

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0001	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/26/2010 TIME 10:05

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:
 GRAHAM HOSPITAL ASSOCIATION 14-0001

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 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	105,225	167,158	0	0
5	HOSPITAL-BASED SNF	0	202,119	-85	0	0
6	HOSPITAL-BASED NF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
9	RHC	0	0	88,075	0	0
9 .01	RHC II	0	0	0	0	0
9 .02	RHC III	0	0	0	0	0
9 .03	RHC IV	0	0	0	0	0
100	TOTAL	0	307,344	255,148	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 210 WEST WALNUT P. O. BOX:
 1.01 CITY: CANTON STATE: IL ZIP CODE: 61520- COUNTY: FULTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	GRAHAM HOSPITAL ASSOCIATION	14-0001	2.01	7/19/1966	4	5	6
06.00 HOSPITAL-BASED SNF	GRAHAM HOSPITAL ASSOCIATION ECF	14-5572		7/2/1987	N	P	N
07.00 HOSPITAL-BASED NF	GRAHAM HOSPITAL ASSOCIATION ECF	14-5572		7/2/1987	N		O
09.00 HOSPITAL-BASED HHA	GRAHAM HOSPITAL HOME HEALTH AGENCY	14-7142		6/1/1979	N	P	N
12.00 HOSP-BASED HOSPIECE	GRAHAM HOSPITAL HOSPIECE	14-1558		7/28/1993			
14.00 HOSPITAL-BASED RHC	COLEMAN CLINIC	14-3493		1/1/2008	N	O	N
14.01 HOSPITAL-BASED RHC 2	FARMINGTON CLINIC	14-3494		1/1/2008	N	O	N
14.02 HOSPITAL-BASED RHC 3	CANTON CLINIC	14-3492		1/1/2008	N	O	N
14.03 HOSPITAL-BASED RHC 4	CUBA CLINIC	14-3497		2/10/2009	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2009 TO: 6/30/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 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 99914

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). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) Y N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 2 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

23.07 IF THIS IS A MEDICARE CERTIFIED 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). / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	41	15,526				3,388	1,234
2 HMO						990	159
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	41	15,526				3,388	1,234
6 INTENSIVE CARE UNIT	5	1,825				362	43
11 NURSERY							438
12 TOTAL	46	17,351				3,750	1,715
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	32	11,680				4,878	396
16 NURSING FACILITY	18	7,190					5,150
18 HOME HEALTH AGENCY						2,436	
21 HOSPICE							
24 RHC						15,717	
25 TOTAL	96						
26 OBSERVATION BED DAYS							245
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			6,932				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			6,932				
6 INTENSIVE CARE UNIT			631				
11 NURSERY			576				
12 TOTAL			8,139				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			7,414				
16 NURSING FACILITY			6,932				
18 HOME HEALTH AGENCY			3,494				
21 HOSPICE							
24 RHC			86,141				
25 TOTAL							
26 OBSERVATION BED DAYS	32	213	1,431	197	1,234		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			113				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS				12	887	448	1,959
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		464.21			887	448	1,959
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		30.65					
16 NURSING FACILITY		18.02					
18 HOME HEALTH AGENCY		9.61					
21 HOSPICE		3.90					
24 RHC		67.67					
25 TOTAL		594.06					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/26/2010
 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	26,574,699		26,574,699	1,235,666.00	21.51	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,031,827		1,031,827	10,217.00	100.99	
4 PHYSICIAN - PART A	24,528		24,528	138.00	177.74	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	2,046,691		2,046,691	21,231.00	96.40	
5.01 NON-PHYSICIAN - PART B	2,008,450		2,008,450	130,246.00	15.42	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,145,780		1,145,780	63,762.00	17.97	
8.01 EXCLUDED AREA SALARIES	2,129,312	112,641	2,241,953	107,129.00	20.93	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	29,141		29,141	473.00	61.61	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
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)	4,613,057		4,613,057			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	968,803		968,803			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	117,728		117,728			CMS 339
18 PHYSICIAN PART A	2,313		2,313			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	237,907		237,907			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)	617,935		617,935			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	193,760		193,760	10,820.00	17.91	
22 ADMINISTRATIVE & GENERAL	3,896,853		3,896,853	192,670.00	20.23	
22.01 A & G UNDER CONTRACT	130,802		130,802	742.00	176.28	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	948,655	-3,891	944,764	54,516.00	17.33	
25 LAUNDRY & LINEN SERVICE	27,643		27,643	2,784.00	9.93	
26 HOUSEKEEPING	567,632		567,632	54,518.00	10.41	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	618,835	-346,197	272,638	23,411.00	11.65	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		346,197	346,197	29,727.00	11.65	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	412,322		412,322	14,042.00	29.36	
31 CENTRAL SERVICE AND SUPPLY	37,073		37,073	3,198.00	11.59	
32 PHARMACY	563,589		563,589	24,441.00	23.06	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	471,154		471,154	37,348.00	12.62	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	21,618,533		21,618,533	1,074,714.00	20.12	
2 EXCLUDED AREA SALARIES	3,275,092	112,641	3,387,733	170,891.00	19.82	
3 SUBTOTAL SALARIES	18,343,441	-112,641	18,230,800	903,823.00	20.17	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	29,141		29,141	473.00	61.61	
5 SUBTOTAL WAGE-RELATED COSTS	4,615,370		4,615,370		25.32	
6 TOTAL	22,987,952	-112,641	22,875,311	904,296.00	25.30	
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	7,868,318	-3,891	7,864,427	448,217.00	17.55	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0001
HHA NO: 14-7142
COUNTY: FULTON
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/26/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,910	208	336
2 UNDUPLICATED CENSUS COUNT		193.00	21.00	34.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	2,454
2 UNDUPLICATED CENSUS COUNT	248.00

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)	.96		.96
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	1.79		1.79
6 DIRECTING NURSING SERVICE	4.67		4.67
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.50		.50
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.10		.10
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.01	.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.41		.41
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.18		1.18
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	99914	

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	1,409	416	100	0
22 SKILLED NURSING VISIT CHARGES	223,212	65,334	15,891	0
23 PHYSICAL THERAPY VISITS	217	3	45	0
24 PHYSICAL THERAPY VISIT CHARGES	37,451	509	7,785	0
25 OCCUPATIONAL THERAPY VISITS	61	0	1	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	10,533	0	173	0
27 SPEECH PATHOLOGY VISITS	15	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	2,595	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	14	1	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	3,073	207	220	0
31 HOME HEALTH AIDE VISITS	153	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	15,233	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	1,869	420	147	0
34 OTHER CHARGES	32,335	13,842	1,338	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	324,432	79,892	25,407	0
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	130	0	54	0
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	9	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	7,165	1,910	7,494	0

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0001
 HHA NO: 14-7142
 COUNTY: FULTON
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/26/2010
 WORKSHEET S-4

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	1,925
22 SKILLED NURSING VISIT CHARGES	0	0	304,437
23 PHYSICAL THERAPY VISITS	0	0	265
24 PHYSICAL THERAPY VISIT CHARGES	0	0	45,745
25 OCCUPATIONAL THERAPY VISITS	0	0	62
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	10,706
27 SPEECH PATHOLOGY VISITS	0	0	15
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,595
29 MEDICAL SOCIAL SERVICE VISITS	0	0	16
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	3,500
31 HOME HEALTH AIDE VISITS	0	0	153
32 HOME HEALTH AIDE VISIT CHARGES	0	0	15,233
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	2,436
34 OTHER CHARGES	0	0	47,515
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	429,731
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	184
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	9
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	16,569

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0001
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/26/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		46				
5	RVB		31				
6	RVA						
6.01	RVX						
6.02	RVL						
7	RHC		53				
8	RHB		51				
9	RHA		290				
9.01	RHX						
9.02	RHL						
10	RMC		84				
11	RMB		391				
12	RMA		771				
12.01	RMX		767				
12.02	RML		1,679				
13	RLB						
14	RLA						
14.01	RLX		56				
15	SE3		220				
16	SE2		278				
17	SE1						
18	SSC		5				
19	SSB		18				
20	SSA		137				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1			1			
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD1						
45.23	CD1						
46	TOTAL		4,878				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0001
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/26/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8386
 Wage Index Factor (after 10/01): 0.8312
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			
45.18	LB2			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/1/2009	11/26/2010
	TO 6/30/2010	WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGs	DAYS	DAYS	
1	2	4.05	4.06	5	
45 .19	LB1				
45 .20	CE2				
45 .21	CE1				
45 .22	CD1				
45 .23	CD1				
46	TOTAL				

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional RUGs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01)	:	0.8386
Wage Index Factor (after 10/01)	:	0.8312
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	RURAL
SNF MSA Code	:	14
SNF CBSA Code	:	99914

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 2001 NORTH MAIN STREET
 1.01 CITY: LEWISTOWN STATE: IL ZIP CODE: 61542 COUNTY: FULTON
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	830	1500	730	1730	730	1730	730	1730	730	1730	730	1730	830	1700

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

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N
 14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES. Y 4

15 PROVIDER NAME: FARMINGTON CLINIC PROVIDER NUMBER: 143494
 15.01 PROVIDER NAME: CANTON CLINIC PROVIDER NUMBER: 143492
 15.02 PROVIDER NAME: CUBA CLINIC PROVIDER NUMBER: 143497
 15.03 PROVIDER NAME: COLEMAN CLINIC PROVIDER NUMBER: 143493

TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.
 17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET S-9
14-1558		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	2,871	145		
3 INPATIENT RESPI TE CARE	10	7		
4 GENERAL INPATIENT CARE				370
5 TOTAL HOSPICE DAYS	2,881	152		370

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	413	3,429
3 INPATIENT RESPI TE CARE	14	31
4 GENERAL INPATIENT CARE	2,132	2,132
5 TOTAL HOSPICE DAYS	2,559	5,592

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	46	4		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	62.63	38.00		
9 UNDUPLICATED CENSUS COUNT	45	4		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	16	66
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	159.94	84.73
9 UNDUPLICATED CENSUS COUNT	16	65

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	6,852,425
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	6,852,425
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)	.379653
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	28,693,000

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,893,384
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,377,637
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,560,248
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,893,384

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:

I PERIOD:

I PREPARED 11/26/2010

I 14-0001

I FROM 7/ 1/2009

I WORKSHEET A

I

I TO 6/30/2010

I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4,618,576	4,618,576	-1,967,672	2,650,904
3.01	0301 NEW CAP REL COSTS-CARDIAC REHAB				28,554	28,554
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,940,699	1,940,699
5	0500 EMPLOYEE BENEFITS	193,760	7,112,329	7,306,089	97,357	7,403,446
6	0600 ADMINISTRATIVE & GENERAL	3,896,853	5,163,010	9,059,863	-157,077	8,902,786
8	0800 OPERATION OF PLANT	948,655	1,699,057	2,647,712	-3,891	2,643,821
9	0900 LAUNDRY & LINEN SERVICE	27,643	225,348	252,991		252,991
10	1000 HOUSEKEEPING	567,632	96,374	664,006		664,006
11	1100 DIETARY	618,835	618,458	1,237,293	-692,183	545,110
12	1200 CAFETERIA				692,183	692,183
14	1400 NURSING ADMINISTRATION	412,322	2,994	415,316		415,316
15	1500 CENTRAL SERVICES & SUPPLY	37,073	377,988	415,061	-176,131	238,930
16	1600 PHARMACY	563,589	202,801	766,390		766,390
17	1700 MEDICAL RECORDS & LIBRARY	471,154	125,583	596,737		596,737
21	2100 NURSING SCHOOL	845,054	177,167	1,022,221		1,022,221
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,372,873	256,442	2,629,315	-12,774	2,616,541
26	2600 INTENSIVE CARE UNIT	499,243	20,393	519,636	-2,568	517,068
33	3300 NURSERY	240,791	9,657	250,448	-2,078	248,370
34	3400 SKILLED NURSING FACILITY	1,145,780	53,163	1,198,943		1,198,943
35	3500 NURSING FACILITY	553,917	14,295	568,212		568,212
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,684,891	3,278,969	4,963,860	-2,258,101	2,705,759
39	3900 DELIVERY ROOM & LABOR ROOM	65,079		65,079		65,079
40	4000 ANESTHESIOLOGY	1,031,827	117,258	1,149,085	-1,802	1,147,283
41	4100 RADIOLOGY-DIAGNOSTIC	866,460	1,645,380	2,511,840	-3,125	2,508,715
44	4400 LABORATORY	1,586,092	1,982,333	3,568,425	-13,247	3,555,178
49	4900 RESPIRATORY THERAPY	358,553	32,547	391,100	-5,711	385,389
50	5000 PHYSICAL THERAPY	837,658	51,192	888,850	-1,982	886,868
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				931,003	931,003
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				1,560,093	1,560,093
56	5600 DRUGS CHARGED TO PATIENTS		1,583,433	1,583,433		1,583,433
59.97	3997 CARDIAC REHABILITATION	247,285	42,710	289,995	-1,006	288,989
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	2,692,144	179,656	2,871,800	-12,571	2,859,229
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC	2,635,998	7,434,511	10,070,509	-334,225	9,736,284
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED	443,197	690,923	1,134,120	33,082	1,167,202
71	7100 HOME HEALTH AGENCY	525,307	65,139	590,446	5,390	595,836
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	169,107	129,753	298,860	5,390	304,250
95	SUBTOTALS	26,538,772	38,007,439	64,546,211	-352,393	64,193,818
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	28,896	7,527	36,423	334,225	370,648
99	9900 NONPAID WORKERS					
99.01	9901 NONPAID WORKERS					
99.02	9902 FOUNDATION		572	572		572
100	7950 PHYSICIANS CLINIC					
100.01	7951 PROCTOR CHEMICAL DEPENDENCY					
100.02	7952 ST. FRANCIS RENAL DIALYSIS					
100.03	7953 RUCHFORD POB				9,805	9,805
100.04	7954 GRAHAM POB				7,417	7,417
100.05	7955 FARMINGTON POB				118	118
100.06	7956 LEWISTON POB				118	118
100.07	7957 OTHER RENTAL PROPERTY		12,167	12,167		12,167
100.08	7958 KELLEY HOME	7,031	4,808	11,839	710	12,549
101	TOTAL	26,574,699	38,032,513	64,607,212	-0-	64,607,212

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2010
I 14-0001 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 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	-130,222	2,520,682
3.01	0301 NEW CAP REL COSTS-CARDIAC REHAB		28,554
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-5,817	1,934,882
5	0500 EMPLOYEE BENEFITS	-2,377,003	5,026,443
6	0600 ADMINISTRATIVE & GENERAL	-1,562,853	7,339,933
8	0800 OPERATION OF PLANT		2,643,821
9	0900 LAUNDRY & LINEN SERVICE		252,991
10	1000 HOUSEKEEPING	-4,716	659,290
11	1100 DIETARY	-45,978	499,132
12	1200 CAFETERIA	-367,772	324,411
14	1400 NURSING ADMINISTRATION	-1,871	413,445
15	1500 CENTRAL SERVICES & SUPPLY		238,930
16	1600 PHARMACY	-354,934	411,456
17	1700 MEDICAL RECORDS & LIBRARY	-24,029	572,708
21	2100 NURSING SCHOOL	-595,460	426,761
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-163,195	2,453,346
26	2600 INTENSIVE CARE UNIT		517,068
33	3300 NURSERY		248,370
34	3400 SKILLED NURSING FACILITY	16,726	1,215,669
35	3500 NURSING FACILITY	10,785	578,997
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		2,705,759
39	3900 DELIVERY ROOM & LABOR ROOM		65,079
40	4000 ANESTHESIOLOGY	-1,075,274	72,009
41	4100 RADIOLOGY-DIAGNOSTIC	-79,631	2,429,084
44	4400 LABORATORY	-126,970	3,428,208
49	4900 RESPIRATORY THERAPY		385,389
50	5000 PHYSICAL THERAPY		886,868
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		931,003
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		1,560,093
56	5600 DRUGS CHARGED TO PATIENTS		1,583,433
59.97	3997 CARDIAC REHABILITATION	-2,919	286,070
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-1,541,819	1,317,410
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC	-80,182	9,656,102
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED	-56,171	1,111,031
71	7100 HOME HEALTH AGENCY	-1,573	594,263
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		304,250
95	SUBTOTALS	-8,570,878	55,622,940
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		370,648
99	9900 NONPAID WORKERS		
99.01	9901 NONPAID WORKERS		
99.02	9902 FOUNDATION		572
100	7950 PHYSICIANS CLINIC		
100.01	7951 PROCTOR CHEMICAL DEPENDENCY		
100.02	7952 ST. FRANCIS RENAL DIALYSIS		
100.03	7953 RUCHFORD POB		9,805
100.04	7954 GRAHAM POB		7,417
100.05	7955 FARMINGTON POB		118
100.06	7956 LEWISTON POB		118
100.07	7957 OTHER RENTAL PROPERTY		12,167
100.08	7958 KELLEY HOME		12,549
101	TOTAL	-8,570,878	56,036,334

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2010
 I 14-0001 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

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-CARDIAC REHAB	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
21	NURSING SCHOOL	2100	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
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	
99.01	NONPAID WORKERS	9901	NONPAID WORKERS
99.02	FOUNDATION	9902	NONPAID WORKERS
100	PHYSICIANS CLINIC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PROCTOR CHEMICAL DEPENDENCY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	ST. FRANCIS RENAL DIALYSIS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RUCHFORD POB	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	GRAHAM POB	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	FARMINGTON POB	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LEWISTON POB	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	OTHER RENTAL PROPERTY	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	KELLEY HOME	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140001

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4 OTHER 5	
1 TO RECLASS CAFETERIA COSTS	G	CAFETERIA	12	346,197	345,986
2 TO RECLASS MAINTENANCE LABOR	H	GRAHAM POB	100.04	3,891	
3 TO RECLASS OFFSITE CAPITAL COSTS	J	DURABLE MEDICAL EQUIP-RENTED	66		33,082
4		RUCHFORD POB	100.03		9,317
5		KELLEY HOME	100.08		458
6		HOSPICE	93		5,390
7		HOME HEALTH AGENCY	71		5,390
8 TO RECLASS PROPERTY INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		55,218
9		RUCHFORD POB	100.03		488
10		GRAHAM POB	100.04		3,526
11		FARMINGTON POB	100.05		118
12		LEWISTON POB	100.06		118
13		KELLEY HOME	100.08		252
14 TO RECLASS DEPRECIATION EXPENSE	L	NEW CAP REL COSTS-CARDIAC REHAB	3.01		28,201
15		NEW CAP REL COSTS-MVBLE EQUIP	4		1,926,114
16 TO RECLASS RHC EXPENSE	M	PHYSICIANS' PRIVATE OFFICES	98	108,750	225,475
17		EMPLOYEE BENEFITS	5		76,329
18 TO RECLASS EXECUTIVE BENEFIT EXPENSE	N	EMPLOYEE BENEFITS	5		21,028
19 TO RECLASS EMPLOYEE BENEFIT AUDIT PL	O	EMPL. DEV. CHARGED TO PATIENT	55.30		1,560,093
20 TO RECLASS IMPLANTABLE EXP	Q	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		931,003
21 TO RECLASS MED SUP CHARGED TO PATIEN	R				
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
36 TOTAL RECLASSIFICATIONS				458,838	5,227,586

(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:
140001

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY 8	OTHER 9	
1 TO RECLASS CAFETERIA COSTS	G	DIETARY	11	346,197	345,986	
2 TO RECLASS MAINTENANCE LABOR	H	OPERATION OF PLANT	8	3,891		
3 TO RECLASS OFFSITE CAPITAL COSTS	J	NEW CAP REL COSTS-BLDG & FIXT	3		53,637	9
4						
5						
6						
7						
8 TO RECLASS PROPERTY INSURANCE	K	ADMINISTRATIVE & GENERAL	6		59,720	12
9						
10						
11						
12						
13						
14 TO RECLASS DEPRECIATION EXPENSE	L	NEW CAP REL COSTS-BLDG & FIXT	3		1,954,315	9
15						9
16 TO RECLASS RHC EXPENSE	M	RHC	63.50	108,750	225,475	9
17						
18 TO RECLASS EXECUTIVE BENEFIT EXPENSE	N	ADMINISTRATIVE & GENERAL	6		76,329	
19 TO RECLASS EMPLOYEE BENEFIT AUDIT PL	O	ADMINISTRATIVE & GENERAL	6		21,028	
20 TO RECLASS IMPLANTABLE EXP	Q	OPERATING ROOM	37		1,560,093	
21 TO RECLASS MED SUP CHARGED TO PATIENT	R	CENTRAL SERVICES & SUPPLY	15		176,131	
22		ADULTS & PEDIATRICS	25		12,774	
23		INTENSIVE CARE UNIT	26		2,568	
24		NURSERY	33		2,078	
25		OPERATING ROOM	37		698,008	
26		ANESTHESIOLOGY	40		1,802	
27		RADIOLOGY-DIAGNOSTIC	41		3,125	
28		LABORATORY	44		13,247	
29		RESPIRATORY THERAPY	49		5,711	
30		PHYSICAL THERAPY	50		1,982	
31		CARDIAC REHABILITATION	59.97		1,006	
32		EMERGENCY	61		12,571	
36 TOTAL RECLASSIFICATIONS				458,838	5,227,586	

(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: 140001

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 11/26/2010 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION: TO RECLASS CAFETERIA COSTS

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Includes rows for CAFETERIA and DIETARY.

RECLASS CODE: H
EXPLANATION: TO RECLASS MAINTENANCE LABOR

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Includes rows for GRAHAM POB and OPERATION OF PLANT.

RECLASS CODE: J
EXPLANATION: TO RECLASS OFFSITE CAPTIAL COSTS

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Includes rows for DURABLE MEDICAL EQUIP-RENTED, RUCHFORD POB, KELLEY HOME, HOSPICE, HOME HEALTH AGENCY.

RECLASS CODE: K
EXPLANATION: TO RECLASS PROPERTY INSURANCE

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Includes rows for OTHER CAPITAL RELATED COSTS, RUCHFORD POB, GRAHAM POB, FARMINGTON POB, LEWISTON POB, KELLEY HOME.

RECLASS CODE: L
EXPLANATION: TO RECLASS DEPRECIATION EXPENSE

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Includes rows for NEW CAP REL COSTS-CARDIAC REHA, NEW CAP REL COSTS-MVBLE EQUIP.

RECLASS CODE: M
EXPLANATION: TO RECLASS RHC EXPENSE

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Includes rows for PHYSICIANS' PRIVATE OFFICES.

RECLASS CODE: N
EXPLANATION: TO RECLASS EXECUTIVE BENEFIT EXPENSE

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Includes rows for EMPLOYEE BENEFITS.

RECLASS CODE: O
EXPLANATION: TO RECLASS EMPLOYEE BENEFIT AUDIT PL

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Includes rows for EMPLOYEE BENEFITS.

RECLASSIFICATIONS

PROVIDER NO:
140001

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/26/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: Q
EXPLANATION : TO RECLASS IMPLANTABLE EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	1,560,093
TOTAL RECLASSIFICATIONS FOR CODE Q			1,560,093

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	1,560,093	
		1,560,093	

RECLASS CODE: R
EXPLANATION : TO RECLASS MED SUP CHARGED TO PATIENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	931,003
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
TOTAL RECLASSIFICATIONS FOR CODE R			931,003

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	176,131	
ADULTS & PEDIATRICS	25	12,774	
INTENSIVE CARE UNIT	26	2,568	
NURSERY	33	2,078	
OPERATING ROOM	37	698,008	
ANESTHESIOLOGY	40	1,802	
RADIOLOGY-DIAGNOSTIC	41	3,125	
LABORATORY	44	13,247	
RESPIRATORY THERAPY	49	5,711	
PHYSICAL THERAPY	50	1,982	
CARDIAC REHABILITATION	59.97	1,006	
EMERGENCY	61	12,571	
		931,003	

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	1,860,397	46,860		46,860		1,907,257	
2 LAND IMPROVEMENTS	1,574,126	41,465		41,465	3,378	1,612,213	
3 BUILDINGS & FIXTURE	38,460,210	2,017,953		2,017,953	83,122	40,395,041	
4 BUILDING IMPROVEMENT	14,764,437	363,283		363,283	26,884	15,100,836	
5 FIXED EQUIPMENT	623,764	2,485		2,485		626,249	
6 MOVABLE EQUIPMENT	21,127,074	1,940,857		1,940,857	1,659,563	21,408,368	
7 SUBTOTAL	78,410,008	4,412,903		4,412,903	1,772,947	81,049,964	
8 RECONCILING ITEMS							
9 TOTAL	78,410,008	4,412,903		4,412,903	1,772,947	81,049,964	

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,912,333			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		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		**COST CENTER DELETED**	52	
37 TRADE, QUANTITY AND TIME DISCOUNTS	B	-10,235	ADMINISTRATIVE & GENERAL	6	
37.01 CAFETERIA--EMPLOYEES AND GUESTS	B	-367,772	CAFETERIA	12	
37.02					
37.03 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-348,573	PHARMACY	16	
37.04 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-24,029	MEDICAL RECORDS & LIBRARY	17	
37.05 HME NON PATIENT SALES	B	-56,171	DURABLE MEDICAL EQUIP-REN	66	
37.06 PHOTOCOPY REIMBURSE	B	-5	ADMINISTRATIVE & GENERAL	6	
37.07 DIETARY CONSULTANT AND EMP PURCHASE	B	-30,792	DIETARY	11	
37.08 NRSNG SVS CPR CLASS FEES	B	-1,871	NURSING ADMINISTRATION	14	
37.09 LAMAZE CLASS FEES	B	-316	ADULTS & PEDIATRICS	25	
37.10					
37.11					
37.12 MEDICAL STAFF DUES	B	-3,800	ADMINISTRATIVE & GENERAL	6	
37.13 REFUND/EXP REBATE	B	-6,361	PHARMACY	16	
37.14 REFUND/EXP REBATE	B	-15,186	DIETARY	11	
37.15					
37.16 HOUSEKEEPING OTHER REVENUE	B	-4,716	HOUSEKEEPING	10	
37.17 OTHER INCOME & PURCHASE GROUP	B	-75,465	ADMINISTRATIVE & GENERAL	6	
37.18					
37.19					
37.20 MISCELLANEOUS INCOME	B	-590	RADIOLOGY-DIAGNOSTIC	41	
38 RHC OTHER INCOME	B	-80,182	RHC	63.50	
38.01 EB OTHER REVENUE	B	-85	EMPLOYEE BENEFITS	5	
38.02 SNF OTHER REVENUE	B	-102	SKILLED NURSING FACILITY	34	
38.03 CARDIAC OTHER REVENUE	B	-1,295	CARDIAC REHABILITATION	59.97	
38.04 DONATIONS & DUES	A	-9,284	ADMINISTRATIVE & GENERAL	6	
38.05 CRNA SALARY EXPENSE	A	-1,031,827	ANESTHESIOLOGY	40	
38.06 CRNA BENEFIT EXPENSE	A	-42,760	EMPLOYEE BENEFITS	5	
38.07 CRNA CONTRACTED EXPENSE	A	-43,447	ANESTHESIOLOGY	40	
38.08 UNEMPLOYMENT CASH BASIS	A	-70,887	EMPLOYEE BENEFITS	5	
38.09 IL PROVIDER PARTICIPATION FEE	A	17,520	SKILLED NURSING FACILITY	34	
39 IL PROVIDER PARTICIPATION FEE	A	10,785	NURSING FACILITY	35	
40 IL HOSPITAL PROVIDER TAX	A	-991,374	ADMINISTRATIVE & GENERAL	6	
41 TELEVISION AND RADIO SERVICE	A	-1,649	NEW CAP REL COSTS-MVBLE E	4	9
42 PHONE SALARIES EXPENSE	A	-7,685	ADMINISTRATIVE & GENERAL	6	
43 PHONE BENEFIT EXPENSE	A	-1,207	EMPLOYEE BENEFITS	5	
44 PHONE OTHER EXPENSE	A	-741	ADMINISTRATIVE & GENERAL	6	
45					
46 PHONE DEPRECIATION M/M EXPENSE	A	-2,181	NEW CAP REL COSTS-MVBLE E	4	9
47 IHA & AHA DUES LOBBYING PORTION	A	-23,989	ADMINISTRATIVE & GENERAL	6	
48 IL HEALTHCARE ASSOCIATION LOBBYING	A	-692	SKILLED NURSING FACILITY	34	
49 IL HOMECARE COUNCIL LOBBYING	A	-1,573	HOME HEALTH AGENCY	71	
49.01 MARKETING DEPT SALARY EXPENSE	A	-106,830	ADMINISTRATIVE & GENERAL	6	
49.02 MARKETING DEPT BENEFIT EXPENSE	A	-17,411	EMPLOYEE BENEFITS	5	
49.03 MARKETING DEPT OTHER EXPENSE	A	-300,138	ADMINISTRATIVE & GENERAL	6	
49.04 MARKETING DEPRECIATION EXPENSE	A	-1,987	NEW CAP REL COSTS-MVBLE E	4	9
49.05 INVST INCOME-NEW BLDGS AND FIXTURES	B	-130,222	NEW CAP REL COSTS-BLDG &	3	11
49.06					
49.07 PHYSICIAN RECRUITMENT	A	-33,307	ADMINISTRATIVE & GENERAL	6	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0001

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/26/2010
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
49.08 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-595,460	NURSING SCHOOL	21	
49.09 LOAN FORGIVENESS EXPENSE	A	-211,697	EMPLOYEE BENEFITS	5	
49.10 ER PHYSICIAN BENEFITS	A	-45,447	EMPLOYEE BENEFITS	5	
49.11 SELF INSURANCE COSTS	A	-1,987,509	EMPLOYEE BENEFITS	5	
49.12					
49.13					
49.14					
49.15					
49.16					
49.17					
49.18					
49.19					
49.20					
49.21					
49.22					
49.23					
49.24					
49.25					
49.26					
49.27					
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,570,878			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/26/2010
 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 61	EMERGENCY	1,552,421	1,527,893	24,528	159,800	138	10,602	530
2 44	LABORATORY	57,000	57,000					
3 44	EKG	69,970	69,970					
4 41	MAMMOGRAM	6,011	6,011					
5 41	ECHO	73,030	73,030					
6 59 97	CARDIAC REHAB	1,624	1,624					
7 25	OB	162,879	162,879					
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,922,935	1,898,407	24,528		138	10,602	530

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/26/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 61	EMERGENCY					10,602	13,926	1,541,819
2 44	LABORATORY							57,000
3 44	EKG							69,970
4 41	MAMMOGRAM							6,011
5 41	ECHO							73,030
6 59 97	CARDIAC REHAB							1,624
7 25	OB							162,879
8								
9								
10								
11								
12								
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25								
26								
27								
28								
29								
30								
101	TOTAL					10,602	13,926	1,912,333

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/26/2010
 NOT A CMS WORKSHEET

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-CARDIAC	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	5	5a.00	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	2,520,682	2,520,682					
004 NEW CAP REL COSTS-CARDIAC	28,554		28,554				
005 NEW CAP REL COSTS-MVBLE E	1,934,882			1,934,882			
006 EMPLOYEE BENEFITS	5,026,443	15,902		2,383	5,044,728		
008 ADMINISTRATIVE & GENERAL	7,339,933	283,824		547,558	805,703	8,977,018	8,977,018
009 OPERATION OF PLANT	2,643,821	335,012		18,486	201,252	3,198,571	610,159
010 LAUNDRY & LINEN SERVICE	252,991	36,326		28	5,888	295,233	56,319
011 HOUSEKEEPING	659,290	24,391		10,011	120,916	814,608	155,395
012 DIETARY	499,132	93,785		31,456	58,077	682,450	130,184
014 CAFETERIA	324,411	25,073			73,746	423,230	80,735
015 NURSING ADMINISTRATION	413,445	36,820		3,562	87,832	541,659	103,327
016 CENTRAL SERVICES & SUPPLY	238,930			2,208	7,897	249,035	47,506
017 PHARMACY	411,456	22,255		61,149	120,055	614,915	117,301
021 MEDICAL RECORDS & LIBRARY	572,708	47,866		86,216	100,364	807,154	153,973
025 NURSING SCHOOL	426,761	280,037		19,767	180,012	906,577	172,939
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,453,346	174,397		72,231	505,465	3,205,439	611,470
033 INTENSIVE CARE UNIT	517,068	33,706		5,759	106,348	662,881	126,451
034 NURSERY	248,370	9,772		3,369	51,293	312,804	59,670
035 SKILLED NURSING FACILITY	1,215,669	130,901		14,460	244,072	1,605,102	306,189
037 NURSING FACILITY	578,997	57,881		7,752	117,994	762,624	145,478
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	2,705,759	157,652		253,252	358,912	3,475,575	663,001
041 DELIVERY ROOM & LABOR ROO	65,079	28,967		621	13,863	108,530	20,703
044 ANESTHESIOLOGY	72,009	11,406		22,052		105,467	20,119
049 RADIOLOGY-DIAGNOSTIC	2,429,084	128,128		410,992	184,572	3,152,776	601,424
050 LABORATORY	3,428,208	117,853		125,420	337,866	4,009,347	764,823
055 RESPIRATORY THERAPY	385,389	1,750		10,800	76,378	474,317	90,481
056 PHYSICAL THERAPY	886,868	39,314		4,811	178,436	1,109,429	211,635
059 MEDICAL SUPPLIES CHARGED	931,003					931,003	177,598
060 IMPL. DEV. CHARGED TO PAT	1,560,093					1,560,093	297,603
062 DRUGS CHARGED TO PATIENTS	1,583,433					1,583,433	302,056
066 CARDIAC REHABILITATION	286,070		28,554	13,653	52,676	380,953	72,671
071 OUTPAT SERVICE COST CNTRS							
093 CLINIC							
095 EMERGENCY	1,317,410	104,796		106,244	242,782	1,771,232	337,880
096 OBSERVATION BEDS (NON-DIS							
098 RHC	9,656,102	135,873		29,491	538,349	10,359,815	1,976,219
099 OTHER REIMBURS COST CNTRS							
100 DURABLE MEDICAL EQUIP-REN	1,111,031			39,235	94,409	1,244,675	237,434
101 HOME HEALTH AGENCY	594,263			25,962	111,900	732,125	139,660
102 SPEC PURPOSE COST CENTERS							
103 HOSPICE	304,250			2,125	36,023	342,398	65,316
104 SUBTOTALS	55,622,940	2,333,687	28,554	1,931,053	5,013,080	55,400,468	8,855,719
105 NONREIMBURS COST CENTERS							
106 GIFT, FLOWER, COFFEE SHOP		10,903				10,903	2,080
107 PHYSICIANS' PRIVATE OFFIC	370,648	106,833		3,696	29,321	510,498	97,383
108 NONPAID WORKERS							
109 01 NONPAID WORKERS							
110 02 FOUNDATION	572					572	109
111 100 PHYSICIANS CLINIC		27,612				27,612	5,267
112 100 01 PROCTOR CHEMICAL DEPENDEN							
113 100 02 ST. FRANCIS RENAL DIALYSI		41,647				41,647	7,945
114 100 03 RUCHFORD POB	9,805					9,805	1,870
115 100 04 GRAHAM POB	7,417				829	8,246	1,573
116 100 05 FARMINGTON POB	118					118	23
117 100 06 LEWISTON POB	118					118	23
118 100 07 OTHER RENTAL PROPERTY	12,167					12,167	2,321
119 100 08 KELLEY HOME	12,549			133	1,498	14,180	2,705
120 101 CROSS FOOT ADJUSTMENT							
121 102 NEGATIVE COST CENTER							
122 103 TOTAL	56,036,334	2,520,682	28,554	1,934,882	5,044,728	56,036,334	8,977,018

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-CARDIAC							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT	3,808,730						
010 LAUNDRY & LINEN SERVICE	73,362	424,914					
011 HOUSEKEEPING	49,258	6,276	1,025,537				
012 DIETARY	189,403			1,002,037			
014 CAFETERIA	50,635				554,600		
015 NURSING ADMINISTRATION	74,358		4,871		11,826	736,041	
016 CENTRAL SERVICES & SUPPLY					2,698		299,239
017 PHARMACY	44,945		7,085		20,586		6,320
021 MEDICAL RECORDS & LIBRARY	96,668		8,414		31,466		2
025 NURSING SCHOOL	565,545		27,455		27,822		521
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	352,201	124,856	288,513	298,648	83,624	563,543	3,056
033 INTENSIVE CARE UNIT	68,070	13,082	26,467	26,248	14,559	98,115	614
034 NURSERY	19,736	4,214			8,462	57,027	497
035 SKILLED NURSING FACILITY	264,359	72,383	98,204	315,280	53,699		1,967
037 NURSING FACILITY	116,893	39,944	92,107	297,148	31,571		426
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	318,383	72,710	185,542		54,015		134,788
041 DELIVERY ROOM & LABOR ROO	58,501				2,575	17,356	
044 ANESTHESIOLOGY	23,034				8,602		431
049 RADIOLOGY-DIAGNOSTIC	258,759	25,555	46,939		31,992		748
050 LABORATORY	238,008	3,572	39,649		71,079		3,169
055 RESPIRATORY THERAPY	3,534		7,971		13,999		1,366
055 PHYSICAL THERAPY	79,396	9,679	12,535		26,193		474
055 MEDICAL SUPPLIES CHARGED							91,160
056 30 IMPL. DEV. CHARGED TO PAT							32,211
059 97 DRUGS CHARGED TO PATIENTS		34					
060 CARDIAC REHABILITATION					10,092		338
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
063 50 EMERGENCY	211,639	49,995	130,189		49,740		3,008
066 OBSERVATION BEDS (NON-DIS							
071 50 RHC	274,399						16,849
093 OTHER REIMBURS COST CNTRS							
095 DURABLE MEDICAL EQUIP-REN							
099 HOME HEALTH AGENCY							1,204
099 SPEC PURPOSE COST CENTERS							
100 HOSPICE							
100 01 SUBTOTALS	3,431,086	422,300	975,941	937,324	554,600	736,041	299,149
100 02 NONREIMBURS COST CENTERS							
100 03 GIFT, FLOWER, COFFEE SHOP	22,019		5,484				
100 04 PHYSICIANS' PRIVATE OFFIC	215,753	1,521	29,771				90
100 05 NONPAID WORKERS							
100 06 01 NONPAID WORKERS							
100 07 02 FOUNDATION							
100 08 PHYSICIANS CLINIC	55,764			64,713			
101 01 PROCTOR CHEMICAL DEPENDEN							
101 02 ST. FRANCIS RENAL DIALYSI	84,108	1,093	14,341				
101 03 RUCHFORD POB							
101 04 GRAHAM POB							
101 05 FARMINGTON POB							
101 06 LEWISTON POB							
101 07 OTHER RENTAL PROPERTY							
101 08 KELLEY HOME							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	3,808,730	424,914	1,025,537	1,002,037	554,600	736,041	299,239

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-CARDIAC						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	811,152					
021 MEDICAL RECORDS & LIBRARY		1,097,677				
025 NURSING SCHOOL			1,700,910			
026 INPAT ROUTINE SRVC CNTRS						
033 ADULTS & PEDIATRICS	1,079	330,523	866,506	6,729,458		6,729,458
034 INTENSIVE CARE UNIT	39	28,137	51,977	1,116,640		1,116,640
035 NURSERY	12	53,974		516,396		516,396
037 SKILLED NURSING FACILITY	271	39,123	301,297	3,057,874		3,057,874
039 NURSING FACILITY	25	36,888	8,353	1,531,457		1,531,457
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM	13,645	70,821	207,507	5,195,987		5,195,987
044 DELIVERY ROOM & LABOR ROO				207,665		207,665
049 ANESTHESIOLOGY	50			157,703		157,703
055 RADIOLOGY-DIAGNOSTIC	2,253	272,571	13,887	4,406,904		4,406,904
056 LABORATORY	529	115,486	29,586	5,275,248		5,275,248
059 RESPIRATORY THERAPY	821			592,489		592,489
060 PHYSICAL THERAPY	64		15,498	1,464,903		1,464,903
062 MEDICAL SUPPLIES CHARGED				1,199,761		1,199,761
066 30 IMPL. DEV. CHARGED TO PAT				1,889,907		1,889,907
071 97 DRUGS CHARGED TO PATIENTS	646,581			2,532,104		2,532,104
093 97 CARDIAC REHABILITATION	165		32,203	496,422		496,422
095 OUTPAT SERVICE COST CNTRS						
096 CLINIC						
098 EMERGENCY	1,303	150,154	88,809	2,793,949		2,793,949
099 OBSERVATION BEDS (NON-DIS						
100 50 RHC	96,610			12,723,892		12,723,892
101 OTHER REIMBURS COST CNTRS						
102 DURABLE MEDICAL EQUIP-REN	3,425			1,485,534		1,485,534
103 01 HOME HEALTH AGENCY	173		30,190	903,352		903,352
104 SPEC PURPOSE COST CENTERS						
105 HOSPICE	44,056		19,322	471,092		471,092
106 02 SUBTOTALS	811,152	1,097,677	1,665,135	54,748,737		54,748,737
107 NONREIMBURS COST CENTERS						
108 GIFT, FLOWER, COFFEE SHOP				40,486		40,486
109 PHYSICIANS' PRIVATE OFFIC			35,775	890,791		890,791
110 01 NONPAID WORKERS						
111 02 FOUNDATION				681		681
112 100 PHYSICIANS CLINIC				153,356		153,356
113 100 01 PROCTOR CHEMICAL DEPENDEN						
114 100 02 ST. FRANCIS RENAL DIALYSI				149,134		149,134
115 100 03 RUCHFORD POB				11,675		11,675
116 100 04 GRAHAM POB				9,819		9,819
117 100 05 FARMINGTON POB				141		141
118 100 06 LEWISTON POB				141		141
119 100 07 OTHER RENTAL PROPERTY				14,488		14,488
120 100 08 KELLEY HOME				16,885		16,885
121 101 CROSS FOOT ADJUSTMENT						
122 102 NEGATIVE COST CENTER						
123 103 TOTAL	811,152	1,097,677	1,700,910	56,036,334		56,036,334

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-CARDIAC	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	4a	5	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-CARDIAC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		15,902		2,383	18,285	18,285	
006 ADMINISTRATIVE & GENERAL		283,824		547,558	831,382	2,923	834,305
008 OPERATION OF PLANT	3,146	335,012		18,486	356,644	729	56,707
009 LAUNDRY & LINEN SERVICE		36,326		28	36,354	21	5,234
010 HOUSEKEEPING	4,587	24,391		10,011	38,989	438	14,442
011 DIETARY	1,190	93,785		31,456	126,431	210	12,099
012 CAFETERIA		25,073			25,073	267	7,503
014 NURSING ADMINISTRATION		36,820		3,562	40,382	318	9,603
015 CENTRAL SERVICES & SUPPLY				2,208	2,208	29	4,415
016 PHARMACY		22,255		61,149	83,404	435	10,902
017 MEDICAL RECORDS & LIBRARY		47,866		86,216	134,082	364	14,310
021 NURSING SCHOOL		280,037		19,767	299,804	652	16,073
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		174,397		72,231	246,628	1,832	56,829
026 INTENSIVE CARE UNIT		33,706		5,759	39,465	385	11,752
033 NURSERY		9,772		3,369	13,141	186	5,546
034 SKILLED NURSING FACILITY		130,901		14,460	145,361	885	28,457
035 NURSING FACILITY		57,881		7,752	65,633	428	13,521
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		157,652		253,252	410,904	1,301	61,618
039 DELIVERY ROOM & LABOR ROO		28,967		621	29,588	50	1,924
040 ANESTHESIOLOGY	1,741	11,406		22,052	35,199		1,870
041 RADIOLOGY-DIAGNOSTIC	609,300	128,128		410,992	1,148,420	669	55,896
044 LABORATORY		117,853		125,420	243,273	1,224	71,082
049 RESPIRATORY THERAPY	4,069	1,750		10,800	16,619	277	8,409
050 PHYSICAL THERAPY		39,314		4,811	44,125	647	19,669
055 MEDICAL SUPPLIES CHARGED							16,506
055 30 IMPL. DEV. CHARGED TO PAT							27,659
056 DRUGS CHARGED TO PATIENTS							28,073
059 97 CARDIAC REHABILITATION			28,554	13,653	42,207	191	6,754
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY		104,796		106,244	211,040	880	31,402
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC	2,780	135,873		29,491	168,144	1,951	183,660
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	33,082			39,235	72,317	342	22,067
071 HOME HEALTH AGENCY	5,390			25,962	31,352	406	12,980
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	83,071			2,125	85,196	131	6,070
095 SUBTOTALS	748,356	2,333,687	28,554	1,931,053	5,041,650	18,171	823,032
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		10,903			10,903		193
098 PHYSICIANS' PRIVATE OFFIC		106,833		3,696	110,529	106	9,051
099 NONPAID WORKERS							
099 01 NONPAID WORKERS							
099 02 FOUNDATION							10
100 PHYSICIANS CLINIC		27,612			27,612		490
100 01 PROCTOR CHEMICAL DEPENDEN							
100 02 ST. FRANCIS RENAL DIALYSI		41,647			41,647		738
100 03 RUCHFORD POB	9,317				9,317		174
100 04 GRAHAM POB	200,022				200,022	3	146
100 05 FARMINGTON POB	6,370				6,370		2
100 06 LEWISTON POB	8,189				8,189		2
100 07 OTHER RENTAL PROPERTY							216
100 08 KELLEY HOME	458			133	591	5	251
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	972,712	2,520,682	28,554	1,934,882	5,456,830	18,285	834,305

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0001

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART III

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-CARDIAC							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT	414,080						
010	LAUNDRY & LINEN SERVICE	7,976	49,585					
011	HOUSEKEEPING	5,355	732	59,956				
012	DIETARY	20,592			159,332			
014	CAFETERIA	5,505				38,348		
015	NURSING ADMINISTRATION	8,084		285		818	59,490	
016	CENTRAL SERVICES & SUPPLY					187		6,839
017	PHARMACY	4,886		414		1,423		144
021	MEDICAL RECORDS & LIBRARY	10,510		492		2,176		
025	NURSING SCHOOL	61,486		1,605		1,924		12
026	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	38,291	14,569	16,868	47,487	5,781	45,548	70
033	INTENSIVE CARE UNIT	7,400	1,527	1,547	4,174	1,007	7,930	14
034	NURSERY	2,146	492			585	4,609	11
035	SKILLED NURSING FACILITY	28,741	8,447	5,741	50,132	3,713		45
037	NURSING FACILITY	12,708	4,661	5,385	47,249	2,183		10
039	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM	34,614	8,485	10,847		3,735		3,081
041	DELIVERY ROOM & LABOR ROO	6,360				178	1,403	
044	ANESTHESIOLOGY	2,504				595		10
049	RADIOLOGY-DIAGNOSTIC	28,132	2,982	2,744		2,212		17
050	LABORATORY	25,876	417	2,318		4,915		72
055	RESPIRATORY THERAPY	384		466		968		31
056	PHYSICAL THERAPY	8,632	1,129	733		1,811		11
059	MEDICAL SUPPLIES CHARGED							2,083
060	30 IMPL. DEV. CHARGED TO PAT							736
061	DRUGS CHARGED TO PATIENTS		4					
062	97 CARDIAC REHABILITATION					698		8
063	OUTPAT SERVICE COST CNTRS							
066	CLINIC							
071	EMERGENCY	23,009	5,834	7,611		3,439		69
093	OBSERVATION BEDS (NON-DIS							
095	50 RHC	29,832						385
096	OTHER REIMBURS COST CNTRS							
098	DURABLE MEDICAL EQUIP-REN							
099	HOME HEALTH AGENCY							28
100	SPEC PURPOSE COST CENTERS							
101	HOSPICE							
102	095 SUBTOTALS	373,023	49,279	57,056	149,042	38,348	59,490	6,837
103	NONREIMBURS COST CENTERS							
104	GIFT, FLOWER, COFFEE SHOP	2,394		321				
105	PHYSICIANS' PRIVATE OFFIC	23,456	178	1,741				2
106	NONPAID WORKERS							
107	01 NONPAID WORKERS							
108	02 FOUNDATION							
109	PHYSICIANS CLINIC	6,063			10,290			
110	PROCTOR CHEMICAL DEPENDEN							
111	02 ST. FRANCIS RENAL DIALYSI	9,144	128	838				
112	03 RUCHFORD POB							
113	04 GRAHAM POB							
114	05 FARMINGTON POB							
115	06 LEWISTON POB							
116	07 OTHER RENTAL PROPERTY							
117	08 KELLEY HOME							
118	CROSS FOOT ADJUSTMENTS							
119	NEGATIVE COST CENTER							
120	TOTAL	414,080	49,585	59,956	159,332	38,348	59,490	6,839

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0001

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART III

COST CENTER DESCRIPTION		PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		16	17	21	25	26	27
003	GENERAL SERVICE COST CNTR						
003	01 NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-CARDIAC						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY	101,608					
021	MEDICAL RECORDS & LIBRARY		161,934				
025	NURSING SCHOOL	6		381,562			
026	INPAT ROUTINE SRVC CNTRS						
033	ADULTS & PEDIATRICS	135	48,759		522,797		522,797
034	INTENSIVE CARE UNIT	5	4,151		79,357		79,357
035	NURSERY	1	7,963		34,680		34,680
037	SKILLED NURSING FACILITY	34	5,772		277,328		277,328
039	NURSING FACILITY	3	5,442		157,223		157,223
040	ANCILLARY SRVC COST CNTRS						
041	OPERATING ROOM	1,709	10,448		546,742		546,742
044	DELIVERY ROOM & LABOR ROO				39,503		39,503
049	ANESTHESIOLOGY	6			40,184		40,184
050	RADIOLOGY-DIAGNOSTIC	282	40,211		1,281,565		1,281,565
055	LABORATORY	66	17,037		366,280		366,280
056	RESPIRATORY THERAPY	103			27,257		27,257
059	PHYSICAL THERAPY	8			76,765		76,765
060	MEDICAL SUPPLIES CHARGED				18,589		18,589
061	30 IMPL. DEV. CHARGED TO PAT				28,395		28,395
062	DRUGS CHARGED TO PATIENTS	80,994			109,071		109,071
063	97 CARDIAC REHABILITATION	21			49,879		49,879
066	OUTPAT SERVICE COST CNTRS						
071	CLINIC						
093	EMERGENCY	163	22,151		305,598		305,598
095	OBSERVATION BEDS (NON-DIS						
098	50 RHC	12,102			396,074		396,074
099	OTHER REIMBURS COST CNTRS						
100	DURABLE MEDICAL EQUIP-REN	429			95,155		95,155
101	HOME HEALTH AGENCY	22			44,788		44,788
102	SPEC PURPOSE COST CENTERS						
103	HOSPICE	5,519			96,916		96,916
104	SUBTOTALS	101,608	161,934		4,594,146		4,594,146
105	NONREIMBURS COST CENTERS						
106	GIFT, FLOWER, COFFEE SHOP				13,811		13,811
107	PHYSICIANS' PRIVATE OFFIC				145,063		145,063
108	NONPAID WORKERS						
109	01 NONPAID WORKERS						
110	02 FOUNDATION				10		10
111	PHYSICIANS CLINIC				44,455		44,455
112	100 01 PROCTOR CHEMICAL DEPENDEN						
113	100 02 ST. FRANCIS RENAL DIALYSI				52,495		52,495
114	100 03 RUCHFORD POB				9,491		9,491
115	100 04 GRAHAM POB				200,171		200,171
116	100 05 FARMINGTON POB				6,372		6,372
117	100 06 LEWISTON POB				8,191		8,191
118	100 07 OTHER RENTAL PROPERTY				216		216
119	100 08 KELLEY HOME				847		847
120	101 CROSS FOOT ADJUSTMENTS			381,562	381,562		381,562
121	102 NEGATIVE COST CENTER						
122	103 TOTAL	101,608	161,934	381,562	5,456,830		5,456,830

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-CARDIAC (DOLLAR VALUE)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCU. COST)
	3	3.01	4	5	6a.00	6
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	280,893					
003 01 NEW CAP REL COSTS-CAR		30,653				
004 NEW CAP REL COSTS-MVB			1,926,111			
005 EMPLOYEE BENEFITS	1,772		2,372	23,682,176		
006 ADMINISTRATIVE & GENE	31,628		545,079	3,782,338	-8,977,018	47,059,316
008 OPERATION OF PLANT	37,332		18,402	944,764		3,198,571
009 LAUNDRY & LINEN SERVI	4,048		28	27,643		295,233
010 HOUSEKEEPING	2,718		9,966	567,632		814,608
011 DIETARY	10,451		31,313	272,638		682,450
012 CAFETERIA	2,794			346,197		423,230
014 NURSING ADMINISTRATIO	4,103		3,546	412,322		541,659
015 CENTRAL SERVICES & SU			2,198	37,073		249,035
016 PHARMACY	2,480		60,872	563,589		614,915
017 MEDICAL RECORDS & LIB	5,334		85,825	471,154		807,154
021 NURSING SCHOOL	31,206		19,677	845,054		906,577
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	19,434		71,904	2,372,873		3,205,439
026 INTENSIVE CARE UNIT	3,756		5,733	499,243		662,881
033 NURSERY	1,089		3,354	240,791		312,804
034 SKILLED NURSING FACIL	14,587		14,394	1,145,780		1,605,102
035 NURSING FACILITY	6,450		7,717	553,917		762,624
037 ANCILLARY SRVC COST C						
OPERATING ROOM	17,568		252,104	1,684,891		3,475,575
039 DELIVERY ROOM & LABOR	3,228		618	65,079		108,530
040 ANESTHESIOLOGY	1,271		21,952			105,467
041 RADIOLOGY-DIAGNOSTIC	14,278		409,129	866,460		3,152,776
044 LABORATORY	13,133		124,851	1,586,092		4,009,347
049 RESPIRATORY THERAPY	195		10,751	358,553		474,317
050 PHYSICAL THERAPY	4,381		4,789	837,658		1,109,429
055 MEDICAL SUPPLIES CHAR						931,003
055 30 IMPL. DEV. CHARGED TO						1,560,093
056 DRUGS CHARGED TO PATI						1,583,433
059 97 CARDIAC REHABILITATIO		30,653	13,591	247,285		380,953
060 OUTPAT SERVICE COST C						
CLINIC						
061 EMERGENCY	11,678		105,762	1,139,723		1,771,232
062 OBSERVATION BEDS (NON						
063 50 RHC	15,141		29,357	2,527,248		10,359,815
066 OTHER REIMBURS COST C						
DURABLE MEDICAL EQUIP			39,057	443,197		1,244,675
071 HOME HEALTH AGENCY			25,844	525,307		732,125
093 SPEC PURPOSE COST CEN						
HOSPICE			2,115	169,107		342,398
095 SUBTOTALS	260,055	30,653	1,922,300	23,533,608	-8,977,018	46,423,450
096 NONREIMBURS COST CENT						
GI FT, FLOWER, COFFEE	1,215					10,903
098 PHYSICIANS' PRIVATE O	11,905		3,679	137,646		510,498
099 NONPAID WORKERS						
099 01 NONPAID WORKERS						
099 02 FOUNDATION						572
100 PHYSICIANS CLINIC	3,077					27,612
100 01 PROCTOR CHEMICAL DEPE						
100 02 ST. FRANCIS RENAL DIA	4,641					41,647
100 03 RUCHFORD POB						9,805
100 04 GRAHAM POB				3,891		8,246
100 05 FARMINGTON POB						118
100 06 LEWISTON POB						118
100 07 OTHER RENTAL PROPERTY						12,167
100 08 KELLEY HOME			132	7,031		14,180
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,520,682	28,554	1,934,882	5,044,728		8,977,018
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	8.973816	.931524	1.004554	.213018		.190760
(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				18,285		834,305
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER				.000772		.017729
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTES)	(FTES)	(COSTED REQUIS.)
	8	9	10	11	12	14	15
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-CAR							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	210,161						
009 LAUNDRY & LINEN SERVICE	4,048	980,486					
010 HOUSEKEEPING	2,718	14,482	30,107				
011 DIETARY	10,451			70,128			
012 CAFETERIA	2,794				31,655		
014 NURSING ADMINISTRATION	4,103		143		675	6,234	
015 CENTRAL SERVICES & SUPPLY					154		1,780,045
016 PHARMACY	2,480		208		1,175		37,594
017 MEDICAL RECORDS & LIBRARY	5,334		247		1,796		12
021 NURSING SCHOOL	31,206		806		1,588		3,098
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	19,434	288,106	8,470	20,901	4,773	4,773	18,179
026 INTENSIVE CARE UNIT	3,756	30,186	777	1,837	831	831	3,654
033 NURSERY	1,089	9,724			483	483	2,957
034 SKILLED NURSING FACILITY	14,587	167,024	2,883	22,065	3,065		11,698
035 NURSING FACILITY	6,450	92,170	2,704	20,796	1,802		2,535
037 ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	17,568	167,778	5,447		3,083		801,796
039 DELIVERY ROOM & LABOR	3,228				147	147	
040 ANESTHESIOLOGY	1,271				491		2,564
041 RADIOLOGY-DIAGNOSTIC	14,278	58,968	1,378		1,826		4,447
044 LABORATORY	13,133	8,242	1,164		4,057		18,853
049 RESPIRATORY THERAPY	195		234		799		8,128
050 PHYSICAL THERAPY	4,381	22,334	368		1,495		2,820
055 MEDICAL SUPPLIES CHARGED TO							542,273
055 30 IMPL. DEV. CHARGED TO							191,608
056 DRUGS CHARGED TO PATIENTS		78					
059 97 CARDIAC REHABILITATION					576		2,012
060 OUTPAT SERVICE COST CENTER							
060 CLINIC							
061 EMERGENCY	11,678	115,362	3,822		2,839		17,891
062 OBSERVATION BEDS (NON)							
063 50 RHC	15,141						100,229
066 OTHER REIMBURS COST CENTER							
071 DURABLE MEDICAL EQUIPMENT							7,161
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTER							
093 HOSPICE							
095 SUBTOTALS	189,323	974,454	28,651	65,599	31,655	6,234	1,779,509
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE	1,215		161				
098 PHYSICIANS' PRIVATE OFFICE	11,905	3,510	874				536
099 NONPAID WORKERS							
099 01 NONPAID WORKERS							
099 02 FOUNDATION							
100 PHYSICIANS CLINIC	3,077			4,529			
100 01 PROCTOR CHEMICAL DEPARTMENT							
100 02 ST. FRANCIS RENAL DIALYSIS	4,641	2,522	421				
100 03 RUCHFORD POB							
100 04 GRAHAM POB							
100 05 FARMINGTON POB							
100 06 LEWISTON POB							
100 07 OTHER RENTAL PROPERTY							
100 08 KELLEY HOME							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,808,730	424,914	1,025,537	1,002,037	554,600	736,041	299,239
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	18.122915	.433371	34.063075	14.288686	17.520139	118.068816	.168108
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	414,080	49,585	59,956	159,332	38,348	59,490	6,839
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.970299	.050572	1.991431	2.272017	1.211436	9.542830	.003842

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 11/26/2010

14-0001

FROM 7/ 1/2009

WORKSHEET B-1

TO 6/30/2010

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	NURSING SCHOOLS (ASSIGNED TIME)
GENERAL SERVICE COST	16	17	21
003 NEW CAP REL COSTS-BLD			
003 01 NEW CAP REL COSTS-CAR			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENE			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
016 PHARMACY	1,927,184		
017 MEDICAL RECORDS & LIB		68,739	
021 NURSING SCHOOL	121		845,100
INPAT ROUTINE SRVC CN			
ADULTS & PEDIATRICS	2,563	20,698	430,525
026 INTENSIVE CARE UNIT	93	1,762	25,825
033 NURSERY	28	3,380	
034 SKILLED NURSING FACIL	644	2,450	149,700
035 NURSING FACILITY	60	2,310	4,150
ANCILLARY SRVC COST C			
OPERATING ROOM	32,418	4,435	103,100
039 DELIVERY ROOM & LABOR			
040 ANESTHESIOLOGY	118		
041 RADIOLOGY-DIAGNOSTIC	5,352	17,069	6,900
044 LABORATORY	1,256	7,232	14,700
049 RESPIRATORY THERAPY	1,951		
050 PHYSICAL THERAPY	152		7,700
055 MEDICAL SUPPLIES CHAR			
055 30 IMPL. DEV. CHARGED TO			
056 DRUGS CHARGED TO PATI	1,536,189		
059 97 CARDIAC REHABILITATIO	392		16,000
OUTPAT SERVICE COST C			
CLINIC			
061 EMERGENCY	3,096	9,403	44,125
062 OBSERVATION BEDS (NON			
063 50 RHC	229,532		
OTHER REIMBURS COST C			
DURABLE MEDICAL EQUIP	8,138		
071 HOME HEALTH AGENCY	411		15,000
SPEC PURPOSE COST CEN			
HOSPICE	104,670		9,600
095 SUBTOTALS	1,927,184	68,739	827,325
NONREIMBURS COST CENT			
GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O			17,775
099 NONPAID WORKERS			
099 01 NONPAID WORKERS			
099 02 FOUNDATION			
100 PHYSICIANS CLINIC			
100 01 PROCTOR CHEMICAL DEPE			
100 02 ST. FRANCIS RENAL DIA			
100 03 RUCHFORD POB			
100 04 GRAHAM POB			
100 05 FARMINGTON POB			
100 06 LEWISTON POB			
100 07 OTHER RENTAL PROPERTY			
100 08 KELLEY HOME			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	811,152	1,097,677	1,700,910
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		15.968766	
(WRKSHT B, PT I)	.420900		2.012673
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	101,608	161,934	381,562
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		2.355781	
(WRKSHT B, PT III)	.052724		.451499

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0001

FROM 7/ 1/2009

WORKSHEET C

|

TO 6/30/2010

PART I

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	6,729,458		6,729,458		6,729,458
26	INTENSIVE CARE UNIT	1,116,640		1,116,640		1,116,640
33	NURSERY	516,396		516,396		516,396
34	SKILLED NURSING FACILITY	3,057,874		3,057,874		3,057,874
35	NURSING FACILITY	1,531,457		1,531,457		1,531,457
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,195,987		5,195,987		5,195,987
39	DELIVERY ROOM & LABOR ROO	207,665		207,665		207,665
40	ANESTHESIOLOGY	157,703		157,703		157,703
41	RADIOLOGY-DIAGNOSTIC	4,406,904		4,406,904		4,406,904
44	LABORATORY	5,275,248		5,275,248		5,275,248
49	RESPIRATORY THERAPY	592,489		592,489		592,489
50	PHYSICAL THERAPY	1,464,903		1,464,903		1,464,903
55	MEDICAL SUPPLIES CHARGED	1,199,761		1,199,761		1,199,761
55	30 IMPL. DEV. CHARGED TO PAT	1,889,907		1,889,907		1,889,907
56	DRUGS CHARGED TO PATIENTS	2,532,104		2,532,104		2,532,104
59	97 CARDIAC REHABILITATION	496,422		496,422		496,422
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,793,949		2,793,949	13,926	2,807,875
62	OBSERVATION BEDS (NON-DIS	1,151,483		1,151,483		1,151,483
63	50 RHC	12,723,892		12,723,892		12,723,892
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	1,485,534		1,485,534		1,485,534
101	SUBTOTAL	54,525,776		54,525,776	13,926	54,539,702
102	LESS OBSERVATION BEDS	1,151,483		1,151,483		1,151,483
103	TOTAL	53,374,293		53,374,293	13,926	53,388,219

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	6,369,962		6,369,962			
26	INTENSIVE CARE UNIT	1,203,572		1,203,572			
33	NURSERY	340,203		340,203			
34	SKILLED NURSING FACILITY	2,416,455		2,416,455			
35	NURSING FACILITY	1,091,195		1,091,195			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,477,004	9,975,122	15,452,126	.336264	.336264	.336264
39	DELIVERY ROOM & LABOR ROO	357,406	167,585	524,991	.395559	.395559	.395559
40	ANESTHESIOLOGY	623,493	1,107,249	1,730,742	.091119	.091119	.091119
41	RADIOLOGY-DIAGNOSTIC	3,585,785	28,319,361	31,905,146	.138125	.138125	.138125
44	LABORATORY	5,064,788	20,053,951	25,118,739	.210012	.210012	.210012
49	RESPIRATORY THERAPY	1,681,307	520,251	2,201,558	.269123	.269123	.269123
50	PHYSICAL THERAPY	1,472,402	2,067,844	3,540,246	.413786	.413786	.413786
55	MEDICAL SUPPLIES CHARGED	1,737,317	2,004,321	3,741,638	.320651	.320651	.320651
55	30 IMPL. DEV. CHARGED TO PAT	2,581,258	802,026	3,383,284	.558601	.558601	.558601
56	DRUGS CHARGED TO PATIENTS	5,392,939	2,810,459	8,203,398	.308665	.308665	.308665
59	97 CARDIAC REHABILITATION		314,744	314,744	1.577225	1.577225	1.577225
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	1,545,760	8,926,967	10,472,727	.266783	.266783	.268113
62	OBSERVATION BEDS (NON-DIS	155,033	1,068,252	1,223,285	.941304	.941304	.941304
63	50 RHC		19,368,530	19,368,530	.656936	.656936	.656936
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		1,984,450	1,984,450	.748587	.748587	.748587
101	SUBTOTAL	41,095,879	99,491,112	140,586,991			
102	LESS OBSERVATION BEDS						
103	TOTAL	41,095,879	99,491,112	140,586,991			

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	6,369,962		6,369,962			
26	INTENSIVE CARE UNIT	1,203,572		1,203,572			
33	NURSERY	340,203		340,203			
34	SKILLED NURSING FACILITY	2,416,455		2,416,455			
35	NURSING FACILITY	1,091,195		1,091,195			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,477,004	9,975,122	15,452,126	.336264	.336264	.336264
39	DELIVERY ROOM & LABOR ROO	357,406	167,585	524,991	.395559	.395559	.395559
40	ANESTHESIOLOGY	623,493	1,107,249	1,730,742	.091119	.091119	.091119
41	RADIOLOGY-DIAGNOSTIC	3,585,785	28,319,361	31,905,146	.138125	.138125	.138125
44	LABORATORY	5,064,788	20,053,951	25,118,739	.210012	.210012	.210012
49	RESPIRATORY THERAPY	1,681,307	520,251	2,201,558	.269123	.269123	.269123
50	PHYSICAL THERAPY	1,472,402	2,067,844	3,540,246	.413786	.413786	.413786
55	MEDICAL SUPPLIES CHARGED	1,737,317	2,004,321	3,741,638	.320651	.320651	.320651
55	30 IMPL. DEV. CHARGED TO PAT	2,581,258	802,026	3,383,284	.558601	.558601	.558601
56	DRUGS CHARGED TO PATIENTS	5,392,939	2,810,459	8,203,398	.308665	.308665	.308665
59	97 CARDIAC REHABILITATION		314,744	314,744	1.577225	1.577225	1.577225
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	1,545,760	8,926,967	10,472,727	.266783	.266783	.268113
62	OBSERVATION BEDS (NON-DIS	155,033	1,068,252	1,223,285	.941304	.941304	.941304
63	50 RHC		19,368,530	19,368,530	.656936	.656936	.656936
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		1,984,450	1,984,450	.748587	.748587	.748587
101	SUBTOTAL	41,095,879	99,491,112	140,586,991			
102	LESS OBSERVATION BEDS						
103	TOTAL	41,095,879	99,491,112	140,586,991			

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	5,195,987	546,742	4,649,245			5,195,987
39	DELIVERY ROOM & LABOR ROO	207,665	39,503	168,162			207,665
40	ANESTHESIOLOGY	157,703	40,184	117,519			157,703
41	RADIOLOGY-DIAGNOSTIC	4,406,904	1,281,565	3,125,339			4,406,904
44	LABORATORY	5,275,248	366,280	4,908,968			5,275,248
49	RESPIRATORY THERAPY	592,489	27,257	565,232			592,489
50	PHYSICAL THERAPY	1,464,903	76,765	1,388,138			1,464,903
55	MEDICAL SUPPLIES CHARGED	1,199,761	18,589	1,181,172			1,199,761
55	30 IMPL. DEV. CHARGED TO PAT	1,889,907	28,395	1,861,512			1,889,907
56	DRUGS CHARGED TO PATIENTS	2,532,104	109,071	2,423,033			2,532,104
59	97 CARDIAC REHABILITATION	496,422	49,879	446,543			496,422
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,793,949	305,598	2,488,351			2,793,949
62	OBSERVATION BEDS (NON-DIS	1,151,483	89,456	1,062,027			1,151,483
63	50 RHC	12,723,892	396,074	12,327,818			12,723,892
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	1,485,534	95,155	1,390,379			1,485,534
101	SUBTOTAL	41,573,951	3,470,513	38,103,438			41,573,951
102	LESS OBSERVATION BEDS	1,151,483	89,456	1,062,027			1,151,483
103	TOTAL	40,422,468	3,381,057	37,041,411			40,422,468

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	5,195,987	546,742	4,649,245			5,195,987
39	DELIVERY ROOM & LABOR ROO	207,665	39,503	168,162			207,665
40	ANESTHESIOLOGY	157,703	40,184	117,519			157,703
41	RADIOLOGY-DIAGNOSTIC	4,406,904	1,281,565	3,125,339			4,406,904
44	LABORATORY	5,275,248	366,280	4,908,968			5,275,248
49	RESPIRATORY THERAPY	592,489	27,257	565,232			592,489
50	PHYSICAL THERAPY	1,464,903	76,765	1,388,138			1,464,903
55	MEDICAL SUPPLIES CHARGED	1,199,761	18,589	1,181,172			1,199,761
55	30 IMPL. DEV. CHARGED TO PAT	1,889,907	28,395	1,861,512			1,889,907
56	DRUGS CHARGED TO PATIENTS	2,532,104	109,071	2,423,033			2,532,104
59	97 CARDIAC REHABILITATION	496,422	49,879	446,543			496,422
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,793,949	305,598	2,488,351			2,793,949
62	OBSERVATION BEDS (NON-DIS	1,151,483	89,456	1,062,027			1,151,483
63	50 RHC	12,723,892	396,074	12,327,818			12,723,892
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	1,485,534	95,155	1,390,379			1,485,534
101	SUBTOTAL	41,573,951	3,470,513	38,103,438			41,573,951
102	LESS OBSERVATION BEDS	1,151,483	89,456	1,062,027			1,151,483
103	TOTAL	40,422,468	3,381,057	37,041,411			40,422,468

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	15,452,126	.336264	.336264
39	DELIVERY ROOM & LABOR ROO	524,991	.395559	.395559
40	ANESTHESIOLOGY	1,730,742	.091119	.091119
41	RADIOLOGY-DIAGNOSTIC	31,905,146	.138125	.138125
44	LABORATORY	25,118,739	.210012	.210012
49	RESPIRATORY THERAPY	2,201,558	.269123	.269123
50	PHYSICAL THERAPY	3,540,246	.413786	.413786
55	MEDICAL SUPPLIES CHARGED	3,741,638	.320651	.320651
55	30 IMPL. DEV. CHARGED TO PAT	3,383,284	.558601	.558601
56	DRUGS CHARGED TO PATIENTS	8,203,398	.308665	.308665
59	97 CARDIAC REHABILITATION	314,744	1.577225	1.577225
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	10,472,727	.266783	.266783
62	OBSERVATION BEDS (NON-DIS	1,223,285	.941304	.941304
63	50 RHC	19,368,530	.656936	.656936
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	1,984,450	.748587	.748587
101	SUBTOTAL	129,165,604		
102	LESS OBSERVATION BEDS	1,223,285		
103	TOTAL	127,942,319		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	8,363	3,388			62.51	211,784
26	INTENSIVE CARE UNIT	631	362			125.76	45,525
33	NURSERY	576				60.21	
101	TOTAL	9,570	3,750				257,309

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS
 PROVIDER NO: 14-0001 PERIOD: FROM 7/1/2009 TO 6/30/2010 PREPARED 11/26/2010
 COMPONENT NO: 14-0001 TO 6/30/2010 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.035383	69,822
39	DELIVERY ROOM & LABOR ROO	.075245	
40	ANESTHESIOLOGY	.023218	6,400
41	RADIOLOGY-DIAGNOSTIC	.040168	86,272
44	LABORATORY	.014582	39,313
49	RESPIRATORY THERAPY	.012381	8,188
50	PHYSICAL THERAPY	.021684	5,017
55	MEDICAL SUPPLIES CHARGED	.004968	4,563
55	30 IMPL. DEV. CHARGED TO PAT	.008393	8,873
56	DRUGS CHARGED TO PATIENTS	.013296	29,306
59	97 CARDIAC REHABILITATION	.158475	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.029180	27,062
62	OBSERVATION BEDS (NON-DIS	.073128	6,647
63	50 RHC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.047950	
101	TOTAL		291,463

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

PROVIDER NO:	PERIOD:	PREPARED 11/26/2010
14-0001	FROM 7/ 1/2009	WORKSHEET D
	TO 6/30/2010	PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		866,506				866,506
26	INTENSIVE CARE UNIT		51,977				51,977
33	NURSERY						
34	SKILLED NURSING FACILITY		301,297				301,297
35	NURSING FACILITY		8,353				8,353
101	TOTAL		1,228,133				1,228,133

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

PROVIDER NO:	PERIOD:	PREPARED 11/26/2010
14-0001	FROM 7/ 1/2009	WORKSHEET D
	TO 6/30/2010	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	8,363	103.61	3,388	351,031
26	INTENSIVE CARE UNIT	631	82.37	362	29,818
33	NURSERY	576			
34	SKILLED NURSING FACILITY	7,414	40.64	4,878	198,242
35	NURSING FACILITY	6,932	1.20		
101	TOTAL	23,916		8,628	579,091

TITLE XVIII, PART A HOSPITAL 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			207,507							
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC			13,887							
44	LABORATORY			29,586							
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY			15,498							
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS			32,203							
60	CLINIC										
61	EMERGENCY			88,809							
62	OBSERVATION BEDS (NON-DIS			148,268							
63	50 RHC										
66	OTHER REIMBURS COST CNTRS										
101	DURABLE MEDICAL EQUIP-REN TOTAL			535,758							

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	207,507	207,507	15,452,126	.013429	.013429	1,973,322	26,500
39	DELIVERY ROOM & LABOR ROO			524,991				
40	ANESTHESIOLOGY			1,730,742			275,635	
41	RADIOLOGY-DIAGNOSTIC	13,887	13,887	31,905,146	.000435	.000435	2,147,791	934
44	LABORATORY	29,586	29,586	25,118,739	.001178	.001178	2,696,020	3,176
49	RESPIRATORY THERAPY			2,201,558			661,359	
50	PHYSICAL THERAPY	15,498	15,498	3,540,246	.004378	.004378	231,362	1,013
55	MEDICAL SUPPLIES CHARGED			3,741,638			918,435	
55	30 IMPL. DEV. CHARGED TO PAT			3,383,284			1,057,187	
56	DRUGS CHARGED TO PATIENTS			8,203,398			2,204,129	
59	97 CARDIAC REHABILITATION	32,203	32,203	314,744	.102315	.102315		
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY	88,809	88,809	10,472,727	.008480	.008480	927,420	7,865
62	OBSERVATION BEDS (NON-DIS	148,268	148,268	1,223,285	.121205	.121205	90,898	11,017
63	50 RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			1,984,450				
101	TOTAL	535,758	535,758	109,797,074			13,183,558	50,505

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,315,008	1,315,008		17,659	17,659	
39	DELIVERY ROOM & LABOR ROO	634	634				
40	ANESTHESIOLOGY	144,615	144,615				
41	RADIOLOGY-DIAGNOSTIC	4,296,205	4,296,205		1,869	1,869	
44	LABORATORY						
49	RESPIRATORY THERAPY	111,579	111,579				
50	PHYSICAL THERAPY	10,982	10,982		48	48	
55	MEDICAL SUPPLIES CHARGED	317,810	317,810				
55	30 IMPL. DEV. CHARGED TO PAT	141,786	141,786				
56	DRUGS CHARGED TO PATIENTS	452,564	452,564				
59	97 CARDIAC REHABILITATION	67,738	67,738		6,931	6,931	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	865,638	865,638		7,341	7,341	
62	OBSERVATION BEDS (NON-DIS	228,333	228,333		27,675	27,675	
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	7,952,892	7,952,892		61,523	61,523	

Health Financial Systems		MCRI F32		FOR GRAHAM HOSPITAL ASSOCIATION		IN LIEU OF FORM CMS-2552-96(09/1996)		PREPARED 11/26/2010
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				PROVIDER NO:	PERIOD:	WORKSHEET D		
				14-0001	FROM 7/ 1/2009	PART II		
				COMPONENT NO:	TO 6/30/2010			
				14-5572				
TITLE XVIII, PART A				SKILLED NURSING FACILITY		PPS		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	CAPITAL COSTS	
LINE NO.		1	2	3	4	5	6	
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
55	MEDICAL SUPPLIES CHARGED							
55	30 IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS							
59	97 CARDIAC REHABILITATION							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
63	50 RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL							

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	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				207,507							
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC				13,887							
44	LABORATORY				29,586							
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY				15,498							
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS											
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS				32,203							
60	CLINIC											
61	EMERGENCY				88,809							
62	OBSERVATION BEDS (NON-DIS											
63	50 RHC											
66	OTHER REIMBURS COST CNTRS											
101	DURABLE MEDICAL EQUIP-REN TOTAL				387,490							

TITLE XVIII, PART A SKILLED NURSING FACILITY 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	207,507	207,507	15,452,126	.013429	.013429	34,006	457
39	DELIVERY ROOM & LABOR ROO			524,991				
40	ANESTHESIOLOGY			1,730,742			4,472	
41	RADIOLOGY-DIAGNOSTIC	13,887	13,887	31,905,146	.000435	.000435	23,165	10
44	LABORATORY	29,586	29,586	25,118,739	.001178	.001178	56,028	66
49	RESPIRATORY THERAPY			2,201,558			325,644	
50	PHYSICAL THERAPY	15,498	15,498	3,540,246	.004378	.004378	763,741	3,344
55	MEDICAL SUPPLIES CHARGED			3,741,638			238,017	
55	30 IMPL. DEV. CHARGED TO PAT			3,383,284				
56	DRUGS CHARGED TO PATIENTS			8,203,398			574,515	
59	97 CARDIAC REHABILITATION	32,203	32,203	314,744	.102315	.102315		
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY	88,809	88,809	10,472,727	.008480	.008480		
62	OBSERVATION BEDS (NON-DIS			1,223,285				
63	50 RHC							
66	OTHER REIMBURS COST CNTRS			1,984,450				
101	DURABLE MEDICAL EQUIP-REN							
	TOTAL	387,490	387,490	109,797,074			2,019,588	3,877

TITLE XVIII, PART A SKILLED NURSING FACILITY 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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.308665
2	PROGRAM VACCINE CHARGES		2,358
3	PROGRAM COSTS		728

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	1,431
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	804.67
85	OBSERVATION BED COST	1,151,483

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	6,729,458		1,151,483	
87	NEW CAPITAL-RELATED COST	522,797	.077688	1,151,483	89,456
88	NON PHYSICIAN ANESTHETIST	6,729,458		1,151,483	
89	MEDICAL EDUCATION	866,506	.128763	1,151,483	148,268
89.01	MEDICAL EDUCATION - ALLIED HEA	6,729,458		1,151,483	
89.02	MEDICAL EDUCATION - ALL OTHER	6,729,458		1,151,483	

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	3,057,874
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	412.45
68	PROGRAM ROUTINE SERVICE COST	2,011,931
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,011,931
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	277,328
72	PER DIEM CAPITAL-RELATED COSTS	37.41
73	PROGRAM CAPITAL-RELATED COSTS	182,486
74	INPATIENT ROUTINE SERVICE COST	1,829,445
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,829,445
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,011,931
80	PROGRAM INPATIENT ANCILLARY SERVICES	684,125
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,696,056

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
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				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,674,015	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		609,531	
37	OPERATING ROOM	.336264	1,973,322	663,557
39	DELIVERY ROOM & LABOR ROOM	.395559		
40	ANESTHESIOLOGY	.091119	275,635	25,116
41	RADIOLOGY-DIAGNOSTIC	.138125	2,147,791	296,664
44	LABORATORY	.210012	2,696,020	566,197
49	RESPIRATORY THERAPY	.269123	661,359	177,987
50	PHYSICAL THERAPY	.413786	231,362	95,734
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.320651	918,435	294,497
55	30 IMPL. DEV. CHARGED TO PATIENT	.558601	1,057,187	590,546
56	DRUGS CHARGED TO PATIENTS	.308665	2,204,129	680,337
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1.577225		
60	CLINIC			
61	EMERGENCY	.268113	927,420	248,653
62	OBSERVATION BEDS (NON-DISTINCT PART)	.941304	90,898	85,563
63	50 RHC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	.748587		
101	TOTAL		13,183,558	3,724,851
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		13,183,558	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.336264	34,006	11,435
39	DELIVERY ROOM & LABOR ROOM	.395559		
40	ANESTHESIOLOGY	.091119	4,472	407
41	RADIOLOGY-DIAGNOSTIC	.138125	23,165	3,200
44	LABORATORY	.210012	56,028	11,767
49	RESPIRATORY THERAPY	.269123	325,644	87,638
50	PHYSICAL THERAPY	.413786	763,741	316,025
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.320651	238,017	76,320
55	30 IMPL. DEV. CHARGED TO PATIENT	.558601		
56	DRUGS CHARGED TO PATIENTS	.308665	574,515	177,333
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1.577225		
60	CLINIC			
61	EMERGENCY	.266783		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.941304		
63	50 RHC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	.748587		
101	TOTAL		2,019,588	684,125
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,019,588	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,517	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,895,586	1,895,586
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,627,386	1,627,386
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.862	.862
1.04	LINE 1.01 TIMES LINE 1.03.	1,633,995	1,633,995
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	99.60	99.60
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	5,618	5,618
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	123,046	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	4,517	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	14,812	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	14,812	

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)	14,812	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	10,295	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,517	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,389,054	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	834,033	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,559,538	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	2,559,538	
24	PRIMARY PAYER PAYMENTS	46	
25	SUBTOTAL	2,559,492	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	223,639	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	156,547	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	190,000	
28	SUBTOTAL	2,716,039	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	2,716,039	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	2,548,881	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	167,158	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	51,400	

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

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	947
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)	947
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	3,048
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	3,048
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)	3,048
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,101
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	947
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)	181
19	SUBTOTAL (SEE INSTRUCTIONS)	766
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	766
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	766
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	766
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	766
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	851
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-85
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 III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
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			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			1,640,202
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			198,242
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			3,877
34	SUBTOTAL			1,842,321
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			1,842,321
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			1,842,321
42	COINSURANCE			277,916
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			1,564,405
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			1,564,405
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			1,564,405
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			1,362,286
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			202,119
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			3,595

Health Financial Systems MCRI F32 FOR GRAHAM HOSPITAL ASSOCIATION IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
CALCULATION OF REIMBURSEMENT SETTLEMENT | PROVIDER NO: | PERIOD: | PREPARED 11/26/2010
| 14-0001 | FROM 7/ 1/2009 | WORKSHEET E-3
| COMPONENT NO: | TO 6/30/2010 | PART III
| 14-5572 | | |

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,919,028			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	8,992,110			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,496,488			
8	PREPAID EXPENSES	1,022,988			
9	OTHER CURRENT ASSETS	2,357,751			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	15,788,365			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS	3,519,470			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	52,112,655			
14.01	LESS ACCUMULATED DEPRECIATION	-47,774,433			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	15,100,836			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	22,034,618			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	44,993,146			
OTHER ASSETS					
22	INVESTMENTS	49,496,460			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	7,426,977			
26	TOTAL OTHER ASSETS	56,923,437			
27	TOTAL ASSETS	117,704,948			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,016,916			
29 SALARIES, WAGES & FEES PAYABLE	3,562,039			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	665,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	580,600			
35 OTHER CURRENT LIABILITIES	1,534,781			
36 TOTAL CURRENT LIABILITIES	8,359,336			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	29,785,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	7,031,075			
42 TOTAL LONG-TERM LIABILITIES	36,816,075			
43 TOTAL LIABILITIES	45,175,411			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	72,529,537			
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	72,529,537			
52 TOTAL LIABILITIES AND FUND BALANCES	117,704,948			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		69,843,428		
2	NET INCOME (LOSS)		2,553,653		
3	TOTAL		72,397,081		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	CHANGE IN BENEFICIAL INTE	375,430			
5	ROUNDING	1			
6					
7					
8					
9					
10	TOTAL ADDITIONS		375,431		
11	SUBTOTAL		72,772,512		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	CHANGE IN TEMPORARILY RES	242,975			
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		242,975		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		72,529,537		

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	150,639,514
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	82,806,759
3	NET PATIENT REVENUES	67,832,755
4	LESS: TOTAL OPERATING EXPENSES	70,044,215
5	NET INCOME FROM SERVICE TO PATIENTS	-2,211,460
	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 OPERATING	2,259,356
24.01	NET ASSETS RELEASED FOR OP	252,740
24.02	NON-OPERATING REV	1,623,806
24.03	NET ASSETS RELEASED FOR PROPERTY	120,208
24.04	UNREALIZED GAIN	509,003
25	TOTAL OTHER INCOME	4,765,113
26	TOTAL	2,553,653
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
29.01		
29.02		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,553,653

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	161,479				42,157	203,636
HHA REIMBURSABLE SERVICES						
6	276,050		10,582			286,632
7	40,432		1,238			41,670
8	5,287		368			5,655
9			103		1,890	1,993
10	16,684		99			16,783
11	25,375		1,014			26,389
12					7,302	7,302
13					386	386
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	525,307		13,404		51,735	590,446

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	5,390	209,026	-1,573	207,453
HHA REIMBURSABLE SERVICES				
6		286,632		286,632
7		41,670		41,670
8		5,655		5,655
9		1,993		1,993
10		16,783		16,783
11		26,389		26,389
12		7,302		7,302
13		386		386
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	5,390	595,836	-1,573	594,263

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5		207,453				207,453	207,453
HHA REIMBURSABLE SERVICES							
6		286,632				286,632	153,726
7		41,670				41,670	22,348
8		5,655				5,655	3,033
9		1,993				1,993	1,069
10		16,783				16,783	9,001
11		26,389				26,389	14,153
12		7,302				7,302	3,916
13		386				386	207
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		594,263				594,263	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6		440,358					
7		64,018					
8		8,688					
9		3,062					
10		25,784					
11		40,542					
12		11,218					
13		593					
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		594,263					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-207,453	386,810
6	SKILLED NURSING CARE					286,632	
7	PHYSICAL THERAPY					41,670	
8	OCCUPATIONAL THERAPY					5,655	
9	SPEECH PATHOLOGY					1,993	
10	MEDICAL SOCIAL SERVICES					16,783	
11	HOME HEALTH AIDE					26,389	
12	SUPPLIES					7,302	
13	DRUGS					386	
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-207,453	386,810
25	COST TO BE ALLOCATED					207,453	
26	UNIT COST MULTIPLIER					.536318	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-CARDIA 3.01	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A
1 ADMIN & GENERAL				25,962	34,398	60,360
2 SKILLED NURSING CARE	440,358				58,804	499,162
3 PHYSICAL THERAPY	64,018				8,613	72,631
4 OCCUPATIONAL THERAPY	8,688				1,126	9,814
5 SPEECH PATHOLOGY	3,062					3,062
6 MEDICAL SOCIAL SERVICES	25,784				3,554	29,338
7 HOME HEALTH AIDE	40,542				5,405	45,947
8 SUPPLIES	11,218					11,218
9 DRUGS	593					593
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)	594,263			25,962	111,900	732,125
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	11,514					
2 SKILLED NURSING CARE	95,220					
3 PHYSICAL THERAPY	13,855					
4 OCCUPATIONAL THERAPY	1,872					
5 SPEECH PATHOLOGY	584					
6 MEDICAL SOCIAL SERVICES	5,597					
7 HOME HEALTH AIDE	8,765					
8 SUPPLIES	2,140					
9 DRUGS	113					
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)	139,660					
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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21	SUBTOTAL 25
1 ADMIN & GENERAL						71,874
2 SKILLED NURSING CARE					30,190	624,572
3 PHYSICAL THERAPY						86,486
4 OCCUPATIONAL THERAPY						11,686
5 SPEECH PATHOLOGY						3,646
6 MEDICAL SOCIAL SERVICES						34,935
7 HOME HEALTH AIDE						54,712
8 SUPPLIES		1,204				14,562
9 DRUGS			173			879
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)		1,204	173		30,190	903,352
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	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		71,874		
2 SKILLED NURSING CARE		624,572	53,989	678,561
3 PHYSICAL THERAPY		86,486	7,476	93,962
4 OCCUPATIONAL THERAPY		11,686	1,010	12,696
5 SPEECH PATHOLOGY		3,646	315	3,961
6 MEDICAL SOCIAL SERVICES		34,935	3,020	37,955
7 HOME HEALTH AIDE		54,712	4,729	59,441
8 SUPPLIES		14,562	1,259	15,821
9 DRUGS		879	76	955
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)		903,352	71,874	903,352
21 UNIT COST MULTIPLIER			0.086441	

(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-CARDIA (DOLLAR VALUE)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	3	3.01	4	5	6A	6
1 ADMIN & GENERAL			25,844	161,479		60,360
2 SKILLED NURSING CARE				276,050		499,162
3 PHYSICAL THERAPY				40,432		72,631
4 OCCUPATIONAL THERAPY				5,287		9,814
5 SPEECH PATHOLOGY						3,062
6 MEDICAL SOCIAL SERVICES				16,684		29,338
7 HOME HEALTH AIDE				25,375		45,947
8 SUPPLIES						11,218
9 DRUGS						593
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)			25,844	525,307		732,125
21 COST TO BE ALLOCATED			25,962	111,900		139,660
22 UNIT COST MULTIPLIER			1.004566	0.213018		0.190760

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)
	8	9	10	11	12	14
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						

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	NURSING SCHOOL (ASSIGNED TIME) 21
1 ADMIN & GENERAL				
2 SKILLED NURSING CARE				15,000
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES	7,161			
9 DRUGS		411		
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)	7,161	411		15,000
21 COST TO BE ALLOCATED	1,204	173		30,190
22 UNIT COST MULTIPLIER	0.168133	0.420925		2.012667

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES		1	2	3	4	5	PART A 6
1 SKILLED NURSING	2	678,561		678,561	2,758	246.03	854
2 PHYSICAL THERAPY	3	93,962		93,962	323	290.90	157
3 OCCUPATIONAL THERAPY	4	12,696		12,696	96	132.25	22
4 SPEECH PATHOLOGY	5	3,961		3,961	27	146.70	6
5 MEDICAL SOCIAL SERVICES	6	37,955		37,955	26	1,459.81	5
6 HOME HEALTH AIDE SERVICE	7	59,441		59,441	264	225.16	58
7 TOTAL		886,576		886,576	3,494		1,102

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1 SKILLED NURSING	1,071		210,110	263,498		473,608
2 PHYSICAL THERAPY	108		45,671	31,417		77,088
3 OCCUPATIONAL THERAPY	40		2,910	5,290		8,200
4 SPEECH PATHOLOGY	9		880	1,320		2,200
5 MEDICAL SOCIAL SERVICES	11		7,299	16,058		23,357
6 HOME HEALTH AIDE SERVICES	95		13,059	21,390		34,449
7 TOTAL	1,334		279,929	338,973		618,902

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

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

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART I) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	15,821		15,821	16,569	.954855	4,161
16 COST OF DRUGS	9.00	955		955			
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	12,408		3,973	11,848
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	.413786			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.320651			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.558601			
5 DRUGS CHARGED TO PATIENTS	56	.308665			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	-----PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE-----		-----PROGRAM COSTS-----		PROG 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	1	290.90	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	2	132.25					
3 SPEECH PATHOLOGY	3	146.70					
4 TOTAL (SUM OF LINES 1-3)	4						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/1/2009	11/26/2010
HHA NO:	TO 6/30/2010	WORKSHEET H-7
14-7142		PARTS I & II

TITLE XVII I

HHA 1

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

PART A

PART B
NOT SUBJECT TO
DED & COINS
2

PART B
SUBJECT TO
DED & COINS
3

1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1

PART B
SERVICES
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	131,515	128,868
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	7,838	10,060
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	5,976	11,057
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES		
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	2,601	4,231
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	147,930	154,216
13	EXCESS REASONABLE COST		
14	SUBTOTAL	147,930	154,216
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	147,930	154,216
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	147,930	154,216
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	147,930	154,216
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	147,930	154,216
25	INTERIM PAYMENTS	147,930	154,216
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		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
14-1558		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	169,107			20,554
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	169,107			20,554

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
14-1558		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	109,199	298,860	5,390	304,250
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	109,199	298,860	5,390	304,250

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
14-1558		

HOSPICE 1

ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
9	10

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	304,250
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	304,250

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-1
14-1558		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE	23,468		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	23,468		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-1
14-1558		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPI TE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	96,695		14,571	34,373
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	96,695		14,571	34,373

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/1/2009	11/26/2010
HOSPICE NO:	TO	WORKSHEET K-1
14-1558	6/30/2010	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	169,107
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	169,107

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-3
14-1558		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	14-0001	PERIOD:	FROM 7/1/2009	PREPARED 11/26/2010
HOSPICE NO:	14-1558	TO	6/30/2010	WORKSHEET K-3

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				20,554
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				20,554

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/1/2009	11/26/2010
HOSPICE NO:	TO	WORKSHEET
14-1558	6/30/2010	K-3

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	20,554
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	20,554

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1558		PART I

HOSPICE 1

NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
0	1	2	3

GENERAL SERVICE COST CENTERS			
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL			
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE			
8 INPATIENT - RESPIRE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE	304,250		
10.20 NURSING CARE-CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY			
12 OCCUPATIONAL THERAPY			
13 SPEECH/LANGUAGE PATHOLOGY			
14 MEDICAL SOCIAL SERVICES			
15 SPIRITUAL COUNSELING			
16 DIETARY COUNSELING			
17 COUNSELING - OTHER			
18 HOME HEALTH AIDE AND HOMEMAKER			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
OTHER HOSPICE SERVICE COSTS			
19 OTHER			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30 ANALGESICS			
20.31 SEDATIVES / HYPNOTICS			
20.32 OTHER - SPECIFY			
21 DURABLE MEDICAL EQUIPMENT/OXYGEN			
22 PATIENT TRANSPORTATION			
23 IMAGING SERVICES			
24 LABS AND DIAGNOSTICS			
25 MEDICAL SUPPLIES			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27 RADIATION THERAPY			
28 CHEMOTHERAPY			
29 OTHER			
30 BEREAVEMENT PROGRAM COSTS			
31 VOLUNTEER PROGRAM COSTS			
32 FUNDRAISING			
33 OTHER PROGRAM COSTS			
34 TOTAL (SUM OF LINES 1 THRU 33)	304,250		

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED 11/26/2010
HOSPICE GENERAL SERVICE COST	14-0001	FROM 7/ 1/2009	WORKSHEET K-4
	HOSPICE NO:	TO 6/30/2010	PART I
	14-1558		

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			304,250	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			304,250	

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1558		PART I

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	304,250
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	304,250

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1558		PART II

HOSPICE 1

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1558		PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
5	6A	6

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	304,250
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	304,250
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39		
40		
41		
42	FUNDRAISING	
43	OTHER PROGRAM COSTS	
44	COST TO BE ALLOCATED (PER WKST K-4, PART I)	
45	UNIT COST MULTIPLIER	.000000

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-CARDIAC REHAB (DOLLAR VALUE)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES) 5
1.00 ADMINISTRATIVE AND GENERAL	3	3.01	4	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			2,115	169,107
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			2,115	169,107
30.00 TOTAL COST TO BE ALLOCATED			2,125	36,023
31.00 UNIT COST MULTIPLIER	.000000	.000000	1.004728	.213019

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		342,398		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6A	6	8	9
29.00 TOTAL (SUM OF LINE 1 THRU 28)		342,398		
30.00 TOTAL COST TO BE ALLOCATED		65,316		
31.00 UNIT COST MULTIPLIER		.190760	.000000	.000000
HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(HOURS OF SERVICE)	(MEALS SERVED)	(FTES)	(FTES)
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL
	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(ASSIGNED TIME)
	15	16	17	21
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		104,670		9,600
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		104,670		9,600
30.00 TOTAL COST TO BE ALLOCATED		44,056		19,322
31.00 UNIT COST MULTIPLIER	.000000	.420904	.000000	2.012708

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.413786	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.308665	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.210012	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.320651	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.558601	
8	EMERGENCY	61	.266783	
9	RADIOLOGY-DIAGNOSTIC	41	.138125	
10	OTHER ANCILLARY	59		
10.97	CARDIAC REHABILITATION	59.97	1.577225	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/ 1/2009	11/26/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-6
14-1558		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				471,092
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				5,592
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				84.24
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	2,881			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	242,695			
6 UNDUPLICATED MEDICAID DAYS		152		
7 AGGREGATE MEDICAID COST		12,804		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS		370		
11 AGGREGATE NF COST		31,169		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			2,559	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			215,570	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/26/2010
14-0001	FROM 7/1/2009	WORKSHEET L
COMPONENT NO:	TO 6/30/2010	PARTS I-IV
14-0001		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	398,940
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	5,920
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	21.03
	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	404,860
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 11/26/2010
14-0001	FROM 7/ 1/2009	WORKSHEET M-2
COMPONENT NO:	TO 6/30/2010	
14-3493		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	13.44	71,522	4,200	56,448
2	PHYSICIAN ASSISTANTS	1.50	5,143	2,100	3,150
3	NURSE PRACTITIONERS	2.70	9,476	2,100	5,670
4	SUBTOTAL (SUM OF LINES 1-3)	17.64	86,141		65,268
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	17.64	86,141		
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)	9,568,905			
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)	9,568,905			
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)	87,197			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	3,067,790			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	3,154,987			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	3,154,987			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	3,154,987			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	12,723,892			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	86,141			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	86,141			
9	PHYSICIAN SERVICES UNDER AGREEMENTS				

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-0001
 COMPONENT NO: 14-3493
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/26/2010
 WORKSHEET M-4

TITLE XVII I

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	2,504,328	2,504,328	2,504,328	2,504,328
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000626	.006798	.003105	
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	1,568	17,024	7,776	
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	8,116	22,598		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	9,684	39,622	7,776	
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	9,568,905	9,568,905	9,568,905	9,568,905
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	3,154,987	3,154,987	3,154,987	3,154,987
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001012	.004141	.000813	
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	3,193	13,065	2,565	
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	12,877	52,687	10,341	
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	225	2,443	1,116	
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	57.23	21.57	9.27	
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	65	1,233	72	
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	3,720	26,596	667	
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		75,905		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		30,983		

