

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
 (42 USC 1395g).

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0019		FROM 9/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 8/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 1/ 4/2011 TIME 8: 33

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:  
 SHELBY MEMORIAL HOSPITAL 14-0019  
 FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2009 AND ENDING 8/31/2010 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.

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 ECR ENCRYPTION INFORMATION  
 DATE: 1/ 4/2011 TIME 8: 33

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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 DATE: 1/ 4/2011 TIME 8: 33

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	-611,850	242,732	0	0
3	SWING BED - SNF	0	19,284	0	0	0
5	HOSPITAL-BASED SNF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
9	RHC	0	0	24,137	0	0
100	TOTAL	0	-592,566	266,869	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 STATISTICAL DATA

PROVIDER NO: 14-0019  
PERIOD: FROM 9/1/2009 TO 8/31/2010  
PREPARED 1/4/2011  
WORKSHEET S-3  
PART I

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	30	10,950					536
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					1,097		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	30	10,950			3,198		536
12 TOTAL	30	10,950			3,198		536
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	15	450					
18 HOME HEALTH AGENCY							742
24 RURAL HEALTH CLINIC					1,585		
25 TOTAL	45						
26 OBSERVATION BED DAYS							49
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 OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,837				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			1,097				
4 ADULTS & PED-SB NF			92				
5 TOTAL ADULTS AND PEDS			4,026				
12 TOTAL			4,026				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			32				
18 HOME HEALTH AGENCY			4,185				
24 RURAL HEALTH CLINIC			5,416				
25 TOTAL							
26 OBSERVATION BED DAYS	5	44	246	43	203		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			10				
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 XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					659	177	997
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		122.01			659	177	997
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		.54					
18 HOME HEALTH AGENCY		6.05					
24 RURAL HEALTH CLINIC		7.59					
25 TOTAL		136.19					
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: 14-0019  
 PERIOD: FROM 9/1/2009 TO 8/31/2010  
 PREPARED 1/4/2011  
 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	5,223,871		5,223,871	283,265.99	18.44	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	241,238		241,238	3,700.77	65.19	
5.01 NON-PHYSICIAN - PART B	169,964		169,964	12,079.38	14.07	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	15,258		15,258	1,119.67	13.63	
8.01 EXCLUDED AREA SALARIES	288,000	17,146	305,146	14,551.88	20.97	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	288,129		288,129	5,627.50	51.20	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	247,869		247,869	3,714.00	66.74	
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)	1,371,982		1,371,982			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	128,536		128,536			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	52,690		52,690			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)	66,079		66,079			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	47,122		47,122	2,072.00	22.74	
22 ADMINISTRATIVE & GENERAL	767,337		767,337	39,501.52	19.43	
22.01 A & G UNDER CONTRACT	69,809		69,809	466.00	149.80	
23 MAINTENANCE & REPAIRS	234,687		234,687	12,391.14	18.94	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	34,877		34,877	3,857.50	9.04	
26 HOUSEKEEPING	176,521	-17,146	159,375	16,445.02	9.69	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	176,612	-103,545	73,067	6,946.39	10.52	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		103,545	103,545	9,843.82	10.52	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	310,349		310,349	11,663.98	26.61	
31 CENTRAL SERVICE AND SUPPLY	90,095		90,095	5,558.50	16.21	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	193,968		193,968	16,231.07	11.95	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	4,882,478		4,882,478	267,951.84	18.22	
2 EXCLUDED AREA SALARIES	303,258	17,146	320,404	15,671.55	20.44	
3 SUBTOTAL SALARIES	4,579,220	-17,146	4,562,074	252,280.29	18.08	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	535,998		535,998	9,341.50	57.38	
5 SUBTOTAL WAGE-RELATED COSTS	1,371,982		1,371,982		30.07	
6 TOTAL	6,487,200	-17,146	6,470,054	261,621.79	24.73	
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	2,101,377	-17,146	2,084,231	124,976.94	16.68	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,118	129	208
2 UNDUPLICATED CENSUS COUNT		156.00	18.00	29.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	1,455
2 UNDUPLICATED CENSUS COUNT	203.00

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)	.93		.93
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	.92		.92
6 DIRECTING NURSING SERVICE	2.68		2.68
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.47		.47
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.05		1.05
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,018	232	48	22
22 SKILLED NURSING VISIT CHARGES	142,496	33,352	6,728	3,102
23 PHYSICAL THERAPY VISITS	959	4	2	10
24 PHYSICAL THERAPY VISIT CHARGES	144,112	590	295	1,475
25 OCCUPATIONAL THERAPY VISITS	36	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	6,350	0	0	0
27 SPEECH PATHOLOGY VISITS	8	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,282	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	3	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	580	0	186	0
31 HOME HEALTH AIDE VISITS	664	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	47,896	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,688	236	51	32
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	342,716	33,942	7,209	4,577
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	141	0	21	4
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	2,247	383	100	426

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	1,320
22 SKILLED NURSING VISIT CHARGES	0	0	185,678
23 PHYSICAL THERAPY VISITS	0	0	975
24 PHYSICAL THERAPY VISIT CHARGES	0	0	146,472
25 OCCUPATIONAL THERAPY VISITS	0	0	36
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	6,350
27 SPEECH PATHOLOGY VISITS	0	0	8
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,282
29 MEDICAL SOCIAL SERVICE VISITS	0	0	4
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	766
31 HOME HEALTH AIDE VISITS	0	0	664
32 HOME HEALTH AIDE VISIT CHARGES	0	0	47,896
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,007
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	388,444
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	166
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	3,156

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0019  
PERIOD: FROM 9/1/2009 TO 8/31/2010  
PREPARED 1/4/2011  
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
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						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD1						
45.23	CD1						
46	TOTAL						

(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: 14-0019  
PERIOD: FROM 9/1/2009 TO 8/31/2010  
PREPARED 1/4/2011  
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 : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : 0  
 SNF CBSA Code : 0

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		2	
11	RMB		3	
12	RMA		60	
12.01	RMX		139	
12.02	RML		229	
13	RLB			
14	RLA			
14.01	RLX			
15	SE3		311	
16	SE2		198	
17	SE1			
18	SSC			
19	SSB			
20	SSA		149	
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1		5	
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		1	
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: 14-0019  
PERIOD: FROM 9/1/2009 TO 8/31/2010  
PREPARED 1/4/2011  
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			1,097	

(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 : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01) : 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : 0  
 SNF CBSA Code : 0

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 200 SOUTH CEDAR  
 1.01 CITY: SHELBYVILLE STATE: IL ZIP CODE: 62565 COUNTY: SHELBY  
 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:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/ 1/2009	1/ 4/2011
	TO 8/31/2010	WORKSHEET S-10

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
  - 2.01 IS IT AT THE TIME OF ADMISSION?
  - 2.02 IS IT AT THE TIME OF FIRST BILLING?
  - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
  - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
  - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
  - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
    - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
    - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
    - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
    - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
  - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
  - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
  - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
  - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
  - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
  - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
  
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
  - 17.01 GROSS MEDICAID REVENUES
  - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
  - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
  - 20 RESTRICTED GRANTS
  - 21 NON-RESTRICTED GRANTS
  - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
  
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .436597
- 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 3,365,080

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/ 1/2009	1/ 4/2011
	TO 8/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,469,184
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,892,393
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	826,213
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	1,469,184

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO:  
14-0019

PERIOD:  
FROM 9/ 1/2009  
TO 8/31/2010

PREPARED 1/ 4/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,056,279	1,056,279	-324,875	731,404
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				597,773	597,773
5	0500 EMPLOYEE BENEFITS	47,122	1,464,637	1,511,759	162,466	1,674,225
6	0600 ADMIN STRATIVE & GENERAL	767,337	1,334,238	2,101,575	-219,287	1,882,288
7	0700 MAINTENANCE & REPAIRS	234,687	102,914	337,601	50	337,651
8	0800 OPERATION OF PLANT		304,079	304,079	-16,756	287,323
9	0900 LAUNDRY & LINEN SERVICE	34,877	24,193	59,070		59,070
10	1000 HOUSEKEEPING	176,521	7,737	184,258	-17,146	167,112
11	1100 DIETARY	176,612	206,606	383,218	-224,708	158,510
12	1200 CAFETERIA				224,675	224,675
14	1400 NURSING ADMINISTRATION	310,349	10,278	320,627		320,627
15	1500 CENTRAL SERVICES & SUPPLY	90,095	19,708	109,803	-7,646	102,157
17	1700 MEDICAL RECORDS & LIBRARY	193,968	31,789	225,757		225,757
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS		23,548	23,548		23,548
25	2500 ADULTS & PEDIATRICS	764,878	288,830	1,053,708	-617	1,053,091
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	15,258	2,046	17,304		17,304
37	3700 OPERATING ROOM	75,364	57,094	132,458	-26,025	106,433
40	4000 ANESTHESIOLOGY		1,733	1,733		1,733
41	4100 RADIOLOGY-DIAGNOSTIC	375,283	367,798	743,081		743,081
44	4400 LABORATORY	431,497	588,497	1,019,994		1,019,994
49	4900 RESPIRATORY THERAPY	149,923	47,606	197,529	-29,542	167,987
50	5000 PHYSICAL THERAPY	154,772	28,176	182,948		182,948
50.01	5001 CARDIAC REHAB	23,648	835	24,483		24,483
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		26,721	26,721		26,721
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		1,078,487	1,078,487	31,797	1,110,284
60	6000 CLINIC	139,047	11,870	150,917	-3,297	147,620
61	6100 EMERGENCY	289,012	624,748	913,760		913,760
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	411,202	28,483	439,685	-3,685	436,000
66	6600 DURABLE MEDICAL EQUIP-RENTED	74,419	132,610	207,029	-5,302	201,727
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	288,000	69,755	357,755	-2,902	354,853
88	8800 INTEREST EXPENSE		187,397	187,397	-187,397	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	5,223,871	8,128,692	13,352,563	-52,424	13,300,139
96	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		456	456	52,424	52,880
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 FARM EXPENSE		12,802	12,802		12,802
100.02	7952 UNOCCUPIED SPACE					
101	TOTAL	5,223,871	8,141,950	13,365,821	-0-	13,365,821

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0019  
PERIOD: FROM 9/1/2009 TO 8/31/2010  
PREPARED 1/4/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-188,247	543,157
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		597,773
5	0500 EMPLOYEE BENEFITS	-193,886	1,480,339
6	0600 ADMINISTRATIVE & GENERAL	-59,882	1,822,406
7	0700 MAINTENANCE & REPAIRS		337,651
8	0800 OPERATION OF PLANT		287,323
9	0900 LAUNDRY & LINEN SERVICE		59,070
10	1000 HOUSEKEEPING		167,112
11	1100 DIETARY		158,510
12	1200 CAFETERIA	-38,565	186,110
14	1400 NURSING ADMINISTRATION		320,627
15	1500 CENTRAL SERVICES & SUPPLY		102,157
17	1700 MEDICAL RECORDS & LIBRARY	-10,305	215,452
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	-23,548	
25	2500 ADULTS & PEDIATRICS	-48,350	1,004,741
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS		17,304
37	3700 OPERATING ROOM		106,433
40	4000 ANESTHESIOLOGY		1,733
41	4100 RADIOLOGY-DIAGNOSTIC		743,081
44	4400 LABORATORY		1,019,994
49	4900 RESPIRATORY THERAPY	-13,800	154,187
50	5000 PHYSICAL THERAPY		182,948
50.01	5001 CARDIAC REHAB		24,483
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,356	23,365
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		1,110,284
60	6000 CLINIC		147,620
61	6100 EMERGENCY	-336,866	576,894
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS		436,000
66	6600 DURABLE MEDICAL EQUIP-RENTED		201,727
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	-51,085	303,768
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-967,890	12,332,249
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		52,880
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 FARM EXPENSE		12,802
100.02	7952 UNOCCUPIED SPACE		
101	TOTAL	-967,890	12,397,931

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0019  
 PERIOD: FROM 9/1/2009 TO 8/31/2010  
 PREPARED 1/4/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	CARDIAC REHAB	5001	PHYSICAL THERAPY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
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	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FARM EXPENSE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	UNOCCUPIED SPACE	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140019

PERIOD:  
FROM 9/ 1/2009  
TO 8/31/2010

PREPARED 1/ 4/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL CENTER EXPENSES	A	PHYSICIANS' PRIVATE OFFICES	98	17,146	
2 FIRE INSURANCE EXPENSE	B	OTHER CAPITAL RELATED COSTS	90		20,289
3		PHYSICIANS' PRIVATE OFFICES	98		1,245
4 TELEPHONE EXPENSE	C	ADMINISTRATIVE & GENERAL	6		15,191
5					
6					
7					
8					
9 EMPLOYEE BENEFIT EXPENSE	D	EMPLOYEE BENEFITS	5		142,216
10 RENTAL EXPENSE	E	NEW CAP REL COSTS-MVBLE EQUIP	4		39,865
11		MAINTENANCE & REPAIRS	7		50
12					
13					
14					
15					
16					
17 MEDICAL CENTER UTILITIES	F	PHYSICIANS' PRIVATE OFFICES	98		16,756
18 PHYSICIAN BUILDING DEPRECIATION	G	PHYSICIANS' PRIVATE OFFICES	98		17,277
19					
20 DEPRECIATION EXPENSE	H	NEW CAP REL COSTS-MVBLE EQUIP	4		542,841
21 PROPERTY INSURANCE	I	OTHER CAPITAL RELATED COSTS	90		27,680
22 CAFETERIA EXPENSE	J	CAFETERIA	12	103,545	121,130
23 REAL ESTATE TAX	K	OTHER CAPITAL RELATED COSTS	90		14,944
24 ONCOLOGY PHARMACY EXPENSE	L	DRUGS CHARGED TO PATIENTS	56		3,214
25 INTEREST EXPENSE	M	NEW CAP REL COSTS-BLDG & FIXT	3		187,397
26 MEDICAL SUPPLIES EXPENSE	N	DRUGS CHARGED TO PATIENTS	56		29,294
27					
28 PENSION AUDIT COSTS	O	EMPLOYEE BENEFITS	5		20,250
36 TOTAL RECLASSIFICATIONS				120,691	1,199,639

(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:  
140019

PERIOD:  
FROM 9/ 1/2009  
TO 8/31/2010

PREPARED 1/ 4/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	LINE NO			
1 MEDICAL CENTER EXPENSES	A	HOUSEKEEPING		10	17,146		
2 FIRE INSURANCE EXPENSE	B	ADMINISTRATIVE & GENERAL		6		21,534	
3							
4 TELEPHONE EXPENSE	C	CENTRAL SERVICES & SUPPLY		15		7,379	
5		DRUGS CHARGED TO PATIENTS		56		711	
6		RURAL HEALTH CLINIC		63.50		3,685	
7		DURABLE MEDICAL EQUIP-RENTED		66		514	
8		HOME HEALTH AGENCY		71		2,902	
9 EMPLOYEE BENEFIT EXPENSE	D	ADMINISTRATIVE & GENERAL		6		142,216	
10 RENTAL EXPENSE	E	ADMINISTRATIVE & GENERAL		6		7,854	10
11		DIETARY		11		33	
12		CENTRAL SERVICES & SUPPLY		15		267	
13		ADULTS & PEDIATRICS		25		617	
14		OPERATING ROOM		37		26,025	
15		RESPIRATORY THERAPY		49		331	
16		DURABLE MEDICAL EQUIP-RENTED		66		4,788	
17 MEDICAL CENTER UTILITIES	F	OPERATION OF PLANT		8		16,756	
18 PHYSICIAN BUILDING DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT		3		9,841	9
19		NEW CAP REL COSTS-MVBLE EQUIP		4		7,436	9
20 DEPRECIATION EXPENSE	H	NEW CAP REL COSTS-BLDG & FIXT		3		542,841	9
21 PROPERTY INSURANCE	I	ADMINISTRATIVE & GENERAL		6		27,680	
22 CAFETERIA EXPENSE	J	DIETARY		11	103,545	121,130	
23 REAL ESTATE TAX	K	ADMINISTRATIVE & GENERAL		6		14,944	
24 ONCOLOGY PHARMACY EXPENSE	L	CLINIC		60		3,214	
25 INTEREST EXPENSE	M	INTEREST EXPENSE		88		187,397	11
26 MEDICAL SUPPLIES EXPENSE	N	RESPIRATORY THERAPY		49		29,211	
27		CLINIC		60		83	
28 PENSION AUDIT COSTS	O	ADMINISTRATIVE & GENERAL		6		20,250	
36 TOTAL RECLASSIFICATIONS					120,691	1,199,639	

(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:  
140019

PERIOD:  
FROM 9/1/2009  
TO 8/31/2010

PREPARED 1/4/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION: MEDICAL CENTER EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	17,146	HOUSEKEEPING	10	17,146	
TOTAL RECLASSIFICATIONS FOR CODE A			17,146				

RECLASS CODE: B  
EXPLANATION: FIRE INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	20,289	ADMINISTRATIVE & GENERAL	6	21,534	
2.00	PHYSICIANS' PRIVATE OFFICES	98	1,245			0	
TOTAL RECLASSIFICATIONS FOR CODE B			21,534	21,534			

RECLASS CODE: C  
EXPLANATION: TELEPHONE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	15,191	CENTRAL SERVICES & SUPPLY	15	7,379	
2.00			0	DRUGS CHARGED TO PATIENTS	56	711	
3.00			0	RURAL HEALTH CLINIC	63.50	3,685	
4.00			0	DURABLE MEDICAL EQUIP-RENTED	66	514	
5.00			0	HOME HEALTH AGENCY	71	2,902	
TOTAL RECLASSIFICATIONS FOR CODE C			15,191	15,191			

RECLASS CODE: D  
EXPLANATION: EMPLOYEE BENEFIT EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	142,216	ADMINISTRATIVE & GENERAL	6	142,216	
TOTAL RECLASSIFICATIONS FOR CODE D			142,216	142,216			

RECLASS CODE: E  
EXPLANATION: RENTAL EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	39,865	ADMINISTRATIVE & GENERAL	6	7,854	
2.00	MAINTENANCE & REPAIRS	7	50	DIETARY	11	33	
3.00			0	CENTRAL SERVICES & SUPPLY	15	267	
4.00			0	ADULTS & PEDIATRICS	25	617	
5.00			0	OPERATING ROOM	37	26,025	
6.00			0	RESPIRATORY THERAPY	49	331	
7.00			0	DURABLE MEDICAL EQUIP-RENTED	66	4,788	
TOTAL RECLASSIFICATIONS FOR CODE E			39,915	39,915			

RECLASS CODE: F  
EXPLANATION: MEDICAL CENTER UTILITIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	16,756	OPERATION OF PLANT	8	16,756	
TOTAL RECLASSIFICATIONS FOR CODE F			16,756	16,756			

RECLASS CODE: G  
EXPLANATION: PHYSICIAN BUILDING DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	17,277	NEW CAP REL COSTS-BLDG & FIXT	3	9,841	
2.00			0	NEW CAP REL COSTS-MVBLE EQUIP	4	7,436	
TOTAL RECLASSIFICATIONS FOR CODE G			17,277	17,277			

RECLASS CODE: H  
EXPLANATION: DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	542,841	NEW CAP REL COSTS-BLDG & FIXT	3	542,841	
TOTAL RECLASSIFICATIONS FOR CODE H			542,841	542,841			

RECLASSIFICATIONS

PROVIDER NO:  
140019

PERIOD:  
FROM 9/1/2009  
TO 8/31/2010

PREPARED 1/4/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: I  
EXPLANATION: PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	27,680
TOTAL RECLASSIFICATIONS FOR CODE I			27,680

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	27,680	
		27,680	

RECLASS CODE: J  
EXPLANATION: CAFETERIA EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	224,675
TOTAL RECLASSIFICATIONS FOR CODE J			224,675

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	224,675	
		224,675	

RECLASS CODE: K  
EXPLANATION: REAL ESTATE TAX

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	14,944
TOTAL RECLASSIFICATIONS FOR CODE K			14,944

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	14,944	
		14,944	

RECLASS CODE: L  
EXPLANATION: ONCOLOGY PHARMACY EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	3,214
TOTAL RECLASSIFICATIONS FOR CODE L			3,214

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC	60	3,214	
		3,214	

RECLASS CODE: M  
EXPLANATION: INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	187,397
TOTAL RECLASSIFICATIONS FOR CODE M			187,397

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	187,397	
		187,397	

RECLASS CODE: N  
EXPLANATION: MEDICAL SUPPLIES EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	29,294
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE N			29,294

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	29,211	
CLINIC	60	83	
		29,294	

RECLASS CODE: O  
EXPLANATION: PENSION AUDIT COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	20,250
TOTAL RECLASSIFICATIONS FOR CODE O			20,250

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	20,250	
		20,250	

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	784,709	41,117		41,117		825,826	
2 LAND IMPROVEMENTS	245,904					245,904	
3 BUILDINGS & FIXTURE	10,807,085	53,714		53,714		10,860,799	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	3,712,657	107,072		107,072		3,819,729	
6 MOVABLE EQUIPMENT	8,030,645	281,531		281,531		8,312,176	
7 SUBTOTAL	23,581,000	483,434		483,434		24,064,434	
8 RECONCILING ITEMS							
9 TOTAL	23,581,000	483,434		483,434		24,064,434	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									
3	NEW CAP REL COSTS-BL	14,926,432		14,926,432	.642312	30,811	9,599		40,410
4	NEW CAP REL COSTS-MV	8,312,176		8,312,176	.357688	17,158	5,345		22,503
5	TOTAL	23,238,608		23,238,608	1.000000	47,969	14,944		62,913

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	498,684			30,811	9,599	4,063	543,157
4	NEW CAP REL COSTS-MV	535,405	39,865		17,158	5,345		597,773
5	TOTAL	1,034,089	39,865		47,969	14,944	4,063	1,140,930

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

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	1,052,216					4,063	1,056,279
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,052,216					4,063	1,056,279

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-187,397	NEW CAP REL COSTS-BLDG &	3	11
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	-399,016			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-38,565	CAFETERIA	12	
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	B	-10,305	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-23,548	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 SELF INSURANCE EXPENSE	A	-193,715	EMPLOYEE BENEFITS	5	
38 ADVERTISING	A	-16,396	ADMINISTRATIVE & GENERAL	6	
39 FOUNDATION EXPENSE	A	-25,576	ADMINISTRATIVE & GENERAL	6	
40 SURETY BONDS	A	-50	ADMINISTRATIVE & GENERAL	6	
41 MISCELLANEOUS INCOME	B	-3,331	ADMINISTRATIVE & GENERAL	6	
42 NURSING SERVICES SOLD - HOSPITAL	B	-25,766	HOME HEALTH AGENCY	71	
43 SUPPLIES SOLD - HOSPITAL	B	-3,356	MEDICAL SUPPLIES CHARGED	55	
44 LI FELINE INCOME	B	-25,319	HOME HEALTH AGENCY	71	
45 DEPRECIATION EXPENSE	A	-850	NEW CAP REL COSTS-BLDG &	3	9
46 SWITCHBOARD SALARY EXPENSE	A	-532	ADMINISTRATIVE & GENERAL	6	
47 SWITCHBOARD BENEFIT EXPENSE	A	-171	EMPLOYEE BENEFITS	5	
48 PATIENT TELEPHONES	A	-3,705	ADMINISTRATIVE & GENERAL	6	
49 LOBBYING DUES	A	-10,292	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-967,890			

(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: 14-0019  
 PERIOD: FROM 9/1/2009 TO 8/31/2010  
 PREPARED: 1/4/2011  
 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 49	RESPIRATORY THERAPY/ AGGR	13,800	13,800					
2 61	EMERGENCY/ AGGREGATE	584,735	336,866	247,869	159,800	3,714	285,335	14,267
3 25	A&P/ AGGREGATE	48,350	48,350					
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	646,885	399,016	247,869		3,714	285,335	14,267

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0019  
 PERIOD: FROM 9/1/2009 TO 8/31/2010  
 PREPARED: 1/4/2011  
 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 49	RESPIRATORY THERAPY/ AGGR							13,800
2 61	EMERGENCY/ AGGREGATE					285,335		336,866
3 25	A&P/ AGGREGATE							48,350
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					285,335		399,016

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0019  
 PERIOD: FROM 9/1/2009 TO 8/31/2010  
 PREPARED 1/4/2011  
 NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:

PERIOD:

PREPARED 1/ 4/2011

14-0019

FROM 9/ 1/2009

WORKSHEET B

TO 8/31/2010

PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	543,157	543,157					
005 NEW CAP REL COSTS-MVBLE E	597,773		597,773				
006 EMPLOYEE BENEFITS	1,480,339	6,893	7,586	1,494,818			
007 ADMINISTRATIVE & GENERAL	1,822,406	66,384	73,059	221,444	2,183,293	2,183,293	
008 MAINTENANCE & REPAIRS	337,651	11,275	12,409	67,774	429,109	91,719	520,828
009 OPERATION OF PLANT	287,323	14,104	15,522		316,949	67,745	16,018
010 LAUNDRY & LINEN SERVICE	59,070	12,322	13,561	10,072	95,025	20,311	13,994
011 HOUSEKEEPING	167,112	4,947	5,444	46,025	223,528	47,777	5,618
012 DIETARY	158,510	15,323	16,863	21,101	211,797	45,270	17,401
014 CAFETERIA	186,110	5,854	6,443	29,902	228,309	48,799	6,649
015 NURSING ADMINISTRATION	320,627	5,625	6,191	89,624	422,067	90,213	6,389
017 CENTRAL SERVICES & SUPPLY	102,157	31,986	35,202	26,018	195,363	41,757	36,326
020 MEDICAL RECORDS & LIBRARY	215,452	9,705	10,681	56,015	291,853	62,381	11,022
025 NONPHYSICIAN ANESTHETISTS							
034 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	1,004,741	88,060	96,915	220,886	1,410,602	301,503	100,005
040 SKILLED NURSING FACILITY	17,304	24,913	27,419	4,406	74,042	15,826	28,294
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	106,433	49,950	54,972	21,764	233,119	49,827	56,727
049 ANESTHESIOLOGY	1,733	981	1,080		3,794	811	1,114
050 RADIOLOGY-DIAGNOSTIC	743,081	43,163	47,503	108,376	942,123	201,371	49,019
055 LABORATORY	1,019,994	17,064	18,780	124,610	1,180,448	252,311	19,379
056 RESPIRATORY THERAPY	154,187	12,036	13,246	43,296	222,765	47,614	13,669
060 PHYSICAL THERAPY	182,948	31,520	34,689	44,696	293,853	62,809	35,797
063 01 CARDIAC REHAB	24,483	11,676	12,850	6,829	55,838	11,935	13,260
066 MEDICAL SUPPLIES CHARGED	23,365	245	270		23,880	5,104	279
071 DRUGS CHARGED TO PATIENTS	1,110,284	6,214	6,839		1,123,337	240,104	7,057
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC	147,620	17,121	18,843	40,155	223,739	47,822	19,444
098 EMERGENCY	576,894	12,559	13,822	83,463	686,738	146,785	14,263
100 OBSERVATION BEDS (NON-DIS							
100 03 OTHER OUTPATIENT SERVICE							
100 50 RURAL HEALTH CLINIC	436,000	22,109	24,332	118,749	601,190	128,500	25,109
100 066 OTHER REIMBURS COST CNTRS							
100 071 DURABLE MEDICAL EQUIP-REN	201,727	14,587	16,053	21,491	253,858	54,260	16,566
100 095 HOME HEALTH AGENCY	303,768	6,541	7,199	83,170	400,678	85,642	7,429
100 096 SPEC PURPOSE COST CENTERS							
100 098 SUBTOTALS	12,332,249	543,157	597,773	1,489,866	12,327,297	2,168,196	520,828
100 100 NONREIMBURS COST CENTERS							
100 100 01 GIFT, FLOWER, COFFEE SHOP							
100 100 02 PHYSICIANS' PRIVATE OFFIC	52,880			4,952	57,832	12,361	
100 100 01 OTHER NONREIMBURSABLE COS							
100 100 02 FARM EXPENSE	12,802				12,802	2,736	
101 UNOCCUPIED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	12,397,931	543,157	597,773	1,494,818	12,397,931	2,183,293	520,828

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							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	400,712						
010 LAUNDRY & LINEN SERVICE	11,108	140,438					
011 HOUSEKEEPING	4,459		281,382				
012 DIETARY	13,813		10,092	298,373			
014 CAFETERIA	5,278		3,856	174,931	467,822		
015 NURSING ADMINISTRATION	5,071		3,705		28,389	555,834	
017 CENTRAL SERVICES & SUPPLY	28,835	2,895	21,066		13,528	35,049	374,819
020 MEDICAL RECORDS & LIBRARY	8,749		6,392		39,505		6,708
025 NONPHYSICIAN ANESTHETISTS							
034 INPAT ROUTINE SRVC CNTRS	79,383	92,764	57,996	122,625	103,641	324,672	
037 ADULTS & PEDIATRICS	22,459	100	16,408	817	2,726	7,063	
040 SKILLED NURSING FACILITY							
041 ANCILLARY SRVC COST CNTRS	45,029		32,898		7,007	18,155	
044 OPERATING ROOM	885		646				
049 ANESTHESIOLOGY	38,911	13,844	28,428		43,606		14,493
050 RADIOLOGY-DIAGNOSTIC	15,383		11,239		55,313		273,003
055 LABORATORY	10,850	161	7,927		18,800	37,048	
056 RESPIRATORY THERAPY	28,415	6,223	20,760		17,716		
060 PHYSICAL THERAPY	10,526		7,690		2,660	6,893	
061 CARDIAC REHAB	221		162				18,508
062 MEDICAL SUPPLIES CHARGED	5,602		4,093				23,371
063 DRUGS CHARGED TO PATIENTS							
066 OUTPAT SERVICE COST CNTRS	15,435	1,232	11,276		17,646	45,719	2,881
071 CLINIC	11,322	22,466	8,272		29,351	81,235	
095 EMERGENCY							
096 OBSERVATION BEDS (NON-DIS							
098 OTHER OUTPATIENT SERVICE							
100 RURAL HEALTH CLINIC	19,931	359	14,561		38,407		7,099
101 OTHER REIMBURS COST CNTRS							
102 DURABLE MEDICAL EQUIP-REN	13,150		9,607		14,109		28,756
103 HOME HEALTH AGENCY	5,897		4,308		30,638		
104 SPEC PURPOSE COST CENTERS							
105 SUBTOTALS	400,712	140,044	281,382	298,373	463,042	555,834	374,819
106 NONREIMBURS COST CENTERS							
107 GIFT, FLOWER, COFFEE SHOP							
108 PHYSICIANS' PRIVATE OFFIC		394			4,780		
109 OTHER NONREIMBURSABLE COS							
110 FARM EXPENSE							
111 UNOCCUPIED SPACE							
112 CROSS FOOT ADJUSTMENT							
113 NEGATIVE COST CENTER							
114 TOTAL	400,712	140,438	281,382	298,373	467,822	555,834	374,819

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	20	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
017 CENTRAL SERVICES & SUPPLY					
020 MEDICAL RECORDS & LIBRARY	426,610				
025 NONPHYSICIAN ANESTHETISTS					
034 INPAT ROUTINE SRVC CNTRS					
037 ADULTS & PEDIATRICS	218,143		2,811,334		2,811,334
040 SKILLED NURSING FACILITY			167,735		167,735
041 ANCILLARY SRVC COST CNTRS					
044 OPERATING ROOM	1,062		443,824		443,824
049 ANESTHESIOLOGY			7,250		7,250
050 RADIOLOGY-DIAGNOSTIC	110,626		1,442,421		1,442,421
055 LABORATORY	31,394		1,838,470		1,838,470
056 RESPIRATORY THERAPY			358,834		358,834
060 PHYSICAL THERAPY	10,583		476,156		476,156
061 CARDIAC REHAB			108,802		108,802
062 MEDICAL SUPPLIES CHARGED			48,154		48,154
063 DRUGS CHARGED TO PATIENTS			1,403,564		1,403,564
066 OUTPAT SERVICE COST CNTRS					
071 CLINIC			385,194		385,194
075 EMERGENCY	54,802		1,055,234		1,055,234
080 OBSERVATION BEDS (NON-DIS					
085 OTHER OUTPATIENT SERVICE					
090 RURAL HEALTH CLINIC			835,156		835,156
095 OTHER REIMBURS COST CNTRS					
100 DURABLE MEDICAL EQUIP-REN			390,306		390,306
105 HOME HEALTH AGENCY			534,592		534,592
110 SPEC PURPOSE COST CENTERS					
115 SUBTOTALS	426,610		12,307,026		12,307,026
120 NONREIMBURS COST CENTERS					
125 GIFT, FLOWER, COFFEE SHOP					
130 PHYSICIANS' PRIVATE OFFIC			75,367		75,367
135 OTHER NONREIMBURSABLE COS					
140 FARM EXPENSE			15,538		15,538
145 UNOCCUPIED SPACE					
150 CROSS FOOT ADJUSTMENT					
155 NEGATIVE COST CENTER					
160 TOTAL	426,610		12,397,931		12,397,931

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0019  
 PERIOD: FROM 9/1/2009 TO 8/31/2010  
 PREPARED 1/4/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE E & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		6,893	7,586	14,479	14,479		
007 ADMINISTRATIVE & GENERAL		66,384	73,059	139,443	2,145	141,588	
008 MAINTENANCE & REPAIRS		11,275	12,409	23,684	656	5,948	30,288
009 OPERATION OF PLANT		14,104	15,522	29,626		4,393	931
010 LAUNDRY & LINEN SERVICE		12,322	13,561	25,883	98	1,317	814
011 HOUSEKEEPING		4,947	5,444	10,391	446	3,098	327
012 DIETARY		15,323	16,863	32,186	204	2,936	1,012
014 CAFETERIA		5,854	6,443	12,297	290	3,165	387
015 NURSING ADMINISTRATION		5,625	6,191	11,816	868	5,850	372
017 CENTRAL SERVICES & SUPPLY		31,986	35,202	67,188	252	2,708	2,112
020 MEDICAL RECORDS & LIBRARY		9,705	10,681	20,386	543	4,045	641
025 NONPHYSICIAN ANESTHETISTS							
034 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS		88,060	96,915	184,975	2,139	19,555	5,816
040 SKILLED NURSING FACILITY		24,913	27,419	52,332	43	1,026	1,645
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM		49,950	54,972	104,922	211	3,231	3,299
049 ANESTHESIOLOGY		981	1,080	2,061		53	65
050 RADIOLOGY-DIAGNOSTIC		43,163	47,503	90,666	1,050	13,059	2,851
055 LABORATORY		17,064	18,780	35,844	1,207	16,362	1,127
056 RESPIRATORY THERAPY		12,036	13,246	25,282	419	3,088	795
060 PHYSICAL THERAPY		31,520	34,689	66,209	433	4,073	2,082
061 CARDIAC REHAB		11,676	12,850	24,526	66	774	771
062 MEDICAL SUPPLIES CHARGED		245	270	515		331	16
063 DRUGS CHARGED TO PATIENTS		6,214	6,839	13,053		15,571	410
066 OUTPAT SERVICE COST CNTRS							
071 CLINIC		17,121	18,843	35,964	389	3,101	1,131
080 EMERGENCY		12,559	13,822	26,381	808	9,519	829
090 OBSERVATION BEDS (NON-DIS							
095 OTHER OUTPATIENT SERVICE							
100 RURAL HEALTH CLINIC		22,109	24,332	46,441	1,150	8,333	1,460
101 OTHER REIMBURS COST CNTRS							
102 DURABLE MEDICAL EQUIP-REN		14,587	16,053	30,640	208	3,519	963
103 HOME HEALTH AGENCY		6,541	7,199	13,740	806	5,554	432
104 SPEC PURPOSE COST CENTERS							
105 SUBTOTALS		543,157	597,773	1,140,930	14,431	140,609	30,288
106 NONREIMBURS COST CENTERS							
107 GIFT, FLOWER, COFFEE SHOP							
108 PHYSICIANS' PRIVATE OFFIC					48	802	
109 OTHER NONREIMBURSABLE COS							
110 FARM EXPENSE						177	
111 UNOCCUPIED SPACE							
112 CROSS FOOT ADJUSTMENTS							
113 NEGATIVE COST CENTER							
114 TOTAL		543,157	597,773	1,140,930	14,479	141,588	30,288

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
14-0019

PERIOD:  
FROM 9/1/2009  
TO 8/31/2010

PREPARED 1/4/2011  
WORKSHEET B  
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							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	34,950						
010 LAUNDRY & LINEN SERVICE	969	29,081					
011 HOUSEKEEPING	389		14,651				
012 DIETARY	1,205		525	38,068			
014 CAFETERIA	460		201	22,319	39,119		
015 NURSING ADMINISTRATION	442		193		2,374	21,915	
017 CENTRAL SERVICES & SUPPLY	2,515	600	1,097		1,131	1,382	78,985
020 MEDICAL RECORDS & LIBRARY	763		333		3,303		1,413
025 NONPHYSICIAN ANESTHETISTS							
034 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	6,926	19,208	3,021	15,645	8,667	12,800	
040 SKILLED NURSING FACILITY	1,959	21	854	104	228	278	
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	3,927		1,713		586	716	
049 ANESTHESIOLOGY	77		34				
050 RADIOLOGY-DIAGNOSTIC	3,394	2,867	1,480		3,646		3,054
055 LABORATORY	1,342		585		4,625		57,530
056 RESPIRATORY THERAPY	946	33	413		1,572	1,461	
060 PHYSICAL THERAPY	2,478	1,289	1,081		1,481		
063 CARDIAC REHAB	918		400		222	272	
066 MEDICAL SUPPLIES CHARGED	19		8				3,900
071 DRUGS CHARGED TO PATIENTS	489		213				4,925
075 OUTPAT SERVICE COST CNTRS							
080 CLINIC	1,346	255	587		1,476	1,803	607
085 EMERGENCY	987	4,652	431		2,454	3,203	
090 OBSERVATION BEDS (NON-DIS							
095 OTHER OUTPATIENT SERVICE							
100 RURAL HEALTH CLINIC	1,738	74	758		3,212		1,496
105 OTHER REIMBURS COST CNTRS							
110 DURABLE MEDICAL EQUIP-REN	1,147		500		1,180		6,060
115 HOME HEALTH AGENCY	514		224		2,562		
120 SPEC PURPOSE COST CENTERS							
125 SUBTOTALS	34,950	28,999	14,651	38,068	38,719	21,915	78,985
130 NONREIMBURS COST CENTERS							
135 GIFT, FLOWER, COFFEE SHOP							
140 PHYSICIANS' PRIVATE OFFICE		82			400		
145 OTHER NONREIMBURSABLE COS							
150 FARM EXPENSE							
155 UNOCCUPIED SPACE							
160 CROSS FOOT ADJUSTMENTS							
165 NEGATIVE COST CENTER							
170 TOTAL	34,950	29,081	14,651	38,068	39,119	21,915	78,985

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
14-0019

PERIOD:  
FROM 9/ 1/2009  
TO 8/31/2010

PREPARED 1/ 4/2011  
WORKSHEET B  
PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	20	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
017 CENTRAL SERVICES & SUPPLY					
020 MEDICAL RECORDS & LIBRARY	31,427				
025 NONPHYSICIAN ANESTHETISTS					
034 INPAT ROUTINE SRVC CNTRS					
037 ADULTS & PEDIATRICS	16,070		294,822		294,822
040 SKILLED NURSING FACILITY			58,490		58,490
041 ANCILLARY SRVC COST CNTRS					
044 OPERATING ROOM	78		118,683		118,683
049 ANESTHESIOLOGY			2,290		2,290
050 RADIOLOGY-DIAGNOSTIC	8,149		130,216		130,216
055 LABORATORY	2,313		120,935		120,935
056 RESPIRATORY THERAPY			34,009		34,009
060 PHYSICAL THERAPY	780		79,906		79,906
061 01 CARDIAC REHAB			27,949		27,949
062 MEDICAL SUPPLIES CHARGED			4,789		4,789
063 DRUGS CHARGED TO PATIENTS			34,661		34,661
066 OUTPAT SERVICE COST CNTRS					
071 CLINIC			46,659		46,659
075 EMERGENCY	4,037		53,301		53,301
080 OBSERVATION BEDS (NON-DIS					
085 OTHER OUTPATIENT SERVICE					
090 50 RURAL HEALTH CLINIC			64,662		64,662
095 OTHER REIMBURS COST CNTRS					
100 DURABLE MEDICAL EQUIP-REN			44,217		44,217
105 HOME HEALTH AGENCY			23,832		23,832
110 SPEC PURPOSE COST CENTERS					
115 SUBTOTALS	31,427		1,139,421		1,139,421
120 NONREIMBURS COST CENTERS					
125 GIFT, FLOWER, COFFEE SHOP					
130 PHYSICIANS' PRIVATE OFFIC			1,332		1,332
135 OTHER NONREIMBURSABLE COS					
140 01 FARM EXPENSE			177		177
145 02 UNOCCUPIED SPACE					
150 CROSS FOOT ADJUSTMENTS					
155 NEGATIVE COST CENTER					
160 TOTAL	31,427		1,140,930		1,140,930

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 1/ 4/2011

14-0019

FROM 9/ 1/2009

WORKSHEET B-1

TO 8/31/2010

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE MAINTENANCE &	REPAIRS
	OSTS-BLDG &	OSTS-MVBLE E	FITS		E & GENERAL	
	( SQUARE FEET )	( SQUARE FEET )	( GROSS SALARIES )		( ACCUM. COST )	( SQUARE FEET )
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	66,430					
005 NEW CAP REL COSTS-MVB		66,430				
006 EMPLOYEE BENEFITS	843	843	5,176,217			
007 ADMINISTRATIVE & GENE	8,119	8,119	766,805	-2,183,293	10,214,638	
008 MAINTENANCE & REPAIRS	1,379	1,379	234,687		429,109	56,089
009 OPERATION OF PLANT	1,725	1,725			316,949	1,725
010 LAUNDRY & LINEN SERVI	1,507	1,507	34,877		95,025	1,507
011 HOUSEKEEPING	605	605	159,375		223,528	605
012 DIETARY	1,874	1,874	73,067		211,797	1,874
014 CAFETERIA	716	716	103,545		228,309	716
015 NURSING ADMINISTRATION	688	688	310,349		422,067	688
017 CENTRAL SERVICES & SU	3,912	3,912	90,095		195,363	3,912
020 MEDICAL RECORDS & LIB	1,187	1,187	193,968		291,853	1,187
025 NONPHYSICIAN ANESTHET						
034 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	10,770	10,770	764,878		1,410,602	10,770
SKILLED NURSING FACIL	3,047	3,047	15,258		74,042	3,047
ANCILLARY SRVC COST C						
037 OPERATING ROOM	6,109	6,109	75,364		233,119	6,109
040 ANESTHESIOLOGY	120	120			3,794	120
041 RADIOLOGY-DIAGNOSTIC	5,279	5,279	375,283		942,123	5,279
044 LABORATORY	2,087	2,087	431,497		1,180,448	2,087
049 RESPIRATORY THERAPY	1,472	1,472	149,923		222,765	1,472
050 PHYSICAL THERAPY	3,855	3,855	154,772		293,853	3,855
050 01 CARDIAC REHAB	1,428	1,428	23,648		55,838	1,428
055 MEDICAL SUPPLIES CHAR	30	30			23,880	30
056 DRUGS CHARGED TO PATI	760	760			1,123,337	760
060 OUTPAT SERVICE COST C						
061 CLINIC	2,094	2,094	139,047		223,739	2,094
062 EMERGENCY	1,536	1,536	289,012		686,738	1,536
063 OBSERVATION BEDS (NON						
063 50 OTHER OUTPATIENT SERV						
RURAL HEALTH CLINIC	2,704	2,704	411,202		601,190	2,704
066 OTHER REIMBURS COST C						
DURABLE MEDICAL EQUIP	1,784	1,784	74,419		253,858	1,784
071 HOME HEALTH AGENCY	800	800	288,000		400,678	800
095 SPEC PURPOSE COST CEN						
SUBTOTALS	66,430	66,430	5,159,071	-2,183,293	10,144,004	56,089
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
100 PHYSICIANS' PRIVATE O			17,146		57,832	
100 OTHER NONREIMBURSABLE						
100 01 FARM EXPENSE					12,802	
100 02 UNOCCUPIED SPACE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	543,157	597,773	1,494,818		2,183,293	520,828
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	8.176381		.288786		.213742	
(WRKSHT B, PT I)		8.998540				9.285742
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			14,479		141,588	30,288
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.002797		.013861	
(WRKSHT B, PT III)						.539999

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )	(MAN HOURS)	( DIRECT NRSING HRS )	( COSTED REQUIS. )
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	54,364						
009	LAUNDRY & LINEN SERVICE	1,507	78,334					
010	HOUSEKEEPING	605		52,252				
011	DIETARY	1,874		1,874	38,362			
012	CAFETERIA	716		716	22,491	192,210		
014	NURSING ADMINISTRATION	688		688		11,664	88,143	
015	CENTRAL SERVICES & SUPPLY	3,912	1,615	3,912		5,558	5,558	612,278
017	MEDICAL RECORDS & LIBRARY	1,187		1,187		16,231		10,957
020	NONPHYSICIAN ANESTHETIC INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	10,770	51,742	10,770	15,766	42,582	51,486	
034	SKILLED NURSING FACILITY	3,047	56	3,047	105	1,120	1,120	
037	ANCILLARY SRVC COST CENTER OPERATING ROOM	6,109		6,109		2,879	2,879	
040	ANESTHESIOLOGY	120		120				
041	RADIOLOGY-DIAGNOSTIC	5,279	7,722	5,279		17,916		23,674
044	LABORATORY	2,087		2,087		22,726		445,959
049	RESPIRATORY THERAPY	1,472	90	1,472		7,724	5,875	
050	PHYSICAL THERAPY	3,855	3,471	3,855		7,279		
050	01 CARDIAC REHAB	1,428		1,428		1,093	1,093	
055	MEDICAL SUPPLIES CHARGED TO PATIENT	30		30				30,233
056	DRUGS CHARGED TO PATIENT OUTPAT SERVICE COST CENTER	760		760				38,178
060	CLINIC	2,094	687	2,094		7,250	7,250	4,706
061	EMERGENCY	1,536	12,531	1,536		12,059	12,882	
062	OBSERVATION BEDS (NON)							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC	2,704	200	2,704		15,780		11,597
066	OTHER REIMBURS COST CENTER DURABLE MEDICAL EQUIPMENT	1,784		1,784		5,797		46,974
071	HOME HEALTH AGENCY	800		800		12,588		
095	SPEC PURPOSE COST CENTER SUBTOTALS	54,364	78,114	52,252	38,362	190,246	88,143	612,278
096	NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE OFFICE		220			1,964		
100	OTHER NONREIMBURSABLE							
100	01 FARM EXPENSE							
100	02 UNOCCUPIED SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	400,712	140,438	281,382	298,373	467,822	555,834	374,819
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	7.370907	1.792810	5.385095	7.777827	2.433911	6.306048	.612171
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)	34,950	29,081	14,651	38,068	39,119	21,915	78,985
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.642889	.371244	.280391	.992336	.203522	.248630	.129002

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS
	( TIME SPENT )	( ASSIGNED TIME )
	17	20
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENERAL		
008 MAINTENANCE & REPAIRS		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
017 CENTRAL SERVICES & SUPPORT	10,844	
020 MEDICAL RECORDS & LIBRARY		
025 NONPHYSICIAN ANESTHETIST		
034 INPAT ROUTINE SERVICES		
037 ADULTS & PEDIATRICS	5,545	
040 SKILLED NURSING FACILITY		
041 ANCILLARY SERVICE COST CENTER		
044 OPERATING ROOM	27	
049 ANESTHESIOLOGY		
050 RADIOLOGY-DIAGNOSTIC	2,812	
055 LABORATORY	798	
056 RESPIRATORY THERAPY		
060 PHYSICAL THERAPY	269	
061 01 CARDIAC REHAB		
062 MEDICAL SUPPLIES CHARGED TO PATIENT		
063 DRUGS CHARGED TO PATIENT		
066 OUTPAT SERVICE COST CENTER		
071 CLINIC		
095 EMERGENCY	1,393	
096 OBSERVATION BEDS (NON)		
098 OTHER OUTPATIENT SERVICE		
100 50 RURAL HEALTH CLINIC		
101 OTHER REIMBURS COST CENTER		
102 DURABLE MEDICAL EQUIPMENT		
103 HOME HEALTH AGENCY		
104 SPEC PURPOSE COST CENTER		
105 SUBTOTALS	10,844	
106 NONREIMBURS COST CENTER		
108 GIFT, FLOWER, COFFEE		
109 PHYSICIANS' PRIVATE OFFICE		
110 OTHER NONREIMBURSABLE		
111 01 FARM EXPENSE		
112 02 UNOCCUPIED SPACE		
113 CROSS FOOT ADJUSTMENT		
114 NEGATIVE COST CENTER		
115 COST TO BE ALLOCATED	426,610	
116 (PER WRKSHT B, PART I)		
117 UNIT COST MULTIPLIER		
118 (WRKSHT B, PT I)	39.340649	
119 COST TO BE ALLOCATED		
120 (PER WRKSHT B, PART I)		
121 UNIT COST MULTIPLIER		
122 (WRKSHT B, PT I)		
123 COST TO BE ALLOCATED	31,427	
124 (PER WRKSHT B, PART I)		
125 UNIT COST MULTIPLIER		
126 (WRKSHT B, PT I)	2.898100	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,811,334		2,811,334		2,811,334
34	SKILLED NURSING FACILITY	167,735		167,735		167,735
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	443,824		443,824		443,824
40	ANESTHESIOLOGY	7,250		7,250		7,250
41	RADIOLOGY-DIAGNOSTIC	1,442,421		1,442,421		1,442,421
44	LABORATORY	1,838,470		1,838,470		1,838,470
49	RESPIRATORY THERAPY	358,834		358,834		358,834
50	PHYSICAL THERAPY	476,156		476,156		476,156
50	01 CARDIAC REHAB	108,802		108,802		108,802
55	MEDICAL SUPPLIES CHARGED	48,154		48,154		48,154
56	DRUGS CHARGED TO PATIENTS	1,403,564		1,403,564		1,403,564
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	385,194		385,194		385,194
61	EMERGENCY	1,055,234		1,055,234		1,055,234
62	OBSERVATION BEDS (NON-DIS	207,457		207,457		207,457
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	835,156		835,156		835,156
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	390,306		390,306		390,306
101	SUBTOTAL	11,979,891		11,979,891		11,979,891
102	LESS OBSERVATION BEDS	207,457		207,457		207,457
103	TOTAL	11,772,434		11,772,434		11,772,434

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,779,368		4,779,368			
34	SKILLED NURSING FACILITY	4,338		4,338			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	430	460,742	461,172	.962383	.962383	.962383
40	ANESTHESIOLOGY		107,904	107,904	.067189	.067189	.067189
41	RADIOLOGY-DIAGNOSTIC	1,151,706	5,691,285	6,842,991	.210788	.210788	.210788
44	LABORATORY	1,664,460	4,730,065	6,394,525	.287507	.287507	.287507
49	RESPIRATORY THERAPY	413,947	988,208	1,402,155	.255916	.255916	.255916
50	PHYSICAL THERAPY	54,405	722,625	777,030	.612790	.612790	.612790
50 01	CARDIAC REHAB	469	75,702	76,171	1.428391	1.428391	1.428391
55	MEDICAL SUPPLIES CHARGED	654,482	95,191	749,673	.064233	.064233	.064233
56	DRUGS CHARGED TO PATIENTS	1,102,812	1,009,271	2,112,083	.664540	.664540	.664540
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	7,416	354,154	361,570	1.065337	1.065337	1.065337
61	EMERGENCY	341,730	1,471,097	1,812,827	.582093	.582093	.582093
62	OBSERVATION BEDS (NON-DIS	45,540	207,498	253,038	.819865	.819865	.819865
63	OTHER OUTPATIENT SERVICE						
63 50	RURAL HEALTH CLINIC		550,023	550,023	1.518402	1.518402	1.518402
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		279,194	279,194	1.397974	1.397974	1.397974
101	SUBTOTAL	10,221,103	16,742,959	26,964,062			
102	LESS OBSERVATION BEDS						
103	TOTAL	10,221,103	16,742,959	26,964,062			





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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	443,824	118,683	325,141			443,824
40	ANESTHESIOLOGY	7,250	2,290	4,960			7,250
41	RADIOLOGY-DIAGNOSTIC	1,442,421	130,216	1,312,205			1,442,421
44	LABORATORY	1,838,470	120,935	1,717,535			1,838,470
49	RESPIRATORY THERAPY	358,834	34,009	324,825			358,834
50	PHYSICAL THERAPY	476,156	79,906	396,250			476,156
50	01 CARDIAC REHAB	108,802	27,949	80,853			108,802
55	MEDICAL SUPPLIES CHARGED	48,154	4,789	43,365			48,154
56	DRUGS CHARGED TO PATIENTS	1,403,564	34,661	1,368,903			1,403,564
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	385,194	46,659	338,535			385,194
61	EMERGENCY	1,055,234	53,301	1,001,933			1,055,234
62	OBSERVATION BEDS (NON-DIS	207,457	23,525	183,932			207,457
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	835,156	64,662	770,494			835,156
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	390,306	44,217	346,089			390,306
101	SUBTOTAL	9,000,822	785,802	8,215,020			9,000,822
102	LESS OBSERVATION BEDS	207,457	23,525	183,932			207,457
103	TOTAL	8,793,365	762,277	8,031,088			8,793,365

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	461,172	.962383	.962383
40	ANESTHESIOLOGY	107,904	.067189	.067189
41	RADIOLOGY-DIAGNOSTIC	6,842,991	.210788	.210788
44	LABORATORY	6,394,525	.287507	.287507
49	RESPIRATORY THERAPY	1,402,155	.255916	.255916
50	PHYSICAL THERAPY	777,030	.612790	.612790
50 01	CARDIAC REHAB	76,171	1.428391	1.428391
55	MEDICAL SUPPLIES CHARGED	749,673	.064233	.064233
56	DRUGS CHARGED TO PATIENTS	2,112,083	.664540	.664540
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	361,570	1.065337	1.065337
61	EMERGENCY	1,812,827	.582093	.582093
62	OBSERVATION BEDS (NON-DIS	253,038	.819865	.819865
63	OTHER OUTPATIENT SERVICE			
63 50	RURAL HEALTH CLINIC	550,023	1.518402	1.518402
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	279,194	1.397974	1.397974
101	SUBTOTAL	22,180,356		
102	LESS OBSERVATION BEDS	253,038		
103	TOTAL	21,927,318		

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	443,824	118,683	325,141			443,824
40	ANESTHESIOLOGY	7,250	2,290	4,960			7,250
41	RADIOLOGY-DIAGNOSTIC	1,442,421	130,216	1,312,205			1,442,421
44	LABORATORY	1,838,470	120,935	1,717,535			1,838,470
49	RESPIRATORY THERAPY	358,834	34,009	324,825			358,834
50	PHYSICAL THERAPY	476,156	79,906	396,250			476,156
50	01 CARDIAC REHAB	108,802	27,949	80,853			108,802
55	MEDICAL SUPPLIES CHARGED	48,154	4,789	43,365			48,154
56	DRUGS CHARGED TO PATIENTS	1,403,564	34,661	1,368,903			1,403,564
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	385,194	46,659	338,535			385,194
61	EMERGENCY	1,055,234	53,301	1,001,933			1,055,234
62	OBSERVATION BEDS (NON-DIS	207,457	23,525	183,932			207,457
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	835,156	64,662	770,494			835,156
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	390,306	44,217	346,089			390,306
101	SUBTOTAL	9,000,822	785,802	8,215,020			9,000,822
102	LESS OBSERVATION BEDS	207,457	23,525	183,932			207,457
103	TOTAL	8,793,365	762,277	8,031,088			8,793,365

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	461,172	.962383	.962383
40	ANESTHESIOLOGY	107,904	.067189	.067189
41	RADIOLOGY-DIAGNOSTIC	6,842,991	.210788	.210788
44	LABORATORY	6,394,525	.287507	.287507
49	RESPIRATORY THERAPY	1,402,155	.255916	.255916
50	PHYSICAL THERAPY	777,030	.612790	.612790
50	01 CARDIAC REHAB	76,171	1.428391	1.428391
55	MEDICAL SUPPLIES CHARGED	749,673	.064233	.064233
56	DRUGS CHARGED TO PATIENTS	2,112,083	.664540	.664540
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	361,570	1.065337	1.065337
61	EMERGENCY	1,812,827	.582093	.582093
62	OBSERVATION BEDS (NON-DIS	253,038	.819865	.819865
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	550,023	1.518402	1.518402
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	279,194	1.397974	1.397974
101	SUBTOTAL	22,180,356		
102	LESS OBSERVATION BEDS	253,038		
103	TOTAL	21,927,318		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				294,822	22,166	272,656
101	TOTAL				294,822		272,656

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0019  
 PERIOD: FROM 9/1/2009 TO 8/31/2010  
 PREPARED 1/4/2011  
 WORKSHEET D  
 PART I

TITLE XVIII, PART A

PPS

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,083	2,101			88.44	185,812
101	TOTAL	3,083	2,101				185,812

TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		118,683	461,172			
40	ANESTHESIOLOGY		2,290	107,904			
41	RADIOLOGY-DIAGNOSTIC		130,216	6,842,991	1,048,816		
44	LABORATORY		120,935	6,394,525	1,380,574		
49	RESPIRATORY THERAPY		34,009	1,402,155	309,295		
50	PHYSICAL THERAPY		79,906	777,030	15,657		
50	01 CARDIAC REHAB		27,949	76,171	234		
55	MEDICAL SUPPLIES CHARGED		4,789	749,673	397,686		
56	DRUGS CHARGED TO PATIENTS		34,661	2,112,083	699,916		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		46,659	361,570	980		
61	EMERGENCY		53,301	1,812,827	234,492		
62	OBSERVATION BEDS (NON-DIS		23,525	253,038	18,949		
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		44,217	279,194			
101	TOTAL		721,140	21,630,333	4,106,599		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0019  
 COMPONENT NO: 14-0019  
 PERIOD: FROM 9/1/2009 TO 8/31/2010  
 PREPARED 1/4/2011  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.257351	
40	ANESTHESIOLOGY	.021223	
41	RADIOLOGY-DIAGNOSTIC	.019029	19,958
44	LABORATORY	.018912	26,109
49	RESPIRATORY THERAPY	.024255	7,502
50	PHYSICAL THERAPY	.102835	1,610
50 01	CARDIAC REHAB	.366924	86
55	MEDICAL SUPPLIES CHARGED	.006388	2,540
56	DRUGS CHARGED TO PATIENTS	.016411	11,486
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.129046	126
61	EMERGENCY	.029402	6,895
62	OBSERVATION BEDS (NON-DIS	.092970	1,762
63	OTHER OUTPATIENT SERVICE		
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.158374	
101	TOTAL		78,074

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					3,083	
34	SKILLED NURSING FACILITY					32	
101	TOTAL					3,115	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		2,101
34	SKILLED NURSING FACILITY		
101	TOTAL		2,101

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			461,172				
40	ANESTHESIOLOGY			107,904				
41	RADIOLOGY-DIAGNOSTIC			6,842,991			1,048,816	
44	LABORATORY			6,394,525			1,380,574	
49	RESPIRATORY THERAPY			1,402,155			309,295	
50	PHYSICAL THERAPY			777,030			15,657	
50	01 CARDIAC REHAB			76,171			234	
55	MEDICAL SUPPLIES CHARGED			749,673			397,686	
56	DRUGS CHARGED TO PATIENTS			2,112,083			699,916	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			361,570			980	
61	EMERGENCY			1,812,827			234,492	
62	OBSERVATION BEDS (NON-DIS			253,038			18,949	
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			279,194				
101	TOTAL			21,630,333			4,106,599	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	329,580					
40	ANESTHESIOLOGY	79,957					
41	RADIOLOGY-DIAGNOSTIC	2,475,357					
44	LABORATORY	77,621					
49	RESPIRATORY THERAPY	390,436					
50	PHYSICAL THERAPY						
50	01 CARDIAC REHAB	45,069					
55	MEDICAL SUPPLIES CHARGED	54,827					
56	DRUGS CHARGED TO PATIENTS	682,440					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	38,621					
61	EMERGENCY	385,965					
62	OBSERVATION BEDS (NON-DIS	52,358					
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	4,612,231					



















WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS		2,764,058	
37	OPERATING ROOM	.962383		
40	ANESTHESIOLOGY	.067189		
41	RADIOLOGY-DIAGNOSTIC	.210788	1,048,816	221,078
44	LABORATORY	.287507	1,380,574	396,925
49	RESPIRATORY THERAPY	.255916	309,295	79,154
50	PHYSICAL THERAPY	.612790	15,657	9,594
50	01 CARDIAC REHAB	1.428391	234	334
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.064233	397,686	25,545
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.664540	699,916	465,122
60	CLINIC	1.065337	980	1,044
61	EMERGENCY	.582093	234,492	136,496
62	OBSERVATION BEDS (NON-DISTINCT PART)	.819865	18,949	15,536
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	1.397974		
101	TOTAL		4,106,599	1,350,828
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,106,599	



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	227,215	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	696,793	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	1,840,444	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	26.19	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		7.30
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		18.72
4.02 SUM OF LINES 4 AND 4.01		26.02
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		10.68
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		295,243
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	3,059,695	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	3,398,150	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	3,398,150	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	223,911	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	3,622,061	
17 PRIMARY PAYER PAYMENTS	432	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	3,621,629	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	465,424	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	156,090	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	109,263	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	156,090	
22 SUBTOTAL	3,265,468	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	3,265,468	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	3,877,318	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-611,850	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	31
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,796,711
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,252,479
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	849
1.04	LINE 1.01 TIMES LINE 1.03.	1,525,408
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	82.11
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	231,990
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)	31
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	145
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	145
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)	145
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	114
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	31
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,484,469
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	322,500
19	SUBTOTAL (SEE INSTRUCTIONS)	1,162,000
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,162,000
24	PRIMARY PAYER PAYMENTS	38
25	SUBTOTAL	1,161,962
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	62,379
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	43,665
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	62,379
28	SUBTOTAL	1,205,627
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,205,627
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	962,895
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	242,732
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	





CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/1/2009	1/4/2011
COMPONENT NO:	TO 8/31/2010	WORKSHEET E-2
14-U019		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

	PART A 1	PART B 2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	342,721	
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3 ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5 PROGRAM DAYS	1,097	
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8 SUBTOTAL	342,721	
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10 SUBTOTAL	342,721	
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12 SUBTOTAL	342,721	
13 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	32,480	
14 80% OF PART B COSTS		
15 SUBTOTAL	310,241	
16 OTHER ADJUSTMENTS (SPECIFY)		
17 REIMBURSABLE BAD DEBTS	19,284	
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	19,284	
18 TOTAL	329,525	
19 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20 INTERIM PAYMENTS	310,241	
20.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21 BALANCE DUE PROVIDER/PROGRAM	19,284	
22 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/ 1/2009	1/ 4/2011
COMPONENT NO:	TO 8/31/2010	WORKSHEET E-3
14-5565		PART III

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

- 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
- 10 SUBTOTAL
- 11 COMPUTATION OF LESSER OF COST OR CHARGES
- 12 REASONABLE CHARGES
- 13 ROUTINE SERVICE CHARGES
- 14 ANCILLARY SERVICE CHARGES
- 15 INTERNS AND RESIDENTS SERVICE CHARGES
- 16 ORGAN ACQUISITION CHARGES, NET OF REVENUE
- 17 TEACHING PHYSICIANS
- 18 INCENTIVE FROM TARGET AMOUNT COMPUTATION
- 19 TOTAL REASONABLE CHARGES
- 20 CUSTOMARY CHARGES
- 21 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
- 22 PAYMENT FOR SERVICES ON A CHARGE BASIS
- 23 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE
- 24 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT
- 25 BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)
- 26 RATIO OF LINE 17 TO LINE 18
- 27 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 28 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 29 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 30 COST OF COVERED SERVICES
- 31 PROSPECTIVE PAYMENT AMOUNT
- 32 OTHER THAN OUTLIER PAYMENTS
- 33 OUTLIER PAYMENTS
- 34 PROGRAM CAPITAL PAYMENTS
- 35 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)
- 36 ROUTINE SERVICE OTHER PASS THROUGH COSTS
- 37 ANCILLARY SERVICE OTHER PASS THROUGH COSTS
- 38 SUBTOTAL
- 39 CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)
- 40 TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE
- 41 XVIII ENTER AMOUNT FROM LINE 30
- 42 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)
- 43 COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 44 EXCESS OF REASONABLE COST
- 45 SUBTOTAL
- 46 COINSURANCE
- 47 SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19
- 48 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 49 38.01 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING
- 50 BEFORE 10/01/05 (SEE INSTRUCTIONS)
- 51 38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 52 38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING
- 53 ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)
- 54 UTILIZATION REVIEW
- 55 SUBTOTAL (SEE INSTRUCTIONS)
- 56 INPATIENT ROUTINE SERVICE COST
- 57 MEDICARE INPATIENT ROUTINE CHARGES
- 58 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
- 59 PAYMENT FOR SERVICES ON A CHARGE BASIS
- 60 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE
- 61 FOR PAYMENT OF PART A SERVICES
- 62 RATIO OF LINE 43 TO 44
- 63 TOTAL CUSTOMARY CHARGES
- 64 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 65 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 66 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER
- 67 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 68 OTHER ADJUSTMENTS (SPECIFY)
- 69 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS
- 70 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 71 SUBTOTAL
- 72 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)
- 73 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 74 TOTAL AMOUNT PAYABLE TO THE PROVIDER
- 75 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 76 INTERIM PAYMENTS
- 77 57.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 78 BALANCE DUE PROVIDER/PROGRAM
- 79 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/ 1/2009	1/ 4/2011
COMPONENT NO:	TO 8/31/2010	WORKSHEET E-3
14-5565		PART III

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.

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,335,090			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,252,457			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,143,130			
7	INVENTORY	185,064			
8	PREPAID EXPENSES	435,863			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	214,057			
11	TOTAL CURRENT ASSETS	6,279,401			
FIXED ASSETS					
12	LAND	825,826			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION	-331,239			
14	BUILDINGS	11,157,239			
14.01	LESS ACCUMULATED DEPRECIATION	-6,417,233			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	3,819,729			
16.01	LESS ACCUMULATED DEPRECIATION	-3,210,430			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	8,312,176			
18.01	LESS ACCUMULATED DEPRECIATION	-7,196,510			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	6,959,558			
OTHER ASSETS					
22	INVESTMENTS	19,380,984			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	97,519			
26	TOTAL OTHER ASSETS	19,478,503			
27	TOTAL ASSETS	32,717,462			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	361,937			
29 SALARIES, WAGES & FEES PAYABLE	391,076			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	7,315,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	813,597			
35 OTHER CURRENT LIABILITIES	161,808			
36 TOTAL CURRENT LIABILITIES	9,043,418			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	9,043,418			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	23,674,044			
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	23,674,044			
52 TOTAL LIABILITIES AND FUND BALANCES	32,717,462			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		22,792,746		
2	NET INCOME (LOSS)		857,298		
3	TOTAL		23,650,044		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	NET ASSETS RELEASED FROM	316,517			
6	INCREASE IN PERMANENT RES	20,000			
7					
8					
9					
10	TOTAL ADDITIONS		336,517		
11	SUBTOTAL		23,986,561		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DECREASE IN TEMPORARILY R	312,517			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		312,517		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		23,674,044		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,676,880		3,676,880
4 00 SWING BED - SNF	1,018,313		1,018,313
5 00 SWING BED - NF	87,922		87,922
6 00 SKILLED NURSING FACILITY	4,338		4,338
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,787,453		4,787,453
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,787,453		4,787,453
17 00 ANCILLARY SERVICES	5,468,942	16,137,760	21,606,702
18 00 OUTPATIENT SERVICES		279,194	279,194
18 50 RURAL HEALTH CLINIC		550,023	550,023
19 00 HOME HEALTH AGENCY		552,663	552,663
24 00 PROFESSIONAL FEES	47,226	34,877	82,103
25 00 TOTAL PATIENT REVENUES	10,303,621	17,554,517	27,858,138

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		13,365,821	
ADD (SPECIFY)			
27 00 BAD DEBTS	1,439,567		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,439,567	
DEDUCT (SPECIFY)			
34 00 FARM EXPENSE	12,802		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		12,802	
40 00 TOTAL OPERATING EXPENSES		14,792,586	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0019  
 PERIOD: FROM 9/1/2009 TO 8/31/2010  
 PREPARED 1/4/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	27,858,138
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	13,415,791
3	NET PATIENT REVENUES	14,442,347
4	LESS: TOTAL OPERATING EXPENSES	14,792,586
5	NET INCOME FROM SERVICE TO PATIENTS	-350,239
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	223,033
7	INCOME FROM INVESTMENTS	721,919
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	38,565
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	3,356
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	10,305
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	83,492
23	GOVERNMENTAL APPROPRIATIONS	
24	NET ASSETS RELEASED FROM RESTRICTION	21,553
24.01	FARM INCOME	60,700
24.02	GAIN ON SALE OF EQUIPMENT	
24.03	LIFELINE INCOME	25,319
24.04	NURSING SERVICES	25,766
24.06	PROFESSIONAL FEES	3,000
24.07	MISCELLANEOUS INCOME	3,331
25	TOTAL OTHER INCOME	1,220,339
26	TOTAL	870,100
	OTHER EXPENSES	
27	FARM EXPENSES	12,802
28		
29		
30	TOTAL OTHER EXPENSES	12,802
31	NET INCOME (OR LOSS) FOR THE PERIOD	857,298

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	88,268				13,868	102,136
HHA REIMBURSABLE SERVICES						
6	127,613		13,367			140,980
7	22,238		8,281			30,519
8			1,011	3,000		4,011
9			462	1,369		1,831
10				1,116		1,116
11	49,881		5,628			55,509
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50				21,653		21,653
24	288,000		28,749	27,138	13,868	357,755

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-2,902	99,234	-3,666	95,568
HHA REIMBURSABLE SERVICES				
6		140,980	-25,766	115,214
7		30,519		30,519
8		4,011		4,011
9		1,831		1,831
10		1,116		1,116
11		55,509		55,509
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50		21,653	-21,653	
24	-2,902	354,853	-51,085	303,768

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		95,568				95,568	95,568
HHA REIMBURSABLE SERVICES							
6		115,214				115,214	52,886
7		30,519				30,519	14,009
8		4,011				4,011	1,841
9		1,831				1,831	840
10		1,116				1,116	512
11		55,509				55,509	25,480
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		303,768				303,768	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		168,100					
7		44,528					
8		5,852					
9		2,671					
10		1,628					
11		80,989					
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		303,768					
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					-95,568	208,200
6	SKILLED NURSING CARE					115,214	
7	PHYSICAL THERAPY					30,519	
8	OCCUPATIONAL THERAPY					4,011	
9	SPEECH PATHOLOGY					1,831	
10	MEDICAL SOCIAL SERVICES					1,116	
11	HOME HEALTH AIDE					55,509	
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-95,568	208,200
25	COST TO BE ALLOCATED					95,568	
26	UNIT COST MULTIPLIER					.459020	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		6,541	7,199	25,490	39,230	8,385
2 SKILLED NURSING CARE	168,100			36,853	204,953	43,807
3 PHYSICAL THERAPY	44,528			6,422	50,950	10,890
4 OCCUPATIONAL THERAPY	5,852				5,852	1,251
5 SPEECH PATHOLOGY	2,671				2,671	571
6 MEDICAL SOCIAL SERVICES	1,628				1,628	348
7 HOME HEALTH AIDE	80,989			14,405	95,394	20,390
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	303,768	6,541	7,199	83,170	400,678	85,642
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	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	7,429	5,897		4,308		9,390
2 SKILLED NURSING CARE						13,576
3 PHYSICAL THERAPY						2,366
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						5,306
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	7,429	5,897		4,308		30,638
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	MEDICAL RECORDS & LIBRARY 17	NONPHYSICIAN ANESTHETIST 20	SUBTOTAL 25	POST STEP DOWN ADJUST 26
1 ADMIN & GENERAL					74,639	
2 SKILLED NURSING CARE					262,336	
3 PHYSICAL THERAPY					64,206	
4 OCCUPATIONAL THERAPY					7,103	
5 SPEECH PATHOLOGY					3,242	
6 MEDICAL SOCIAL SERVICES					1,976	
7 HOME HEALTH AIDE					121,090	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)					534,592	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	74,639		
2 SKILLED NURSING CARE	262,336	42,570	304,906
3 PHYSICAL THERAPY	64,206	10,419	74,625
4 OCCUPATIONAL THERAPY	7,103	1,153	8,256
5 SPEECH PATHOLOGY	3,242	526	3,768
6 MEDICAL SOCIAL SERVICES	1,976	321	2,297
7 HOME HEALTH AIDE	121,090	19,650	140,740
8 SUPPLIES			
9 DRUGS			
9.20 COST ADMINISTERING DRUGS			
10 DME			
11 HOME DIALYSIS AIDE SVCS			
12 RESPIRATORY THERAPY			
13 PRIVATE DUTY NURSING			
14 CLINIC			
15 HEALTH PROM ACTIVITIES			
16 DAY CARE PROGRAM			
17 HOME DEL MEALS PROGRAM			
18 HOMEMAKER SERVICE			
19 ALL OTHER			
19.50 TELEMEDICINE			
20 TOTAL (SUM OF 1-19) (2)	534,592	74,639	534,592
21 UNIT COST MULTIPLIER		0.162275	

- (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 ) 3	NEW CAP REL COSTS-MVBLE ( SQUARE FEET ) 4	EMPLOYEE BENEFITS ( GROSS SALARIES ) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL ( ACCUM. COST ) 6	MAINTENANCE & REPAIRS ( SQUARE FEET ) 7
1 ADMIN & GENERAL	800	800	88,268		39,230	800
2 SKILLED NURSING CARE			127,613		204,953	
3 PHYSICAL THERAPY			22,238		50,950	
4 OCCUPATIONAL THERAPY					5,852	
5 SPEECH PATHOLOGY					2,671	
6 MEDICAL SOCIAL SERVICES					1,628	
7 HOME HEALTH AIDE			49,881		95,394	
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)	800	800	288,000		400,678	800
21 COST TO BE ALLOCATED	6,541	7,199	83,170		85,642	7,429
22 UNIT COST MULTIPLIER	8.176250	8.998750	0.288785		0.213743	9.286250

HHA COST CENTER	OPERATION OF PLANT ( SQUARE FEET ) 8	LAUNDRY & LINEN SERVICE ( POUNDS OF LAUNDRY ) 9	HOUSEKEEPING ( SQUARE FEET ) 10	DIETARY ( MEALS SERVED ) 11	CAFETERIA ( MAN HOURS ) 12	NURSING ADMINISTRATION ( DIRECT NRSING HRS ) 14
1 ADMIN & GENERAL	800		800		3,858	
2 SKILLED NURSING CARE					5,578	
3 PHYSICAL THERAPY					972	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					2,180	
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)	800		800		12,588	
21 COST TO BE ALLOCATED	5,897		4,308		30,638	
22 UNIT COST MULTIPLIER	7.371250		5.385000		2.433905	

HHA 1

CENTRAL SERVICES & SUPPLIES	MEDICAL RECORDS & LIBRARIES	NONPHYSICIAN ANESTHETISTS
( COSTED REQUIS. )	( TIME SPENT )	( ASSIGNED TIME )
15	17	20

HHA COST CENTER

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	304,906		304,906	2,021	150.87	582
2 PHYSICAL THERAPY	3	74,625		74,625	1,252	59.60	578
3 OCCUPATIONAL THERAPY	4	8,256		8,256	34	242.82	25
4 SPEECH PATHOLOGY	5	3,768		3,768	21	179.43	8
5 MEDICAL SOCIAL SERVICES	6	2,297		2,297	6	382.83	3
6 HOME HEALTH AIDE SERVICE	7	140,740		140,740	851	165.38	340
7 TOTAL		534,592		534,592	4,185		1,536

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	738		87,806	111,342	199,148
2 PHYSICAL THERAPY	397		34,449	23,661	58,110
3 OCCUPATIONAL THERAPY	11		6,071	2,671	8,742
4 SPEECH PATHOLOGY			1,435		1,435
5 MEDICAL SOCIAL SERVICES	1		1,148	383	1,531
6 HOME HEALTH AIDE SERVICES	324		56,229	53,583	109,812
7 TOTAL	1,471		187,138	191,640	378,778

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

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

PROVIDER NO: 14-0019  
 HHA NO: 14-7622  
 PERIOD: FROM 9/1/2009 TO 8/31/2010  
 PREPARED 1/4/2011  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART I)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		203	203	3,156	.064322	620
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	-----PART B-----		-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES		2,536	40	163
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM 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	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.612790			COL 2, LN 2
1.01 CARDIAC REHAB	50.01	1.428391			
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.064233	3,156	203	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.664540			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY		59.60	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY		242.82					
3 SPEECH PATHOLOGY		179.43					
4 TOTAL (SUM OF LINES 1-3)							





CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 1/ 4/2011
14-0019	FROM 9/ 1/2009	WORKSHEET L
COMPONENT NO:	TO 8/31/2010	PARTS I-IV
14-0019		

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	223,911
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	7.80
	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	223,911
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	





ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0019	FROM 9/ 1/2009	1/ 4/2011
COMPONENT NO:	TO 8/31/2010	WORKSHEET M-2
14-3446		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.90	3,405	4,200	3,780
2	PHYSICIAN ASSISTANTS	.47	1,364	2,100	987
3	NURSE PRACTITIONERS	.22	647	2,100	462
4	SUBTOTAL (SUM OF LINES 1-3)	1.59	5,416		5,229
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.59	5,416		
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)	340,857			
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)	340,857			
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)	95,143			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	399,156			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	494,299			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	494,299			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	494,299			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	835,156			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	5,416			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5,416			
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: 14-0019  
 COMPONENT NO: 14-3446  
 PERIOD: FROM 9/1/2009 TO 8/31/2010  
 PREPARED 1/4/2011  
 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)	319,397	319,397	319,397	319,397
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		.001075		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)		343		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)		580		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)		923		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	340,857	340,857	340,857	340,857
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	494,299	494,299	494,299	494,299
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)		.002708		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)		1,339		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)		2,262		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)		64		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)		35.34		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES		17		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)		601		
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)		2,262		
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)		601		

