVBLE E	4,797,265				4,797,265	
005 EMPLOYEE BENEFITS	7,331,970				14,633	7,346,603
006 ADMINISTRATIVE & GENERAL	16,178,481		701,518		1,474,713	18,454,689
007 MAINTENANCE & REPAIRS	365,358				393	1,027,272
007 01 MAINTENANCE & REPAIRS- OL	28,276					33,615
008 OPERATION OF PLANT	2,108,977		229,843		37,369	91,872
008 01 OPERATION OF PLANT-OLD BL						2,468,061
009 LAUNDRY & LINEN SERVICE	288,039		3,070		639	3,730
010 HOUSEKEEPING	718,769		9,345		4,164	88,744
011 DIETARY	1,021,182		35,701		17,233	124,767
012 CAFETERIA			29,560			29,560
014 NURSING ADMINISTRATION	238,786		5,664		29,568	29,577
015 CENTRAL SERVICES & SUPPLY	252,505		22,885		12,695	18,677
016 PHARMACY	1,927,859		20,291		306,924	219,818
017 MEDICAL RECORDS & LIBRARY	1,023,304		12,968		22,145	111,025
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	6,526,484		342,190		65,704	894,761
026 INTENSIVE CARE UNIT	1,945,612		52,026		70,764	265,331
031 SUBPROVIDER	1,095,463		74,567		11,982	193,607
033 NURSERY	376,961				9,470	41,434
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	1,604,468		68,703		344,337	181,896
038 RECOVERY ROOM	838,277		69,723		999	117,288
039 DELIVERY ROOM & LABOR ROO	768,730				11,673	101,644
040 ANESTHESIOLOGY	518,662		1,144		15,180	463,896
041 RADIOLOGY-DIAGNOSTIC	2,962,741		124,066		583,404	240,908
043 RADIOISOTOPE	518,665		3,662		1,059	32,157
044 LABORATORY	3,020,116		63,277		163,481	193,470
046 WHOLE BLOOD & PACKED RED	759,625		954		5,224	17,254
049 RESPIRATORY THERAPY	965,517		23,762		30,633	122,107
050 PHYSICAL THERAPY	1,743,559		36,654		34,143	274,157
052 SPEECH PATHOLOGY	155,331				2,075	42,762
053 ELECTROCARDIOLOGY	1,280,356		87,841		220,452	132,952
054 ELECTROENCEPHALOGRAPHY	52,339		1,907		2,843	9,153
055 MEDICAL SUPPLIES CHARGED	7,603,367					7,603,367
056 DRUGS CHARGED TO PATIENTS	2,616,510					2,616,510
059 CANCER CENTER	1,057,963		169,732		384,795	89,155
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	2,974,967		266,288		559,277	729,501
061 01 OUTPATIENT PSYCH	657,308				9,857	130,250
061 02 WOUND CARE	23,561				65	2,943
062 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICE						
063 50 RURAL HEALTH CLINIC - SHE	513,151		30,514		6,094	75,239
063 51 RURAL HEALTH CLINIC- LAGR	183,129		26,642		673	24,449
063 52 RURAL HEALTH CLINIC - MON	444,549		64,364		29,288	68,976
071 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY	1,014,002		34,804		33,605	115,564
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	81,659,295		2,613,665		4,517,553	6,409,928
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP						
098 PHYSICIANS' PRIVATE OFFIC	3,141,684		380,075		267,778	356,320
099 NONPAID WORKERS						
100 RENTAL						
100 01 CHILD DEVELOPMENT CENTER	1,176,168		163,371		11,713	141,947
100 02 OTHER NONREIMBURSABLE COS						
100 03 MEDICAL BUILDING	2,877,418				221	438,408
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	88,854,565		3,157,111		4,797,265	7,346,603

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS	MAINTENANCE & OPERATION OF PLANT		OPERATION OF PLANT-OLD BL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6	7	7.01	8	8.01	9	10	
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CAP REL COSTS-OLD BLD								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL	18,454,689							
007 MAINTENANCE & REPAIRS	365,168	1,758,191						
007 01 MAINTENANCE & REPAIRS- OL	16,224		78,115					
008 OPERATION OF PLANT	646,980	164,566	4,135	3,283,742				
008 01 OPERATION OF PLANT-OLD BL								
009 LAUNDRY & LINEN SERVICE	77,457	2,198	4,457			384,120		
010 HOUSEKEEPING	215,224	6,691				48	1,056,772	
011 DIETARY	314,276	25,562						17,046
012 CAFETERIA	7,749	21,165		1,378				14,114
014 NURSING ADMINISTRATION	79,585	4,055		1,060				2,704
015 CENTRAL SERVICES & SUPPLY	80,415	16,386		2,121				10,927
016 PHARMACY	648,771	14,529		1,060				9,688
017 MEDICAL RECORDS & LIBRARY	306,559	9,285		1,838				6,192
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	2,052,332	245,006		504,847		181,071		163,381
026 INTENSIVE CARE UNIT	611,767	37,250		76,755		24,611		24,840
031 SUBPROVIDER	360,606	53,390		110,012		10,117		35,603
033 NURSERY	112,161							
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	576,554	49,191	1,060	101,360		42,767		32,803
038 RECOVERY ROOM	269,032	49,922		102,866		22,959		33,290
039 DELIVERY ROOM & LABOR ROO	231,221							
040 ANESTHESIOLOGY	261,848	819		1,688				546
041 RADIOLOGY-DIAGNOSTIC	1,025,265	88,831		183,040		22,528		59,236
043 RADIOISOTOPE	145,631	2,622		5,402				1,748
044 LABORATORY	901,855	45,306		93,356		9		30,212
046 WHOLE BLOOD & PACKED RED	205,271	683		1,407				455
049 RESPIRATORY THERAPY	299,370	17,014		35,058				11,346
050 PHYSICAL THERAPY	547,485	26,244		54,078		5,800		17,501
052 SPEECH PATHOLOGY	52,472							
053 ELECTROCARDIOLOGY	451,302	62,893		129,595		7,850		41,940
054 ELECTROENCEPHALOGRAPHY	17,365	1,365		2,814				911
055 MEDICAL SUPPLIES CHARGED	1,993,154							
056 DRUGS CHARGED TO PATIENTS	685,895							
059 CANCER CENTER	446,071	121,527		250,412		5,777		81,039
061 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	1,187,507	190,660		392,865		57,493		127,141
061 01 OUTPATIENT PSYCH	209,035							
061 02 WOUND CARE	6,965							
062 OBSERVATION BEDS (NON-DIS								
063 OTHER OUTPATIENT SERVICE								
063 50 RURAL HEALTH CLINIC - SHE	163,838	21,847		45,018		165		14,569
063 51 RURAL HEALTH CLINIC- LAGR	61,575	19,076		39,306		81		12,720
063 52 RURAL HEALTH CLINIC - MON	159,166	46,085		94,960		1,157		30,731
071 OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY	314,038	24,920	5,389	51,348				16,618
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	16,107,189	1,369,088	22,498	2,481,975		382,433		797,301
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
098 PHYSICIANS' PRIVATE OFFIC	1,086,799	272,130		560,739		1,687		181,468
099 NONPAID WORKERS								
100 RENTAL				55,617				
100 01 CHILD DEVELOPMENT CENTER	391,429	116,973		241,028				78,003
100 02 OTHER NONREIMBURSABLE COS								
100 03 MEDICAL BUILDING	869,272							
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	18,454,689	1,758,191	78,115	3,283,742		384,120		1,056,772

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS- NEW BL							
004 NEW CAP REL COSTS-OLD BLD							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS- OL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-OLD BL							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	1,608,438						
012 CAFETERIA	1,074,017	1,191,594					
014 NURSING ADMINISTRATION			405,717				
015 CENTRAL SERVICES & SUPPLY			7,478	7,363	465,215		
016 PHARMACY			43,946			3,222,823	
017 MEDICAL RECORDS & LIBRARY			37,056				1,549,505
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	414,464	288,928	128,081			942,548	12,749,797
026 INTENSIVE CARE UNIT	50,354	63,032	61,999			204,398	3,488,739
031 SUBPROVIDER	69,603	36,331	35,749			109,741	2,196,771
033 NURSERY						78,822	618,848
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		37,251	33,653				3,074,043
038 RECOVERY ROOM		26,485	26,064				1,556,905
039 DELIVERY ROOM & LABOR ROO							1,113,268
040 ANESTHESIOLOGY		21,591	1,957				1,287,331
041 RADIOLOGY-DIAGNOSTIC		55,241					5,345,260
043 RADIOISOTOPE		6,029					716,975
044 LABORATORY		68,121					4,579,203
046 WHOLE BLOOD & PACKED RED		4,013					994,886
049 RESPIRATORY THERAPY		30,263					1,535,070
050 PHYSICAL THERAPY		58,980					2,798,601
052 SPEECH PATHOLOGY		9,161					261,801
053 ELECTROCARDIOLOGY		29,715	2,538				2,447,434
054 ELECTROENCEPHALOGRAPHY		1,762					90,459
055 MEDICAL SUPPLIES CHARGED				465,215			10,061,736
056 DRUGS CHARGED TO PATIENTS					3,222,823		6,525,228
059 CANCER CENTER		13,820					2,620,291
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		98,443	82,199			213,996	6,880,337
061 01 OUTPATIENT PSYCH		24,097					1,030,547
061 02 WOUND CARE		685	667				34,886
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - SHE		17,676					888,111
063 51 RURAL HEALTH CLINIC- LAGR		5,853					373,504
063 52 RURAL HEALTH CLINIC - MON		13,507					952,783
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		25,859	25,447				1,661,594
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,608,438	1,031,685	405,717	465,215	3,222,823	1,549,505	75,884,408
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		91,807					6,340,487
099 NONPAID WORKERS							
100 RENTAL							55,617
100 01 CHILD DEVELOPMENT CENTER		68,102					2,388,734
100 02 OTHER NONREIMBURSABLE COS							
100 03 MEDICAL BUILDING							4,185,319
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,608,438	1,191,594	405,717	465,215	3,222,823	1,549,505	88,854,565

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
003 01 NEW CAP REL COSTS-BLDG &		
003 02 NEW CAP REL COSTS- NEW BL		
004 NEW CAP REL COSTS-OLD BLD		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENERAL		
007 01 MAINTENANCE & REPAIRS		
008 MAINTENANCE & REPAIRS- OL		
008 01 OPERATION OF PLANT		
009 OPERATION OF PLANT-OLD BL		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
025 MEDICAL RECORDS & LIBRARY		
026 INPAT ROUTINE SRVC CNTRS		12,749,797
031 ADULTS & PEDIATRICS		3,488,739
033 INTENSIVE CARE UNIT		2,196,771
037 SUBPROVIDER		618,848
037 01 NURSERY		
038 ANCILLARY SRVC COST CNTRS		
038 01 OPERATING ROOM		3,074,043
039 RECOVERY ROOM		1,556,905
040 DELIVERY ROOM & LABOR ROO		1,113,268
041 ANESTHESIOLOGY		1,287,331
043 RADIOLOGY-DIAGNOSTIC		5,345,260
044 RADIOISOTOPE		716,975
046 LABORATORY		4,579,203
049 WHOLE BLOOD & PACKED RED		994,886
050 RESPIRATORY THERAPY		1,535,070
052 PHYSICAL THERAPY		2,798,601
053 SPEECH PATHOLOGY		261,801
054 ELECTROCARDIOLOGY		2,447,434
055 ELECTROENCEPHALOGRAPHY		90,459
056 MEDICAL SUPPLIES CHARGED		10,061,736
059 DRUGS CHARGED TO PATIENTS		6,525,228
061 CANCER CENTER		2,620,291
061 01 OUTPAT SERVICE COST CNTRS		
061 02 EMERGENCY		6,880,337
062 01 OUTPATIENT PSYCH		1,030,547
062 02 WOUND CARE		34,886
063 OBSERVATION BEDS (NON-DIS		
063 50 OTHER OUTPATIENT SERVICE		
063 51 RURAL HEALTH CLINIC - SHE		888,111
063 52 RURAL HEALTH CLINIC- LAGR		373,504
063 52 RURAL HEALTH CLINIC - MON		952,783
071 OTHER REIMBURS COST CNTRS		
071 01 HOME HEALTH AGENCY		1,661,594
095 SPEC PURPOSE COST CENTERS		
095 01 SUBTOTALS		75,884,408
096 NONREIMBURS COST CENTERS		
098 GIFT, FLOWER, COFFEE SHOP		
099 PHYSICIANS' PRIVATE OFFIC		6,340,487
100 NONPAID WORKERS		
100 01 RENTAL		55,617
100 02 CHILD DEVELOPMENT CENTER		2,388,734
100 03 OTHER NONREIMBURSABLE COS		
101 MEDICAL BUILDING		4,185,319
102 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		88,854,565

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & OSTS- NEW BL	NEW CAP REL C OSTS-OLD BLD	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	
	0	3	3.01	3.02	4	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- NEW BL							
003 02 NEW CAP REL COSTS-OLD BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	890				14,633	15,523	15,523
006 ADMINISTRATIVE & GENERAL	522,267		701,518		1,474,713	2,698,498	211
007 MAINTENANCE & REPAIRS	3,332				393	3,725	2,181
007 01 MAINTENANCE & REPAIRS- OL	88					88	71
008 OPERATION OF PLANT			229,843		37,369	267,212	194
008 01 OPERATION OF PLANT-OLD BL							
009 LAUNDRY & LINEN SERVICE	180		3,070		639	3,889	8
010 HOUSEKEEPING	7		9,345		4,164	13,516	187
011 DIETARY	670		35,701		17,233	53,604	263
012 CAFETERIA			29,560			29,560	
014 NURSING ADMINISTRATION	55,233		5,664		29,568	90,465	62
015 CENTRAL SERVICES & SUPPLY	10,686		22,885		12,695	46,266	39
016 PHARMACY	45,705		20,291		306,924	372,920	464
017 MEDICAL RECORDS & LIBRARY	466		12,968		22,145	35,579	234
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,061		342,190		65,704	409,955	1,889
026 INTENSIVE CARE UNIT	3,206		52,026		70,764	125,996	560
031 SUBPROVIDER	482		74,567		11,982	87,031	409
033 NURSERY					9,470	9,470	87
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	124,523		68,703		344,337	537,563	384
038 RECOVERY ROOM	82		69,723		999	70,804	248
039 DELIVERY ROOM & LABOR ROO					11,673	11,673	215
040 ANESTHESIOLOGY	38,263		1,144		15,180	54,587	980
041 RADIOLOGY-DIAGNOSTIC	636,794		124,066		583,404	1,344,264	509
043 RADIOISOTOPE	31,334		3,662		1,059	36,055	68
044 LABORATORY	53,391		63,277		163,481	280,149	409
046 WHOLE BLOOD & PACKED RED			954		5,224	6,178	36
049 RESPIRATORY THERAPY	10,933		23,762		30,633	65,328	258
050 PHYSICAL THERAPY	2,351		36,654		34,143	73,148	579
052 SPEECH PATHOLOGY	385				2,075	2,460	90
053 ELECTROCARDIOLOGY	193,106		87,841		220,452	501,399	281
054 ELECTROENCEPHALOGRAPHY			1,907		2,843	4,750	19
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CANCER CENTER	62,040		169,732		384,795	616,567	188
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	302		266,288		559,277	825,867	1,540
061 01 OUTPATIENT PSYCH	307				9,857	10,164	275
061 02 WOUND CARE					65	65	6
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - SHE	326		30,514		6,094	36,934	159
063 51 RURAL HEALTH CLINIC- LAGR	265		26,642		673	27,580	52
063 52 RURAL HEALTH CLINIC - MON	208		64,364		29,288	93,860	146
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	1,106		34,804		33,605	69,515	244
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,800,989		2,613,665		4,517,553	8,932,207	13,545
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	1,228		380,075		267,778	649,081	752
099 NONPAID WORKERS							
100 RENTAL							
100 01 CHILD DEVELOPMENT CENTER	468		163,371		11,713	175,552	300
100 02 OTHER NONREIMBURSABLE COS							
100 03 MEDICAL BUILDING					221	221	926
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,802,685		3,157,111		4,797,265	9,757,061	15,523

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
26-0025

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

PREPARED 2/24/2010
WORKSHEET B
PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS- OL	OPERATION OF PLANT	OPERATION OF PLANT-OLD BL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6	7	7.01	8	8.01	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-OLD BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	2,698,709						
007 MAINTENANCE & REPAIRS	53,400	59,306					
007 01 MAINTENANCE & REPAIRS- OL	2,373		2,532				
008 OPERATION OF PLANT	94,611	5,551	134	367,702			
008 01 OPERATION OF PLANT-OLD BL							
009 LAUNDRY & LINEN SERVICE	11,327	74	144	507		15,949	
010 HOUSEKEEPING	31,473	226		1,544		2	46,948
011 DIETARY	45,958	862		5,898			757
012 CAFETERIA	1,133	714	45	4,883			627
014 NURSING ADMINISTRATION	11,638	137	34	936			120
015 CENTRAL SERVICES & SUPPLY	11,759	553	69	3,781			485
016 PHARMACY	94,873	490	34	3,352			430
017 MEDICAL RECORDS & LIBRARY	44,829	313	60	2,142			275
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	300,125	8,264		56,531		7,519	7,258
026 INTENSIVE CARE UNIT	89,461	1,256		8,595		1,022	1,104
031 SUBPROVIDER	52,733	1,801		12,319		420	1,582
033 NURSERY	16,402						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	84,312	1,659	34	11,350		1,776	1,457
038 RECOVERY ROOM	39,342	1,684		11,519		953	1,479
039 DELIVERY ROOM & LABOR ROO	33,812						
040 ANESTHESIOLOGY	38,291	28		189			24
041 RADIOLOGY-DIAGNOSTIC	149,929	2,996		20,496		935	2,632
043 RADIOISOTOPE	21,296	88		605			78
044 LABORATORY	131,882	1,528		10,454			1,342
046 WHOLE BLOOD & PACKED RED	30,018	23		158			20
049 RESPIRATORY THERAPY	43,778	574		3,926			504
050 PHYSICAL THERAPY	80,061	885		6,055		241	777
052 SPEECH PATHOLOGY	7,673						
053 ELECTROCARDIOLOGY	65,996	2,121		14,512		326	1,863
054 ELECTROENCEPHALOGRAPHY	2,539	46		315			40
055 MEDICAL SUPPLIES CHARGED	291,467						
056 DRUGS CHARGED TO PATIENTS	100,301						
059 CANCER CENTER	65,231	4,099		28,040		240	3,600
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	173,654	6,431		43,992		2,387	5,648
061 01 OUTPATIENT PSYCH	30,568						
061 02 WOUND CARE	1,018						
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - SHE	23,959	737		5,041		7	647
063 51 RURAL HEALTH CLINIC- LAGR	9,004	643		4,401		3	565
063 52 RURAL HEALTH CLINIC - MON	23,276	1,554		10,633		48	1,365
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	45,923	841	175	5,750			738
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,355,425	46,178	729	277,924		15,879	35,417
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	158,927	9,182		62,788		70	8,066
099 NONPAID WORKERS							
100 RENTAL			1,803				
100 01 CHILD DEVELOPMENT CENTER	57,240	3,946		26,990			3,465
100 02 OTHER NONREIMBURSABLE COS							
100 03 MEDICAL BUILDING	127,117						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,698,709	59,306	2,532	367,702		15,949	46,948

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0025
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-NEW BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-OL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-OLD BLD							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	107,342						
012 CAFETERIA	71,677	108,639					
014 NURSING ADMINISTRATION			580	103,972			
015 CENTRAL SERVICES & SUPPLY			682	1,887	65,521		
016 PHARMACY			4,007		476,570		
017 MEDICAL RECORDS & LIBRARY			3,378			86,810	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,660	26,341	32,824			52,806	931,172
026 INTENSIVE CARE UNIT	3,360	5,747	15,888			11,451	264,440
031 SUBPROVIDER	4,645	3,312	9,161			6,148	179,561
033 NURSERY						4,416	30,375
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		3,396	8,624				650,555
038 RECOVERY ROOM		2,415	6,679				135,123
039 DELIVERY ROOM & LABOR ROO							45,700
040 ANESTHESIOLOGY		1,969	502				96,570
041 RADIOLOGY-DIAGNOSTIC		5,036					1,526,797
043 RADIOISOTOPE		550					58,740
044 LABORATORY		6,211					431,975
046 WHOLE BLOOD & PACKED RED		366					36,799
049 RESPIRATORY THERAPY		2,759					117,127
050 PHYSICAL THERAPY		5,377					167,123
052 SPEECH PATHOLOGY		835					11,058
053 ELECTROCARDIOLOGY		2,709	650				589,857
054 ELECTROENCEPHALOGRAPHY		161					7,870
055 MEDICAL SUPPLIES CHARGED				65,521			356,988
056 DRUGS CHARGED TO PATIENTS					476,570		576,871
059 CANCER CENTER		1,260					719,225
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		8,975	21,065			11,989	1,101,548
061 01 OUTPATIENT PSYCH		2,197					43,204
061 02 WOUND CARE		62	171				1,322
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - SHE		1,612					69,096
063 51 RURAL HEALTH CLINIC- LAGR		534					42,782
063 52 RURAL HEALTH CLINIC - MON		1,231					132,113
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		2,358	6,521				132,065
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	107,342	94,060	103,972	65,521	476,570	86,810	8,456,056
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		8,370					897,236
099 NONPAID WORKERS							
100 RENTAL							1,803
100 01 CHILD DEVELOPMENT CENTER		6,209					273,702
100 02 OTHER NONREIMBURSABLE COS							
100 03 MEDICAL BUILDING							128,264
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	107,342	108,639	103,972	65,521	476,570	86,810	9,757,061

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0025
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003 GENERAL SERVICE COST CNTR		
003 01 NEW CAP REL COSTS-BLDG &		
003 02 NEW CAP REL COSTS- NEW BL		
004 NEW CAP REL COSTS-OLD BLD		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
007 ADMINSTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
007 01 MAINTENANCE & REPAIRS- OL		
008 OPERATION OF PLANT		
008 01 OPERATION OF PLANT-OLD BL		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		931,172
026 INTENSIVE CARE UNIT		264,440
031 SUBPROVIDER		179,561
033 NURSERY		30,375
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		650,555
038 RECOVERY ROOM		135,123
039 DELIVERY ROOM & LABOR ROO		45,700
040 ANESTHESIOLOGY		96,570
041 RADIOLOGY-DIAGNOSTIC		1,526,797
043 RADIOISOTOPE		58,740
044 LABORATORY		431,975
046 WHOLE BLOOD & PACKED RED		36,799
049 RESPIRATORY THERAPY		117,127
050 PHYSICAL THERAPY		167,123
052 SPEECH PATHOLOGY		11,058
053 ELECTROCARDIOLOGY		589,857
054 ELECTROENCEPHALOGRAPHY		7,870
055 MEDICAL SUPPLIES CHARGED		356,988
056 DRUGS CHARGED TO PATIENTS		576,871
059 CANCER CENTER		719,225
OUTPAT SERVICE COST CNTRS		
061 EMERGENCY		1,101,548
061 01 OUTPATIENT PSYCH		43,204
061 02 WOUND CARE		1,322
062 OBSERVATION BEDS (NON-DIS		
063 OTHER OUTPATIENT SERVICE		
063 50 RURAL HEALTH CLINIC - SHE		69,096
063 51 RURAL HEALTH CLINIC- LAGR		42,782
063 52 RURAL HEALTH CLINIC - MON		132,113
OTHER REIMBURS COST CNTRS		
071 HOME HEALTH AGENCY		132,065
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		8,456,056
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		
098 PHYSICIANS' PRIVATE OFFIC		897,236
099 NONPAID WORKERS		
100 RENTAL		1,803
100 01 CHILD DEVELOPMENT CENTER		273,702
100 02 OTHER NONREIMBURSABLE COS		
100 03 MEDICAL BUILDING		128,264
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		9,757,061

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS- NEW BL (SQUARE FEET)	NEW CAP REL C OSTS-OLD BLD (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	3	3.01	3.02	4	5	6a.00
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD						
003 02 NEW CAP REL COSTS-OLD		331,091				
004 NEW CAP REL COSTS-MVB				3,385,034		
005 EMPLOYEE BENEFITS				10,325	44,836,022	
006 ADMIN STRATIVE & GENE		73,569		1,040,584	610,157	-18,454,689
007 MAINTENANCE & REPAIRS				277	6,269,400	
007 01 MAINTENANCE & REPAIRS					205,153	
008 OPERATION OF PLANT		24,104		26,368	560,689	
008 01 OPERATION OF PLANT-OL						
009 LAUNDRY & LINEN SERVI		322		451	22,766	
010 HOUSEKEEPING		980		2,938	541,599	
011 DIETARY		3,744		12,160	761,447	
012 CAFETERIA		3,100				
014 NURSING ADMIN STRATIO		594		20,864	180,509	
015 CENTRAL SERVICES & SU		2,400		8,958	113,983	
016 PHARMACY		2,128		216,571	1,341,541	
017 MEDICAL RECORDS & LIB		1,360		15,626	677,580	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS		35,886		46,362	5,460,690	
026 INTENSIVE CARE UNIT		5,456		49,932	1,619,301	
031 SUBPROVIDER		7,820		8,455	1,181,578	
033 NURSERY				6,682	252,867	
ANCILLARY SRVC COST C						
037 OPERATING ROOM		7,205		242,970	1,110,102	
038 RECOVERY ROOM		7,312		705	715,803	
039 DELIVERY ROOM & LABOR				8,237	620,332	
040 ANESTHESIOLOGY		120		10,711	2,831,140	
041 RADIOLOGY-DIAGNOSTIC		13,011		411,660	1,470,253	
043 RADIOISOTOPE		384		747	196,250	
044 LABORATORY		6,636		115,355	1,180,737	
046 WHOLE BLOOD & PACKED		100		3,686	105,302	
049 RESPIRATORY THERAPY		2,492		21,615	745,213	
050 PHYSICAL THERAPY		3,844		24,092	1,673,169	
052 SPEECH PATHOLOGY				1,464	260,977	
053 ELECTROCARDIOLOGY		9,212		155,555	811,399	
054 ELECTROENCEPHALOGRAPH		200		2,006	55,861	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 CANCER CENTER		17,800		271,518	544,111	
OUTPAT SERVICE COST C						
061 EMERGENCY		27,926		394,636	4,452,115	
061 01 OUTPATIENT PSYCH				6,955	794,913	
061 02 WOUND CARE				46	17,959	
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC -		3,200		4,300	459,180	
063 51 RURAL HEALTH CLINIC-		2,794		475	149,214	
063 52 RURAL HEALTH CLINIC -		6,750		20,666	420,957	
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY		3,650		23,712	705,284	
SPEC PURPOSE COST CEN						
095 SUBTOTALS		274,099		3,187,664	39,119,531	-18,454,689
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O		39,859		188,949	2,174,605	
099 NONPAID WORKERS						
100 RENTAL						
100 01 CHILD DEVELOPMENT CEN		17,133		8,265	866,299	
100 02 OTHER NONREIMBURSABLE						
100 03 MEDICAL BUILDING				156	2,675,587	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED		3,157,111		4,797,265	7,346,603	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER					.163855	
(WRKSHT B, PT I)		9.535478		1.417198		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					15,523	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000346	
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-OL (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT-OLD (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)
	6	7	7.01	8	8.01	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS- NE							
003 02 NEW CAP REL COSTS-OLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	70,399,876						
007 MAINTENANCE & REPAIRS	1,393,023	257,522					
007 01 MAINTENANCE & REPAIRS	61,891		68,002				
008 OPERATION OF PLANT	2,468,061	24,104	3,600	233,418			
008 01 OPERATION OF PLANT-OL							
009 LAUNDRY & LINEN SERVI	295,478	322	3,880	322		519,460	
010 HOUSEKEEPING	821,022	980		980		65	232,116
011 DIETARY	1,198,883	3,744		3,744			3,744
012 CAFETERIA	29,560	3,100	1,200	3,100			3,100
014 NURSING ADMINISTRATIO	303,595	594	923	594			594
015 CENTRAL SERVICES & SU	306,762	2,400	1,846	2,400			2,400
016 PHARMACY	2,474,892	2,128	923	2,128			2,128
017 MEDICAL RECORDS & LIB	1,169,442	1,360	1,600	1,360			1,360
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	7,829,139	35,886		35,886		244,867	35,886
026 INTENSIVE CARE UNIT	2,333,733	5,456		5,456		33,282	5,456
031 SUBPROVIDER	1,375,619	7,820		7,820		13,682	7,820
033 NURSERY	427,865						
ANCILLARY SRVC COST C							
037 OPERATING ROOM	2,199,404	7,205	923	7,205		57,835	7,205
038 RECOVERY ROOM	1,026,287	7,312		7,312		31,049	7,312
039 DELIVERY ROOM & LABOR	882,047						
040 ANESTHESIOLOGY	998,882	120		120			120
041 RADIOLOGY-DIAGNOSTIC	3,911,119	13,011		13,011		30,466	13,011
043 RADIOISOTOPE	555,543	384		384			384
044 LABORATORY	3,440,344	6,636		6,636		12	6,636
046 WHOLE BLOOD & PACKED	783,057	100		100			100
049 RESPIRATORY THERAPY	1,142,019	2,492		2,492			2,492
050 PHYSICAL THERAPY	2,088,513	3,844		3,844		7,844	3,844
052 SPEECH PATHOLOGY	200,168						
053 ELECTROCARDIOLOGY	1,721,601	9,212		9,212		10,616	9,212
054 ELECTROENCEPHALOGRAPH	66,242	200		200			200
055 MEDICAL SUPPLIES CHAR	7,603,367						
056 DRUGS CHARGED TO PATI	2,616,510						
059 CANCER CENTER	1,701,645	17,800		17,800		7,813	17,800
OUTPAT SERVICE COST C							
061 EMERGENCY	4,530,033	27,926		27,926		77,750	27,926
061 01 OUTPATIENT PSYCH	797,415						
061 02 WOUND CARE	26,569						
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 50 RURAL HEALTH CLINIC -	624,998	3,200		3,200		223	3,200
063 51 RURAL HEALTH CLINIC-	234,893	2,794		2,794		110	2,794
063 52 RURAL HEALTH CLINIC -	607,177	6,750		6,750		1,565	6,750
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	1,197,975	3,650	4,691	3,650			3,650
SPEC PURPOSE COST CEN							
095 SUBTOTALS	61,444,773	200,530	19,586	176,426		517,179	175,124
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O	4,145,857	39,859		39,859		2,281	39,859
099 NONPAID WORKERS							
100 RENTAL			48,416				
100 01 CHILD DEVELOPMENT CEN	1,493,199	17,133		17,133			17,133
100 02 OTHER NONREIMBURSABLE							
100 03 MEDICAL BUILDING	3,316,047						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	18,454,689	1,758,191	78,115	3,283,742		384,120	1,056,772
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.262141	6.827343	1.148716	14.068075		.739460	4.552775
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	2,698,709	59,306	2,532	367,702		15,949	46,948
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.038334	.230295	.037234	1.575294		.030703	.202261
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	11	12	14	15	16	17
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS- NE						
003 02 NEW CAP REL COSTS-OLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL						
007 MAINTENANCE & REPAIRS						
007 01 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT-OL						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY	223,439					
012 CAFETERIA	149,199	60,873				
014 NURSING ADMINISTRATION		325	438,230			
015 CENTRAL SERVICES & SUPPLY		382	7,953	100		
016 PHARMACY		2,245			100	
017 MEDICAL RECORDS & LIBRARY		1,893				35,031
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	57,576	14,760	138,346			21,309
026 INTENSIVE CARE UNIT	6,995	3,220	66,967			4,621
031 SUBPROVIDER	9,669	1,856	38,614			2,481
033 NURSERY						1,782
ANCILLARY SRVC COST C						
037 OPERATING ROOM		1,903	36,350			
038 RECOVERY ROOM		1,353	28,153			
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY		1,103	2,114			
041 RADIOLOGY-DIAGNOSTIC		2,822				
043 RADIOISOTOPE		308				
044 LABORATORY		3,480				
046 WHOLE BLOOD & PACKED		205				
049 RESPIRATORY THERAPY		1,546				
050 PHYSICAL THERAPY		3,013				
052 SPEECH PATHOLOGY		468				
053 ELECTROCARDIOLOGY		1,518	2,741			
054 ELECTROENCEPHALOGRAPH		90				
055 MEDICAL SUPPLIES CHARGE				100		
056 DRUGS CHARGED TO PATIENT					100	
059 CANCER CENTER		706				
OUTPAT SERVICE COST C						
061 EMERGENCY		5,029	88,786			4,838
061 01 OUTPATIENT PSYCH		1,231				
061 02 WOUND CARE		35	720			
062 OBSERVATION BEDS (NON)						
063 OTHER OUTPATIENT SERVICE						
063 50 RURAL HEALTH CLINIC -		903				
063 51 RURAL HEALTH CLINIC-		299				
063 52 RURAL HEALTH CLINIC -		690				
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY		1,321	27,486			
SPEC PURPOSE COST CENTER						
095 SUBTOTALS	223,439	52,704	438,230	100	100	35,031
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O		4,690				
099 NONPAID WORKERS						
100 RENTAL						
100 01 CHILD DEVELOPMENT CEN		3,479				
100 02 OTHER NONREIMBURSABLE						
100 03 MEDICAL BUILDING						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,608,438	1,191,594	405,717	465,215	3,222,823	1,549,505
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER		19.575083		4,652.150000		44.232394
(WRKSHT B, PT I)	7.198555		.925808		32,228.230000	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	107,342	108,639	103,972	65,521	476,570	86,810
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER		1.784683		655.210000		2.478091
(WRKSHT B, PT III)	.480409		.237254		4,765.700000	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,749,797		12,749,797	195	12,749,992
26	INTENSIVE CARE UNIT	3,488,739		3,488,739		3,488,739
31	SUBPROVIDER	2,196,771		2,196,771	46,105	2,242,876
33	NURSERY	618,848		618,848		618,848
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,074,043		3,074,043	16,128	3,090,171
38	RECOVERY ROOM	1,556,905		1,556,905		1,556,905
39	DELIVERY ROOM & LABOR ROO	1,113,268		1,113,268		1,113,268
40	ANESTHESIOLOGY	1,287,331		1,287,331		1,287,331
41	RADIOLOGY-DIAGNOSTIC	5,345,260		5,345,260		5,345,260
43	RADIOISOTOPE	716,975		716,975		716,975
44	LABORATORY	4,579,203		4,579,203	261,320	4,840,523
46	WHOLE BLOOD & PACKED RED	994,886		994,886		994,886
49	RESPIRATORY THERAPY	1,535,070		1,535,070		1,535,070
50	PHYSICAL THERAPY	2,798,601		2,798,601		2,798,601
52	SPEECH PATHOLOGY	261,801		261,801		261,801
53	ELECTROCARDIOLOGY	2,447,434		2,447,434	63,737	2,511,171
54	ELECTROENCEPHALOGRAPHY	90,459		90,459		90,459
55	MEDICAL SUPPLIES CHARGED	10,061,736		10,061,736		10,061,736
56	DRUGS CHARGED TO PATIENTS	6,525,228		6,525,228		6,525,228
59	CANCER CENTER	2,620,291		2,620,291	37,106	2,657,397
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,880,337		6,880,337	145,686	7,026,023
61 01	OUTPATIENT PSYCH	1,030,547		1,030,547		1,030,547
61 02	WOUND CARE	34,886		34,886		34,886
62	OBSERVATION BEDS (NON-DIS	185,725		185,725		185,725
63	OTHER OUTPATIENT SERVICE					
63 50	RURAL HEALTH CLINIC - SHE	888,111		888,111		888,111
63 51	RURAL HEALTH CLINIC- LAGR	373,504		373,504		373,504
63 52	RURAL HEALTH CLINIC - MON	952,783		952,783		952,783
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	74,408,539		74,408,539	570,277	74,978,816
102	LESS OBSERVATION BEDS	185,725		185,725		185,725
103	TOTAL	74,222,814		74,222,814	570,277	74,793,091

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	7,276,838		7,276,838			
26	INTENSIVE CARE UNIT	1,611,404		1,611,404			
31	SUBPROVIDER	1,468,301		1,468,301			
33	NURSERY	477,620		477,620			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,473,627	5,143,435	12,617,062	.243642	.243642	.244920
38	RECOVERY ROOM	1,136,807	1,159,819	2,296,626	.677910	.677910	.677910
39	DELIVERY ROOM & LABOR ROO	688,826	111,587	800,413	1.390867	1.390867	1.390867
40	ANESTHESIOLOGY		1,325,198	1,325,198	.971425	.971425	.971425
41	RADIOLOGY-DIAGNOSTIC	8,151,057	15,050,932	23,201,989	.230379	.230379	.230379
43	RADIOISOTOPE	912,014	1,775,035	2,687,049	.266826	.266826	.266826
44	LABORATORY	13,391,538	13,088,344	26,479,882	.172931	.172931	.182800
46	WHOLE BLOOD & PACKED RED	969,167	519,625	1,488,792	.668251	.668251	.668251
49	RESPIRATORY THERAPY	1,981,159	176,951	2,158,110	.711303	.711303	.711303
50	PHYSICAL THERAPY	821,879	3,148,023	3,969,902	.704955	.704955	.704955
52	SPEECH PATHOLOGY	67,295	333,411	400,706	.653349	.653349	.653349
53	ELECTROCARDIOLOGY	7,067,616	6,866,014	13,933,630	.175649	.175649	.180224
54	ELECTROENCEPHALOGRAPHY	51,173	58,782	109,955	.822691	.822691	.822691
55	MEDICAL SUPPLIES CHARGED	46,151,351	17,912,900	64,064,251	.157057	.157057	.157057
56	DRUGS CHARGED TO PATIENTS	26,347,549	7,176,088	33,523,637	.194646	.194646	.194646
59	CANCER CENTER	77,023	5,172,935	5,249,958	.499107	.499107	.506175
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	996,338	1,899,309	2,895,647	2.376097	2.376097	2.426409
61	01 OUTPATIENT PSYCH		217,171	217,171	4.745325	4.745325	4.745325
61	02 WOUND CARE	488	12,198	12,686	2.749961	2.749961	2.749961
62	OBSERVATION BEDS (NON-DIS		144,652	144,652	1.283944	1.283944	1.283944
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - SHE		429,773	429,773	2.066465	2.066465	2.066465
63	51 RURAL HEALTH CLINIC- LAGR		368,108	368,108	1.014659	1.014659	1.014659
63	52 RURAL HEALTH CLINIC - MON		615,471	615,471	1.548055	1.548055	1.548055
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	127,119,070	82,705,761	209,824,831			
102	LESS OBSERVATION BEDS						
103	TOTAL	127,119,070	82,705,761	209,824,831			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,074,043	650,555	2,423,488			3,074,043
38	RECOVERY ROOM	1,556,905	135,123	1,421,782			1,556,905
39	DELIVERY ROOM & LABOR ROO	1,113,268	45,700	1,067,568			1,113,268
40	ANESTHESIOLOGY	1,287,331	96,570	1,190,761			1,287,331
41	RADIOLOGY-DIAGNOSTIC	5,345,260	1,526,797	3,818,463			5,345,260
43	RADIOISOTOPE	716,975	58,740	658,235			716,975
44	LABORATORY	4,579,203	431,975	4,147,228			4,579,203
46	WHOLE BLOOD & PACKED RED	994,886	36,799	958,087			994,886
49	RESPIRATORY THERAPY	1,535,070	117,127	1,417,943			1,535,070
50	PHYSICAL THERAPY	2,798,601	167,123	2,631,478			2,798,601
52	SPEECH PATHOLOGY	261,801	11,058	250,743			261,801
53	ELECTROCARDIOLOGY	2,447,434	589,857	1,857,577			2,447,434
54	ELECTROENCEPHALOGRAPHY	90,459	7,870	82,589			90,459
55	MEDICAL SUPPLIES CHARGED	10,061,736	356,988	9,704,748			10,061,736
56	DRUGS CHARGED TO PATIENTS	6,525,228	576,871	5,948,357			6,525,228
59	CANCER CENTER	2,620,291	719,225	1,901,066			2,620,291
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,880,337	1,101,548	5,778,789			6,880,337
61	01 OUTPATIENT PSYCH	1,030,547	43,204	987,343			1,030,547
61	02 WOUND CARE	34,886	1,322	33,564			34,886
62	OBSERVATION BEDS (NON-DIS	185,725	13,564	172,161			185,725
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - SHE	888,111	69,096	819,015			888,111
63	51 RURAL HEALTH CLINIC- LAGR	373,504	42,782	330,722			373,504
63	52 RURAL HEALTH CLINIC - MON	952,783	132,113	820,670			952,783
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	55,354,384	6,932,007	48,422,377			55,354,384
102	LESS OBSERVATION BEDS	185,725	13,564	172,161			185,725
103	TOTAL	55,168,659	6,918,443	48,250,216			55,168,659

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	12,617,062	.243642	.243642
38	RECOVERY ROOM	2,296,626	.677910	.677910
39	DELIVERY ROOM & LABOR ROO	800,413	1.390867	1.390867
40	ANESTHESIOLOGY	1,325,198	.971425	.971425
41	RADIOLOGY-DIAGNOSTIC	23,201,989	.230379	.230379
43	RADIOISOTOPE	2,687,049	.266826	.266826
44	LABORATORY	26,479,882	.172931	.172931
46	WHOLE BLOOD & PACKED RED	1,488,792	.668251	.668251
49	RESPIRATORY THERAPY	2,158,110	.711303	.711303
50	PHYSICAL THERAPY	3,969,902	.704955	.704955
52	SPEECH PATHOLOGY	400,706	.653349	.653349
53	ELECTROCARDIOLOGY	13,933,630	.175649	.175649
54	ELECTROENCEPHALOGRAPHY	109,955	.822691	.822691
55	MEDICAL SUPPLIES CHARGED	64,064,251	.157057	.157057
56	DRUGS CHARGED TO PATIENTS	33,523,637	.194646	.194646
59	CANCER CENTER	5,249,958	.499107	.499107
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,895,647	2.376097	2.376097
61	01 OUTPATIENT PSYCH	217,171	4.745325	4.745325
61	02 WOUND CARE	12,686	2.749961	2.749961
62	OBSERVATION BEDS (NON-DIS	144,652	1.283944	1.283944
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC - SHE	429,773	2.066465	2.066465
63	51 RURAL HEALTH CLINIC- LAGR	368,108	1.014659	1.014659
63	52 RURAL HEALTH CLINIC - MON	615,471	1.548055	1.548055
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	198,990,668		
102	LESS OBSERVATION BEDS	144,652		
103	TOTAL	198,846,016		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,074,043	650,555	2,423,488			3,074,043
38	RECOVERY ROOM	1,556,905	135,123	1,421,782			1,556,905
39	DELIVERY ROOM & LABOR ROO	1,113,268	45,700	1,067,568			1,113,268
40	ANESTHESIOLOGY	1,287,331	96,570	1,190,761			1,287,331
41	RADIOLOGY-DIAGNOSTIC	5,345,260	1,526,797	3,818,463			5,345,260
43	RADIOISOTOPE	716,975	58,740	658,235			716,975
44	LABORATORY	4,579,203	431,975	4,147,228			4,579,203
46	WHOLE BLOOD & PACKED RED	994,886	36,799	958,087			994,886
49	RESPIRATORY THERAPY	1,535,070	117,127	1,417,943			1,535,070
50	PHYSICAL THERAPY	2,798,601	167,123	2,631,478			2,798,601
52	SPEECH PATHOLOGY	261,801	11,058	250,743			261,801
53	ELECTROCARDIOLOGY	2,447,434	589,857	1,857,577			2,447,434
54	ELECTROENCEPHALOGRAPHY	90,459	7,870	82,589			90,459
55	MEDICAL SUPPLIES CHARGED	10,061,736	356,988	9,704,748			10,061,736
56	DRUGS CHARGED TO PATIENTS	6,525,228	576,871	5,948,357			6,525,228
59	CANCER CENTER	2,620,291	719,225	1,901,066			2,620,291
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,880,337	1,101,548	5,778,789			6,880,337
61	01 OUTPATIENT PSYCH	1,030,547	43,204	987,343			1,030,547
61	02 WOUND CARE	34,886	1,322	33,564			34,886
62	OBSERVATION BEDS (NON-DIS	185,725	13,564	172,161			185,725
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - SHE	888,111	69,096	819,015			888,111
63	51 RURAL HEALTH CLINIC- LAGR	373,504	42,782	330,722			373,504
63	52 RURAL HEALTH CLINIC - MON	952,783	132,113	820,670			952,783
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	55,354,384	6,932,007	48,422,377			55,354,384
102	LESS OBSERVATION BEDS	185,725	13,564	172,161			185,725
103	TOTAL	55,168,659	6,918,443	48,250,216			55,168,659

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	12,617,062	.243642	.243642
38	RECOVERY ROOM	2,296,626	.677910	.677910
39	DELIVERY ROOM & LABOR ROO	800,413	1.390867	1.390867
40	ANESTHESIOLOGY	1,325,198	.971425	.971425
41	RADIOLOGY-DIAGNOSTIC	23,201,989	.230379	.230379
43	RADIOISOTOPE	2,687,049	.266826	.266826
44	LABORATORY	26,479,882	.172931	.172931
46	WHOLE BLOOD & PACKED RED	1,488,792	.668251	.668251
49	RESPIRATORY THERAPY	2,158,110	.711303	.711303
50	PHYSICAL THERAPY	3,969,902	.704955	.704955
52	SPEECH PATHOLOGY	400,706	.653349	.653349
53	ELECTROCARDIOLOGY	13,933,630	.175649	.175649
54	ELECTROENCEPHALOGRAPHY	109,955	.822691	.822691
55	MEDICAL SUPPLIES CHARGED	64,064,251	.157057	.157057
56	DRUGS CHARGED TO PATIENTS	33,523,637	.194646	.194646
59	CANCER CENTER	5,249,958	.499107	.499107
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,895,647	2.376097	2.376097
61	01 OUTPATIENT PSYCH	217,171	4.745325	4.745325
61	02 WOUND CARE	12,686	2.749961	2.749961
62	OBSERVATION BEDS (NON-DIS	144,652	1.283944	1.283944
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC - SHE	429,773	2.066465	2.066465
63	51 RURAL HEALTH CLINIC- LAGR	368,108	1.014659	1.014659
63	52 RURAL HEALTH CLINIC - MON	615,471	1.548055	1.548055
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	198,990,668		
102	LESS OBSERVATION BEDS	144,652		
103	TOTAL	198,846,016		

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 26-0025
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/24/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					18,810	
26	INTENSIVE CARE UNIT					2,252	
31	SUBPROVIDER					3,113	
33	NURSERY					1,502	
101	TOTAL					25,677	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 26-0025
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/24/2010
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	12,126	
26	INTENSIVE CARE UNIT	1,517	
31	SUBPROVIDER	1,144	
33	NURSERY		
101	TOTAL	14,787	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CANCER CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
61	01 OUTPATIENT PSYCH						
61	02 WOUND CARE						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - SHE						
63	51 RURAL HEALTH CLINIC- LAGR						
63	52 RURAL HEALTH CLINIC - MON						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			12,617,062			4,687,727	
38	RECOVERY ROOM			2,296,626			537,733	
39	DELIVERY ROOM & LABOR ROO			800,413			7,050	
40	ANESTHESIOLOGY			1,325,198				
41	RADIOLOGY-DIAGNOSTIC			23,201,989			5,436,854	
43	RADIOISOTOPE			2,687,049			665,774	
44	LABORATORY			26,479,882			8,861,697	
46	WHOLE BLOOD & PACKED RED			1,488,792			682,788	
49	RESPIRATORY THERAPY			2,158,110			1,316,376	
50	PHYSICAL THERAPY			3,969,902			648,781	
52	SPEECH PATHOLOGY			400,706			56,635	
53	ELECTROCARDIOLOGY			13,933,630			4,402,494	
54	ELECTROENCEPHALOGRAPHY			109,955			26,511	
55	MEDICAL SUPPLIES CHARGED			64,064,251			24,405,640	
56	DRUGS CHARGED TO PATIENTS			33,523,637			14,196,662	
59	CANCER CENTER			5,249,958			58,341	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			2,895,647			593,916	
61	01 OUTPATIENT PSYCH			217,171				
61	02 WOUND CARE			12,686			488	
62	OBSERVATION BEDS (NON-DIS			144,652				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC - SHE							
63	51 RURAL HEALTH CLINIC- LAGR							
63	52 RURAL HEALTH CLINIC - MON							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			197,577,316			66,585,467	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	439,663	1,541,659				
38	RECOVERY ROOM	110,532	387,575				
39	DELIVERY ROOM & LABOR ROO	261	913				
40	ANESTHESIOLOGY	56,758	199,017				
41	RADIOLOGY-DIAGNOSTIC	1,033,742	3,624,766				
43	RADIOISOTOPE	200,164	701,865				
44	LABORATORY	157,890	553,632				
46	WHOLE BLOOD & PACKED RED	64,305	225,482				
49	RESPIRATORY THERAPY	12,109	42,461				
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	718,397	2,519,022				
54	ELECTROENCEPHALOGRAPHY	1,575	5,522				
55	MEDICAL SUPPLIES CHARGED	1,179,028	4,134,205				
56	DRUGS CHARGED TO PATIENTS	639,779	2,243,355				
59	CANCER CENTER	524,524	1,839,219				
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	101,002	354,158				
61	01 OUTPATIENT PSYCH	7,328	25,695				
61	02 WOUND CARE	1,719	6,027				
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - SHE						
63	51 RURAL HEALTH CLINIC- LAGR						
63	52 RURAL HEALTH CLINIC - MON						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	5,248,776	18,404,573				

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				107,120	10
38 RECOVERY ROOM				74,931	7
39 DELIVERY ROOM & LABOR ROOM				363	
40 ANESTHESIOLOGY				55,136	5
41 RADIOLOGY-DIAGNOSTIC				238,152	21
43 RADIOISOTOPE				53,409	5
44 LABORATORY				27,304	3
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				42,972	4
49 RESPIRATORY THERAPY				8,613	1
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				126,186	11
54 ELECTROENCEPHALOGRAPHY				1,296	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				185,175	17
56 DRUGS CHARGED TO PATIENTS				124,530	11
59 CANCER CENTER				261,794	23
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				239,991	21
61 01 OUTPATIENT PSYCH				34,774	5
61 02 WOUND CARE				4,727	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC - SHELBI NA					
63 51 RURAL HEALTH CLINIC- LAGRANGE					
63 52 RURAL HEALTH CLINIC - MONROE CITY					
101 SUBTOTAL				1,586,473	144
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				1,586,473	144

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.051562	
38	RECOVERY ROOM	.058835	
39	DELIVERY ROOM & LABOR ROO	.057096	
40	ANESTHESIOLOGY	.072872	
41	RADIOLOGY-DIAGNOSTIC	.065805	2,066
43	RADIOISOTOPE	.021860	
44	LABORATORY	.016313	2,153
46	WHOLE BLOOD & PACKED RED	.024717	
49	RESPIRATORY THERAPY	.054273	273
50	PHYSICAL THERAPY	.042098	153
52	SPEECH PATHOLOGY	.027596	
53	ELECTROCARDIOLOGY	.042333	928
54	ELECTROENCEPHALOGRAPHY	.071575	
55	MEDICAL SUPPLIES CHARGED	.005572	81
56	DRUGS CHARGED TO PATIENTS	.017208	2,162
59	CANCER CENTER	.136996	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.380415	2,458
61	01 OUTPATIENT PSYCH	.198940	
61	02 WOUND CARE	.104209	
62	OBSERVATION BEDS (NON-DIS	.093770	
63	OTHER OUTPATIENT SERVICE		
63	50 RURAL HEALTH CLINIC - SHE		
63	51 RURAL HEALTH CLINIC- LAGR		
63	52 RURAL HEALTH CLINIC - MON		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		10,274

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
43	RADIOISOTOPE										
44	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
59	CANCER CENTER										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
61	01 OUTPATIENT PSYCH										
61	02 WOUND CARE										
62	OBSERVATION BEDS (NON-DIS										
63	OTHER OUTPATIENT SERVICE										
63	50 RURAL HEALTH CLINIC - SHE										
63	51 RURAL HEALTH CLINIC- LAGR										
63	52 RURAL HEALTH CLINIC - MON										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			12,617,062				
38	OPERATING ROOM			2,296,626				
39	RECOVERY ROOM			800,413				
40	DELIVERY ROOM & LABOR ROO			1,325,198				
41	ANESTHESIOLOGY			23,201,989			31,393	
43	RADIOLOGY-DIAGNOSTIC			2,687,049				
44	RADIOISOTOPE			26,479,882			131,957	
46	LABORATORY			1,488,792				
49	WHOLE BLOOD & PACKED RED			2,158,110			5,023	
50	RESPIRATORY THERAPY			3,969,902			3,630	
52	PHYSICAL THERAPY			400,706				
53	SPEECH PATHOLOGY			13,933,630			21,915	
54	ELECTROCARDIOLOGY			109,955				
55	ELECTROENCEPHALOGRAPHY			64,064,251			14,584	
56	MEDICAL SUPPLIES CHARGED			33,523,637			125,630	
59	DRUGS CHARGED TO PATIENTS			5,249,958				
	CANCER CENTER							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			2,895,647			6,462	
61	01 OUTPATIENT PSYCH			217,171				
61	02 WOUND CARE			12,686				
62	OBSERVATION BEDS (NON-DIS			144,652				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC - SHE							
63	51 RURAL HEALTH CLINIC- LAGR							
63	52 RURAL HEALTH CLINIC - MON							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			197,577,316			340,594	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CANCER CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
61	01 OUTPATIENT PSYCH						
61	02 WOUND CARE						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - SHE						
63	51 RURAL HEALTH CLINIC- LAGR						
63	52 RURAL HEALTH CLINIC - MON						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		326,299			
38 RECOVERY ROOM		107,163			
39 DELIVERY ROOM & LABOR ROOM		99,422			
40 ANESTHESIOLOGY		257,631			
41 RADIOLOGY-DIAGNOSTIC		629,648			
43 RADIOISOTOPE		40,678			
44 LABORATORY		345,229			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		40,753			
49 RESPIRATORY THERAPY		24,424			
50 PHYSICAL THERAPY		197,410			
52 SPEECH PATHOLOGY		138,722			
53 ELECTROCARDIOLOGY		112,043			
54 ELECTROENCEPHALOGRAPHY		12,984			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		219,074			
56 DRUGS CHARGED TO PATIENTS		246,146			
59 CANCER CENTER		273,928			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		1,186,663			
61 01 OUTPATIENT PSYCH					
61 02 WOUND CARE		866			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC - SHELBI NA					
63 51 RURAL HEALTH CLINIC- LAGRANGE					
63 52 RURAL HEALTH CLINIC - MONROE CITY					
101 SUBTOTAL		4,259,083			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		4,259,083			

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

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					677.83
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					8,219,367
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					8,219,367

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	3,488,739	2,252	1,549.17	1,517	2,350,091
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					778,363
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					1,710,363
52	TOTAL PROGRAM EXCLUDABLE COST					2,488,726
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					23,423,872

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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	274
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	677.83
85	OBSERVATION BED COST	185,725

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	12,749,992		185,725	
87	NEW CAPITAL-RELATED COST	931,172	.073033	185,725	13,564
88	NON PHYSICIAN ANESTHETIST	12,749,992		185,725	
89	MEDICAL EDUCATION	12,749,992		185,725	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 720.49
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 824,241
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 824,241

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					83,859
49 TOTAL PROGRAM INPATIENT COSTS					908,100

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 65,986
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 10,274
 52 TOTAL PROGRAM EXCLUDABLE COST 76,260
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 831,840

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	720.49
85	OBSERVATION BED COST	

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	2,242,876			
87	NEW CAPITAL-RELATED COST	179,561	.080058		
88	NON PHYSICIAN ANESTHETIST	2,242,876			
89	MEDICAL EDUCATION	2,242,876			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 677.82
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 939,459
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 939,459

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	618,848	1,502	412.02	788	324,672
43 INTENSIVE CARE UNIT	3,488,739	2,252	1,549.17	194	300,539
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 2,878,201
 49 TOTAL PROGRAM INPATIENT COSTS 4,442,871

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	274
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	677.82
85	OBSERVATION BED COST	185,723

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				

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 705.68
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 608,296
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 608,296

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					82,426
49 TOTAL PROGRAM INPATIENT COSTS					690,722

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	705.68
85	OBSERVATION BED COST	

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		5,085,907	
26	INTENSIVE CARE UNIT		1,088,155	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.244920	4,687,727	1,148,118
38	RECOVERY ROOM	.677910	537,733	364,535
39	DELIVERY ROOM & LABOR ROOM	1.390867	7,050	9,806
40	ANESTHESIOLOGY	.971425		
41	RADIOLOGY-DIAGNOSTIC	.230379	5,436,854	1,252,537
43	RADIOISOTOPE	.266826	665,774	177,646
44	LABORATORY	.182800	8,861,697	1,619,918
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.668251	682,788	456,274
49	RESPIRATORY THERAPY	.711303	1,316,376	936,342
50	PHYSICAL THERAPY	.704955	648,781	457,361
52	SPEECH PATHOLOGY	.653349	56,635	37,002
53	ELECTROCARDIOLOGY	.180224	4,402,494	793,435
54	ELECTROENCEPHALOGRAPHY	.822691	26,511	21,810
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.157057	24,405,640	3,833,077
56	DRUGS CHARGED TO PATIENTS	.194646	14,196,662	2,763,323
59	CANCER CENTER	.506175	58,341	29,531
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2.426409	593,916	1,441,083
61 01	OUTPATIENT PSYCH	4.745325		
61 02	WOUND CARE	2.749961	488	1,342
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.283944		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC - SHELBI NA			
63 51	RURAL HEALTH CLINIC- LAGRANGE			
63 52	RURAL HEALTH CLINIC - MONROE CITY			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		66,585,467	15,343,140
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		66,585,467	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		540,724	
37	OPERATING ROOM	.244920		
38	RECOVERY ROOM	.677910		
39	DELIVERY ROOM & LABOR ROOM	1.390867		
40	ANESTHESIOLOGY	.971425		
41	RADIOLOGY-DIAGNOSTIC	.230379	31,393	7,232
43	RADIOISOTOPE	.266826		
44	LABORATORY	.182800	131,957	24,122
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.668251		
49	RESPIRATORY THERAPY	.711303	5,023	3,573
50	PHYSICAL THERAPY	.704955	3,630	2,559
52	SPEECH PATHOLOGY	.653349		
53	ELECTROCARDIOLOGY	.180224	21,915	3,950
54	ELECTROENCEPHALOGRAPHY	.822691		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.157057	14,584	2,291
56	DRUGS CHARGED TO PATIENTS	.194646	125,630	24,453
59	CANCER CENTER OUTPAT SERVICE COST CNTRS	.506175		
61	EMERGENCY	2.426409	6,462	15,679
61 01	OUTPATIENT PSYCH	4.745325		
61 02	WOUND CARE	2.749961		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.283944		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC - SHELBI NA			
63 51	RURAL HEALTH CLINIC- LAGRANGE			
63 52	RURAL HEALTH CLINIC - MONROE CITY			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		340,594	83,859
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		340,594	

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		593,140	
26	INTENSIVE CARE UNIT		156,840	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.243642	514,759	125,417
38	RECOVERY ROOM	.677910	122,907	83,320
39	DELIVERY ROOM & LABOR ROOM	1.390867	368,523	512,566
40	ANESTHESIOLOGY	.971425		
41	RADIOLOGY-DIAGNOSTIC	.230379	771,569	177,753
43	RADIOISOTOPE	.266826	95,672	25,528
44	LABORATORY	.172931	1,338,243	231,424
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.668251	30,495	20,378
49	RESPIRATORY THERAPY	.711303	161,281	114,720
50	PHYSICAL THERAPY	.704955	25,393	17,901
52	SPEECH PATHOLOGY	.653349	3,592	2,347
53	ELECTROCARDIOLOGY	.175649	810,048	142,284
54	ELECTROENCEPHALOGRAPHY	.822691	7,701	6,336
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.157057	2,893,349	454,421
56	DRUGS CHARGED TO PATIENTS	.194646	3,538,993	688,851
59	CANCER CENTER OUTPAT SERVICE COST CNTRS	.499107		
61	EMERGENCY	2.376097	115,717	274,955
61	01 OUTPATIENT PSYCH	4.745325		
61	02 WOUND CARE	2.749961		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.283944		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC - SHELBI NA	2.066465		
63	51 RURAL HEALTH CLINIC- LAGRANGE	1.014659		
63	52 RURAL HEALTH CLINIC - MONROE CITY	1.548055		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		10,798,242	2,878,201
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,798,242	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		510,205	
37	OPERATING ROOM	.243642		
38	RECOVERY ROOM	.677910		
39	DELIVERY ROOM & LABOR ROOM	1.390867		
40	ANESTHESIOLOGY	.971425		
41	RADIOLOGY-DIAGNOSTIC	.230379	35,558	8,192
43	RADIOISOTOPE	.266826		
44	LABORATORY	.172931	135,711	23,469
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.668251		
49	RESPIRATORY THERAPY	.711303	921	655
50	PHYSICAL THERAPY	.704955	628	443
52	SPEECH PATHOLOGY	.653349		
53	ELECTROCARDIOLOGY	.175649	6,875	1,208
54	ELECTROENCEPHALOGRAPHY	.822691	2,200	1,810
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.157057	18,965	2,979
56	DRUGS CHARGED TO PATIENTS	.194646	103,992	20,242
59	CANCER CENTER OUTPAT SERVICE COST CNTRS	.499107		
61	EMERGENCY	2.376097	9,860	23,428
61 01	OUTPATIENT PSYCH	4.745325		
61 02	WOUND CARE	2.749961		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.283944		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC - SHELBI NA	2.066465		
63 51	RURAL HEALTH CLINIC- LAGRANGE	1.014659		
63 52	RURAL HEALTH CLINIC - MONROE CITY	1.548055		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		314,710	82,426
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		314,710	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,682,456	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	17,047,367	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	424,927	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	90.25	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.73
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		13.35
4.02 SUM OF LINES 4 AND 4.01		19.08
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.89
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,111,488
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	24,266,238	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	25,524,812	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	25,524,812	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,656,239	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	27,181,051	
17 PRIMARY PAYER PAYMENTS	2,457	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	27,178,594	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,262,794	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	61,574	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	627,405	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	439,184	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	25,293,410	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	25,293,410	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	23,919,374	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,374,036	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,114	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,586,473	5,562,881
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,309,672	4,365,566
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.880	.880
1.04	LINE 1.01 TIMES LINE 1.03.	1,396,096	4,895,335
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	93.81	89.18
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		450,304
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	4,114	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	20,867	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	20,867	
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)	20,867	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	16,753	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,114	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,125,542	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	121	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,415,124	
19	SUBTOTAL (SEE INSTRUCTIONS)	4,714,411	
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	4,714,411	
24	PRIMARY PAYER PAYMENTS	1,479	
25	SUBTOTAL	4,712,932	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	86,321	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	60,425	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	4,773,357	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	4,773,357	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	5,115,053	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	-341,696	
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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 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)

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)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 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
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		23,889,174		5,115,053
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	5/ 7/2009	30,200		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		30,200		NONE
4 TOTAL INTERIM PAYMENTS		23,919,374		5,115,053
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1,374,036		341,696
7 TOTAL MEDICARE PROGRAM LIABILITY		25,293,410		4,773,357

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		746,029		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			746,029	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			746,029	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:
 SIGNATURE OF AUTHORIZED PERSON: _____
 DATE: ___/___/___

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

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	746,029
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	746,029
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		4,442,871	
2	MEDICAL AND OTHER SERVICES		4,259,083	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		8,701,954	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		8,701,954	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		593,140	
11	ANCILLARY SERVICE CHARGES		22,463,518	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		23,056,658	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		23,056,658	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		14,354,704	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		8,701,954	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		8,701,954	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		8,701,954	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		8,701,954	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		8,701,954	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		8,701,954	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		8,701,954	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		8,701,954	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2008	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		690,722	
2	MEDICAL AND OTHER SERVICES		173,448	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		864,170	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		864,170	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		510,205	
11	ANCILLARY SERVICE CHARGES		351,270	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		861,475	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		861,475	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		2,695	
23	COST OF COVERED SERVICES		864,170	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		864,170	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		864,170	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		2,695	
35	SUBTOTAL		861,475	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		861,475	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		861,475	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		861,475	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		861,475	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2008	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
26-S025		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 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
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,456,722			
29 SALARIES, WAGES & FEES PAYABLE	5,505,539			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	86,593			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,241,294			
36 TOTAL CURRENT LIABILITIES	12,290,148			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	26,828,739			
39 UNSECURED LOANS	2,949,162			
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	6,793,387			
42 TOTAL LONG-TERM LIABILITIES	36,571,288			
43 TOTAL LIABILITIES	48,861,436			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	57,108,878			
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	57,108,878			
52 TOTAL LIABILITIES AND FUND BALANCES	105,970,314			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		60,309,192		
2	NET INCOME (LOSS)		-3,187,114		
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		57,122,078		
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		57,122,078		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	INVESTMENT RESULTS	13,200			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		13,200		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		57,108,878		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	INVESTMENT RESULTS				
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	7,276,838		7,276,838
2 00 SUBPROVIDER	1,468,301		1,468,301
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	8,745,139		8,745,139
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,611,404		1,611,404
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,611,404		1,611,404
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	10,356,543		10,356,543
17 00 ANCILLARY SERVICES	116,207,884	66,262,646	182,470,530
18 00 OUTPATIENT SERVICES		100,000	100,000
18 50 RURAL HEALTH CLINIC - SHELBI NA		429,773	429,773
18 51 RURAL HEALTH CLINIC- LAGRANGE		368,108	368,108
18 52 RURAL HEALTH CLINIC - MONROE CITY		615,471	615,471
19 00 HOME HEALTH AGENCY		41,162	41,162
24 00 NURSERY	477,620		477,620
24 01 CANCER CENTER	77,023	5,172,935	5,249,958
25 00 TOTAL PATIENT REVENUES	127,119,070	72,990,095	200,109,165

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		95,721,748	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	4,526,094		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		4,526,094	
DEDUCT (SPECIFY)			
34 00 RECONCILIATION	237		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		237	
40 00 TOTAL OPERATING EXPENSES		100,247,605	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	200,109,165
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	97,464,640
3	NET PATIENT REVENUES	102,644,525
4	LESS: TOTAL OPERATING EXPENSES	100,247,605
5	NET INCOME FROM SERVICE TO PATIENTS	2,396,920
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.01	MISC PATIENT REVENUES	1,455,287
24.02		
25	TOTAL OTHER INCOME	1,455,287
26	TOTAL	3,852,207
OTHER EXPENSES		
27	LOSS ON INVESTMENT	3,289,771
28	PENSION AND OTHER INVESTMENTS	3,749,550
29		
30	TOTAL OTHER EXPENSES	7,039,321
31	NET INCOME (OR LOSS) FOR THE PERIOD	-3,187,114

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			130			130
	166,905	10,064			122,661	299,630
HHA REIMBURSABLE SERVICES						
6	384,542	23,188			12,614	420,344
7	118,958	7,173				126,131
8	24,196	1,459			23,575	49,230
9	10,683	645			1,625	12,953
10						
11						
12						
13					204	204
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18					105,380	105,380
19						
20						
21						
22						
23						
23.50						
24	705,284	42,529	130		266,059	1,014,002

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4		130		130
5		299,630		299,630
HHA REIMBURSABLE SERVICES				
6		420,344		420,344
7		126,131		126,131
8		49,230		49,230
9		12,953		12,953
10				
11				
12				
13		204		204
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18		105,380		105,380
19				
20				
21				
22				
23				
23.50				
24		1,014,002		1,014,002

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5					130	130	
5	299,630					299,760	299,760
HHA REIMBURSABLE SERVICES							
6		420,344				420,344	176,414
7		126,131				126,131	52,936
8		49,230				49,230	20,661
9		12,953				12,953	5,436
10							
11							
12							
13		204				204	86
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18		105,380				105,380	44,227
19							
20							
21							
22							
23							
23. 50							
24	1,014,002				130	1,014,002	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6		596,758					
7		179,067					
8		69,891					
9		18,389					
10							
11							
12							
13		290					
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18		149,607					
19							
20							
21							
22							
23							
23. 50							
24	1,014,002						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATION (MILEAGE)	RECONCILIATION ()	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	100				
2	CAP-REL COST-MOV EQUIP		100			
3	PLANT OPER & MAINT			100		
4	TRANSPORTATION				100	
5	ADMINISTRATIVE & GENERAL	100	100	100	100	-299,760
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					420,344
7	PHYSICAL THERAPY					126,131
8	OCCUPATIONAL THERAPY					49,230
9	SPEECH PATHOLOGY					12,953
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					
12	SUPPLIES					
13	DRUGS					204
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					105,380
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)	100	100	100	100	-299,760
25	COST TO BE ALLOCATED					130
26	UNIT COST MULTIPLIER				1.300000	.419690

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS- NEW B 3.01	NEW CAP REL COSTS-OLD BL 3.02	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL			34,804		33,605	115,564
2 SKILLED NURSING CARE	596,758					
3 PHYSICAL THERAPY	179,067					
4 OCCUPATIONAL THERAPY	69,891					
5 SPEECH PATHOLOGY	18,389					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS	290					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC	149,607					
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)	1,014,002		34,804		33,605	115,564
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	MAINTENANCE & REPAIRS- O 7.01	OPERATION OF PLANT 8	OPERATION OF PLANT-OLD B 8.01
1 ADMIN & GENERAL	183,973	48,227	24,920	5,389	51,348	
2 SKILLED NURSING CARE	596,758	156,434				
3 PHYSICAL THERAPY	179,067	46,941				
4 OCCUPATIONAL THERAPY	69,891	18,321				
5 SPEECH PATHOLOGY	18,389	4,821				
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS	290	76				
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC	149,607	39,218				
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)	1,197,975	314,038	24,920	5,389	51,348	
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	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL		16,618		25,859	25,447	
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)		16,618		25,859	25,447	
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	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			381,781		381,781	
2 SKILLED NURSING CARE			753,192		753,192	224,685
3 PHYSICAL THERAPY			226,008		226,008	67,420
4 OCCUPATIONAL THERAPY			88,212		88,212	26,315
5 SPEECH PATHOLOGY			23,210		23,210	6,924
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS			366		366	109
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC			188,825		188,825	56,328
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)			1,661,594		1,661,594	381,781
21 UNIT COST MULTIPLIER						0.298310

(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	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	977,877
3 PHYSICAL THERAPY	293,428
4 OCCUPATIONAL THERAPY	114,527
5 SPEECH PATHOLOGY	30,134
6 MEDICAL SOCIAL SERVICES	
7 HOME HEALTH AIDE	
8 SUPPLIES	
9 DRUGS	475
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	245,153
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)	1,661,594
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	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS- NEW B (SQUARE FEET	NEW CAP REL COSTS-OLD BL (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BEN EFITS (GROSS SALARIES	RECONCILIATION
	3	3.01	3.02	4	5	6A
1 ADMIN & GENERAL		3,650		23,712	705,284	
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)		3,650		23,712	705,284	
21 COST TO BE ALLOCATED		34,804		33,605	115,564	
22 UNIT COST MULTIPLIER		9.535342		1.417215	0.163855	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE FEET	MAINTENANCE & REPAIRS- 0 (SQUARE FEET	OPERATION OF PLANT (SQUARE FEET	OPERATION OF PLANT-OLD B (SQUARE FEET	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY
	6	7	7.01	8	8.01	9
1 ADMIN & GENERAL	183,973	3,650	4,691	3,650		
2 SKILLED NURSING CARE	596,758					
3 PHYSICAL THERAPY	179,067					
4 OCCUPATIONAL THERAPY	69,891					
5 SPEECH PATHOLOGY	18,389					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS	290					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC	149,607					
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)	1,197,975	3,650	4,691	3,650		
21 COST TO BE ALLOCATED	314,038	24,920	5,389	51,348		
22 UNIT COST MULTIPLIER	0.262141	6.827397	1.148796	14.067945		

HHA 1

HHA COST CENTER	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPL (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	10	11	12	14	15	16
1 ADMIN & GENERAL	3,650		1,321	27,486		
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)	3,650		1,321	27,486		
21 COST TO BE ALLOCATED	16,618		25,859	25,447		
22 UNIT COST MULTIPLIER	4.552877		19.575322	0.925817		

MEDICAL RECORDS & LIBRARY
 (TIME SPENT)

HHA COST CENTER	TIME SPENT
	17
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 ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	977,877		977,877	4,229	231.23	1,924
2 PHYSICAL THERAPY	3	293,428	158,822	452,250	2,060	219.54	953
3 OCCUPATIONAL THERAPY	4	114,527		114,527	419	273.33	209
4 SPEECH PATHOLOGY	5	30,134		30,134	185	162.89	31
5 MEDICAL SOCIAL SERVICES	6				50		35
6 HOME HEALTH AIDE SERVICE	7				845		414
7 TOTAL		1,415,966	158,822	1,574,788	7,788		3,566

PROGRAM VISITS	PART B		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	775	444,887	624,090
2 PHYSICAL THERAPY	472	209,222	312,845
3 OCCUPATIONAL THERAPY	99	57,126	84,186
4 SPEECH PATHOLOGY	16	5,050	7,656
5 MEDICAL SOCIAL SERVICES	9		
6 HOME HEALTH AIDE SERVICES	298		
7 TOTAL	1,669	716,285	1,028,777

LIMITATION COST COMPUTATION	PROGRAM COST LIMITS	PROGRAM VISITS
		PART A
PATIENT SERVICES		
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	PART B		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
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			

PROVIDER NO: 26-0025
 HHA NO: 26-7282
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/24/2010
 WORKSHEET H-6
 PARTS I II & 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) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00		3,678	3,678	20,294	.181236	8,257
16 COST OF DRUGS	9.00	475		475			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	5,504		1,496	998
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM FI)	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 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.704955	225,294	158,822	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52	.653349			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.157057	23,421	3,678	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.194646			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROGRAM VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	2	219.54	2.01	3	3.01		
2 OCCUPATIONAL THERAPY	3	273.33					
3 SPEECH PATHOLOGY	4	162.89					
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES		PART B	PART B
PART A		NOT SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
		2	3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	227,484	
3	CUSTOMARY CHARGES		
4	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
5	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)		
6	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
7	TOTAL CUSTOMARY CHARGES	227,484	
8	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	227,484	
9	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A	PART B
		SERVICES	SERVICES
		1	2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	473,972	259,672
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	2,219	
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	6,960	4,741
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	2,325	1,282
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	1,048	
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	486,524	265,695
13	EXCESS REASONABLE COST		
14	SUBTOTAL	486,524	265,695
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	486,524	265,695
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	486,524	265,695
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	486,524	265,695
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	486,524	265,695
25	INTERIM PAYMENTS	486,524	265,695
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		486,524		265,695
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			486,524	265,695
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			486,524	265,695

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,599,291
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	56,948
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	56.95
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,656,239
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	176,119	176,119	
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	33,754	33,754	
4	VISITING NURSE			
5	OTHER NURSE	84,693	84,693	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	294,566	294,566	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT		36,926	
14	SUBTOTAL (SUM OF LINES 11-13)		36,926	
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		2,389	
16	TRANSPORTATION (HEALTH CARE STAFF)			
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS		13,232	
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		15,621	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	294,566	52,547	347,113
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		25	
30	ADMINISTRATIVE COSTS	73,535	93,628	167,163
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	73,535	93,653	167,188
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	368,101	146,200	514,301

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	176,119		176,119
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	33,754		33,754
4 VISITING NURSE			
5 OTHER NURSE	84,693		84,693
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	294,566		294,566
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT	36,926		36,926
14 SUBTOTAL (SUM OF LINES 11-13)	36,926		36,926
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	2,389		2,389
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS	13,232		13,232
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	15,621		15,621
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	347,113		347,113
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	25		25
30 ADMINISTRATIVE COSTS	167,163	-1,150	166,013
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	167,188	-1,150	166,038
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	514,301	-1,150	513,151

RHC 2

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1				
2				
3	88,119		88,119	
4	36,789		36,789	
5				
6				
7				
8				
9				
10	124,908		124,908	
COSTS UNDER AGREEMENT				
11				
12				
13		9,624	9,624	
14		9,624	9,624	
OTHER HEALTH CARE COSTS				
15				
16		1,068	1,068	
17				
18				
19		878	878	
20				
21		1,946	1,946	
22	124,908	11,570	136,478	
COSTS OTHER THAN RHC/FQHC SERVICES				
23				
24				
25				
26				
27				
28				
FACILITY OVERHEAD				
29				
30	24,306	23,413	47,719	
31	24,306	23,413	47,719	
32	149,214	34,983	184,197	

RHC 3

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN	137,808		137,808	
3 PHYSICIAN ASSISTANT				
4 NURSE PRACTITIONER	41,992		41,992	
5 VISITING NURSE				
6 OTHER NURSE	47,916		47,916	
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS	602		602	
11 SUBTOTAL (SUM OF LINES 1-9)	228,318		228,318	
COSTS UNDER AGREEMENT				
12 PHYSICIAN SERVICES UNDER AGREEMENT				
13 PHYSICIAN SUPERVISION UNDER AGREEMENT				
14 OTHER COSTS UNDER AGREEMENT		33,797	33,797	
15 SUBTOTAL (SUM OF LINES 11-13)		33,797	33,797	
OTHER HEALTH CARE COSTS				
16 MEDICAL SUPPLIES		2,009	2,009	
17 TRANSPORTATION (HEALTH CARE STAFF)				
18 DEPRECIATION-MEDICAL EQUIPMENT				
19 PROFESSIONAL LIABILITY INSURANCE				
20 OTHER HEALTH CARE COSTS		31,338	31,338	
21 ALLOWABLE GME COSTS				
22 SUBTOTAL (SUM OF LINES 15-20)		33,347	33,347	
23 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	228,318	67,144	295,462	
COSTS OTHER THAN RHC/FQHC SERVICES				
24 PHARMACY				
25 DENTAL				
26 OPTOMETRY				
27 ALL OTHER NONREIMBURSABLE COSTS				
28 NONALLOWABLE GME COSTS				
29 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
FACILITY OVERHEAD				
30 FACILITY COSTS				
31 ADMINISTRATIVE COSTS	74,179	76,917	151,096	
32 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	74,179	76,917	151,096	
TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	302,497	144,061	446,558	

RHC 3

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	137,808	137,808
2	PHYSICIAN ASSISTANT		
3	NURSE PRACTITIONER	41,992	41,992
4	VISITING NURSE		
5	OTHER NURSE	47,916	47,916
6	CLINICAL PSYCHOLOGIST		
7	CLINICAL SOCIAL WORKER		
8	LABORATORY TECHNICIAN		
9	OTHER FACILITY HEALTH CARE STAFF COSTS	602	602
10	SUBTOTAL (SUM OF LINES 1-9)	228,318	228,318
COSTS UNDER AGREEMENT			
11	PHYSICIAN SERVICES UNDER AGREEMENT		
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		
13	OTHER COSTS UNDER AGREEMENT	33,797	33,797
14	SUBTOTAL (SUM OF LINES 11-13)	33,797	33,797
OTHER HEALTH CARE COSTS			
15	MEDICAL SUPPLIES	2,009	2,009
16	TRANSPORTATION (HEALTH CARE STAFF)		
17	DEPRECIATION-MEDICAL EQUIPMENT		
18	PROFESSIONAL LIABILITY INSURANCE		
19	OTHER HEALTH CARE COSTS	31,338	31,338
20	ALLOWABLE GME COSTS		
21	SUBTOTAL (SUM OF LINES 15-20)	33,347	33,347
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	295,462	295,462
COSTS OTHER THAN RHC/FQHC SERVICES			
23	PHARMACY		
24	DENTAL		
25	OPTOMETRY		
26	ALL OTHER NONREIMBURSABLE COSTS		
27	NONALLOWABLE GME COSTS		
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		
FACILITY OVERHEAD			
29	FACILITY COSTS		
30	ADMINISTRATIVE COSTS	151,096	149,087
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	151,096	149,087
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	446,558	444,549

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2008	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-2
26-8512		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	1.47	3,754	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.44	1,831	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.91	5,585	924
5	VISITING NURSE			7,098
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.91	5,585	
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)	347,113		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	347,113		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	166,038		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	374,960		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	540,998		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	540,998		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	540,998		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	888,111		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	7,098		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	7,098		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2008	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-2
26-3984		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS		4,200	
2	PHYSICIAN ASSISTANTS		2,100	
3	NURSE PRACTITIONERS	.88	2,686	1,848
4	SUBTOTAL (SUM OF LINES 1-3)	.88	2,686	1,848
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	.88	2,686	
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)	136,478		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	136,478		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	46,651		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	190,375		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	237,026		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	237,026		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	237,026		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	373,504		
		GREATER OF COL. 2 OR COL. 4 5		
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	2,686		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2,686		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2008	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-2
26-8513		

RHC 3

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.89	5,214	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.32	533	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.21	5,747	672
5	VISITING NURSE			4,410
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.21	5,747	
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)	295,462		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	295,462		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	149,087		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	508,234		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	657,321		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	657,321		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	657,321		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	952,783		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	5,747		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5,747		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	888,111
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	888,111
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	7,098
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	7,098
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	125.12

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	75.63 76.84
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	75.63 76.84
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	387 1,091
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	29,269 83,832
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	113,101
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	22,602
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	90,499
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	72,399
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	72,399
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	72,399
25	INTERIM PAYMENTS	71,910
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	489
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER 1, SECTION 115.2	

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

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

TITLE XVIII RHC 2

* FOR DETERMINATION OF RATE FOR RHC/FQHC SERVICES EDUCATION PASS THROUGH COST.	
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20) 373,504
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2) 373,504
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8) 2,686
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5) 2,686
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6) 139.06

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY) 75.63	76.84
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS) 75.63	76.84
CALCULATION OF SETTLEMENT		
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS) 138	436
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10) 10,437	33,502
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	43,939
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS) 11,411	
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17) 32,528	
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18) 26,022	
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20) 26,022	
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23) 26,022	
25	INTERIM PAYMENTS 25,539	
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01) 483	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER 1, SECTION 115.2	

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

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

TITLE XVIII RHC 3

* FOR DETERMINATION OF RATE FOR RHC/FQHC SERVICES EDUCATION PASS THROUGH COST.	
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20) 952,783
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2) 952,783
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8) 5,747
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5) 5,747
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6) 165.79

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY) 75.63	76.84
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS) 75.63	76.84
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS) 410	1,288
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10) 31,008	98,970
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	129,978
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS) 22,700	
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17) 107,278	
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18) 85,822	
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20) 85,822	
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23) 85,822	
25	INTERIM PAYMENTS 84,631	
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01) 1,191	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER 1, SECTION 115.2	

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

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

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	71,910
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER		.01
ADJUSTMENTS TO PROVIDER		.02
ADJUSTMENTS TO PROVIDER		.03
ADJUSTMENTS TO PROVIDER		.04
ADJUSTMENTS TO PROVIDER		.05
ADJUSTMENTS TO PROGRAM		.50
ADJUSTMENTS TO PROGRAM		.51
ADJUSTMENTS TO PROGRAM		.52
ADJUSTMENTS TO PROGRAM		.53
ADJUSTMENTS TO PROGRAM		.54
ADJUSTMENTS TO PROGRAM		.99
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		71,910
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER		.01
TENTATIVE TO PROVIDER		.02
TENTATIVE TO PROVIDER		.03
TENTATIVE TO PROGRAM		.50
TENTATIVE TO PROGRAM		.51
TENTATIVE TO PROGRAM		.52
TENTATIVE TO PROGRAM		.99
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		489
SETTLEMENT TO PROVIDER		.01
SETTLEMENT TO PROGRAM		.02
7 TOTAL MEDICARE PROGRAM LIABILITY		72,399

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RHC 3

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	84,631
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER		.01
ADJUSTMENTS TO PROVIDER		.02
ADJUSTMENTS TO PROVIDER		.03
ADJUSTMENTS TO PROVIDER		.04
ADJUSTMENTS TO PROVIDER		.05
ADJUSTMENTS TO PROGRAM		.50
ADJUSTMENTS TO PROGRAM		.51
ADJUSTMENTS TO PROGRAM		.52
ADJUSTMENTS TO PROGRAM		.53
ADJUSTMENTS TO PROGRAM		.54
ADJUSTMENTS TO PROGRAM		.99
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		84,631
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER		.01
TENTATIVE TO PROVIDER		.02
TENTATIVE TO PROVIDER		.03
TENTATIVE TO PROGRAM		.50
TENTATIVE TO PROGRAM		.51
TENTATIVE TO PROGRAM		.52
TENTATIVE TO PROGRAM		.99
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1,191
SETTLEMENT TO PROVIDER		.01
SETTLEMENT TO PROGRAM		.02
7 TOTAL MEDICARE PROGRAM LIABILITY		85,822

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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