

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0137	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						I --FINAL 1-MCR CODE	I	
						I 00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 11:28

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:

GREENVILLE REGIONAL HOSPITAL 14-0137

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 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.

ECR ENCRYPTION INFORMATION
DATE: 5/26/2011 TIME 11:28

fIdPVS.BNv.s7iSAXYEmRmoUZf:uB0
ZvHy50d1rc12toIwi.xBT4khy5qim3
IBad0NiT0Y0mUWno

PI ENCRYPTION INFORMATION
DATE: 5/26/2011 TIME 11:28

AHfeU0hb8Ef:TQa5VHBYoghgwmb0
vqoys0upwbu8bHrTB5PzF2sStvntZp
MDli6FBiv80Dr26i

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	7,964	-33,785		0
2	SUBPROVIDER	0	0	0		0
3	SWING BED - SNF	0	0	0		0
5	HOSPITAL-BASED SNF	0	-154	0		0
6	HOSPITAL-BASED NF	0	0	0		0
9	RHC	0	0	-76,003		0
9 .01	RHC II	0	0	146		0
100	TOTAL	0	7,810	-109,642		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.

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		14-0137		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 11:27

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:
 GREENVILLE REGIONAL HOSPITAL 14-0137
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 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.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	7,964	-33,785	0	0
2	SUBPROVIDER	0	0	0	0	0
3	SWING BED - SNF	0	0	0	0	0
5	HOSPITAL-BASED SNF	0	-154	0	0	0
6	HOSPITAL-BASED NF	0	0	0	0	0
9	RHC	0	0	-76,003	0	0
9 .01	RHC II	0	0	146	0	0
100	TOTAL	0	7,810	-109,642	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 WAGE INDEX INFORMATION

PROVIDER NO: 14-0137
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 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	13,647,434		13,647,434	641,818.00	21.26	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B		320,025	320,025	3,850.00	83.12	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	815,639		815,639	9,775.00	83.44	
5.01 NON-PHYSICIAN - PART B	268,473		268,473	16,570.00	16.20	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	2,423	92,272	94,695	9,935.62	9.53	
8.01 EXCLUDED AREA SALARIES	3,377,475	-92,272	3,285,203	214,675.38	15.30	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,305,919		1,305,919	23,178.00	56.34	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	2,039,304		2,039,304			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	777,652		777,652			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	73,632		73,632			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	187,663		187,663			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)	61,771		61,771			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	193,042		193,042	5,893.00	32.76	
22 ADMINISTRATIVE & GENERAL	1,449,090		1,449,090	51,485.00	28.15	
22.01 A & G UNDER CONTRACT	110,947		110,947	588.00	188.69	
23 MAINTENANCE & REPAIRS	306,075		306,075	14,760.00	20.74	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	145,451		145,451	12,939.00	11.24	
26 HOUSEKEEPING	353,310		353,310	31,917.00	11.07	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	496,765	-132,297	364,468	46,575.00	7.83	
27.01 DIETARY UNDER CONTRACT	26,060		26,060	623.00	41.83	
28 CAFETERIA		132,297	132,297	13,833.00	9.56	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	601,493		601,493	31,376.00	19.17	
31 CENTRAL SERVICE AND SUPPLY	73,825		73,825	4,147.00	17.80	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	383,584		383,584	22,651.00	16.93	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	12,700,329	-320,025	12,380,304	612,834.00	20.20	
2 EXCLUDED AREA SALARIES	3,379,898		3,379,898	224,611.00	15.05	
3 SUBTOTAL SALARIES	9,320,431	-320,025	9,000,406	388,223.00	23.18	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,305,919		1,305,919	23,178.00	56.34	
5 SUBTOTAL WAGE-RELATED COSTS	2,039,304		2,039,304		22.66	
6 TOTAL	12,665,654	-320,025	12,345,629	411,401.00	30.01	
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	4,139,642		4,139,642	236,787.00	17.48	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0137
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO RATE	10/1 DAYS	SERVICES ON/AFTER 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		25				
2	RUB		490				
3	RUA		298				
3.01	RUX						
3.02	RUL						
4	RVC		58				
5	RVB		319				
6	RVA		171				
6.01	RVX						
6.02	RVL						
7	RHC		14				
8	RHB		7				
9	RHA		7				
9.01	RHX						
9.02	RHL						
10	RMC		16				
11	RMB		25				
12	RMA		6				
12.01	RMX						
12.02	RML						
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2		17				
17	SE1						
18	SSC						
19	SSB						
20	SSA		7				
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	CD2						
45.23	CD1						
46	TOTAL		1,460				

(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: 14-0137
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
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	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9102
 Wage Index Factor (after 10/01): 0.9090
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : NOT SPECIFIED

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC		12	
2	RUB		104	
3	RUA		91	
3.01	RUX		20	
3.02	RUL		140	
4	RVC		6	
5	RVB		111	
6	RVA		47	
6.01	RVX		10	
6.02	RVL		265	
7	RHC		2	
8	RHB		3	
9	RHA		30	
9.01	RHX			
9.02	RHL			
10	RMC		4	
11	RMB			
12	RMA		12	
12.01	RMX		30	
12.02	RML		74	
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2		12	
17	SE1			
18	SSC			
19	SSB			
20	SSA		28	
21	CC2			
22	CC1		2	
23	CB2			
24	CB1			
25	CA2			
26	CA1		2	
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		10	
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			
45.18	LB2			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0137	FROM 1/1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGs	DAYS	DAYS	
1	2	4.05	4.06	5	
45 .19 LB1					
45 .20 CE2					
45 .21 CE1					
45 .22 CD2					
45 .23 CD1					
46 TOTAL					1,015

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9102
 Wage Index Factor (after 10/01) : 0.9090
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : NOT SPECIFIED

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 150 HEALTHCARE DRIVE
 1.01 CITY: GREENVILLE STATE: IL ZIP CODE: 62246 COUNTY: BOND
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12.01 MULBERRY GROVE RHC II			700	1900	700	1700	700	1700	700	1700	700	1700	800	1200

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

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

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

15 PROVIDER NAME: GREENVILLE REGIONAL HOSPITAL RHC PROVIDER NUMBER: 143498

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. TITLE V TITLE XVII TITLE XIX

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.

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 101 HEALTHCARE DRIVE
 1.01 CITY: GREENVILLE STATE: IL ZIP CODE: 62246 COUNTY: BOND
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC 0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12.01 KEYESPORT RCH IV			830	1630	830	1630	830	1630	830	1630	830	1630	830	1130

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

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

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

15 PROVIDER NAME: GREENVILLE REGIONAL HOSPITAL RHC PROVIDER NUMBER: 148513

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. TITLE V TITLE XVII TITLE XIX

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.

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	4,463,152
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	4,463,152
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)	.467678
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	11,026,925

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,157,050
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,597,950
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,215,004
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,157,050

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0137

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
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		1,698,758	1,698,758	-457,335	1,241,423
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		423,263	423,263	966,075	1,389,338
5	0500 EMPLOYEE BENEFITS	193,042	3,258,032	3,451,074	21,946	3,473,020
6	0600 ADMIN STRATIVE & GENERAL	1,449,090	2,463,488	3,912,578	-40,284	3,872,294
7	0700 MAINTENANCE & REPAIRS	306,075	922,542	1,228,617		1,228,617
9	0900 LAUNDRY & LINEN SERVICE	145,451	38,165	183,616		183,616
10	1000 HOUSEKEEPING	353,310	82,576	435,886		435,886
11	1100 DIETARY	496,765	545,036	1,041,801	-288,106	753,695
12	1200 CAFETERIA				288,106	288,106
14	1400 NURSING ADMINISTRATION	601,493	44,375	645,868		645,868
15	1500 CENTRAL SERVICES & SUPPLY	73,825	56,145	129,970		129,970
17	1700 MEDICAL RECORDS & LIBRARY	383,584	39,111	422,695		422,695
20	2000 NONPHYSICIAN ANESTHETISTS				488,510	488,510
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,748,963	697,469	2,446,432	-295,816	2,150,616
31	3100 SUBPROVIDER	560,407	152,072	712,479		712,479
33	3300 NURSERY				214,350	214,350
34	3400 SKILLED NURSING FACILITY	2,423		2,423	98,461	100,884
35	3500 NURSING FACILITY	1,706,713	235,957	1,942,670	-98,461	1,844,209
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	580,421	199,554	779,975		779,975
39	3900 DELIVERY ROOM & LABOR ROOM				81,466	81,466
40	4000 ANESTHESIOLOGY	320,025	206,220	526,245	-488,510	37,735
41	4100 RADIOLOGY-DIAGNOSTIC	524,306	722,995	1,247,301		1,247,301
44	4400 LABORATORY	521,447	818,289	1,339,736		1,339,736
49	4900 RESPIRATORY THERAPY	236,751	19,223	255,974	-84,119	171,855
50	5000 PHYSICAL THERAPY		845,348	845,348	-296,964	548,384
51	5100 OCCUPATIONAL THERAPY				202,059	202,059
52	5200 SPEECH PATHOLOGY				94,905	94,905
53	5300 ELECTROCARDIOLOGY		55,814	55,814	84,119	139,933
53.01	5301 CARDIAC REHAB	7,365	726	8,091		8,091
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		365,310	365,310	-33,516	331,794
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		7,188	7,188	33,516	40,704
56	5600 DRUGS CHARGED TO PATIENTS	320,682	1,065,147	1,385,829		1,385,829
58	5800 ASC (NON-DISTINCT PART)					
58.01	3950 SNR DAY TREATMENT- WHITE OAKS	125,913	85,459	211,372		211,372
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	66,713	33,988	100,701		100,701
60.01	6001 WELLNESS LINK					
61	6100 EMERGENCY	707,719	1,476,945	2,184,664		2,184,664
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	999,125	519,440	1,518,565	-24,000	1,494,565
63.51	6311 RURAL HEALTH CLINIC 2	105,471	19,030	124,501		124,501
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	594,122	65,325	659,447		659,447
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		462,402	462,402	-462,402	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	13,131,201	17,625,392	30,756,593	4,000	30,760,593
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,711	189,983	236,694		236,694
98	9800 PHYSICIANS' PRIVATE OFFICES	406,730	44,725	451,455	-4,000	447,455
100	7950 EMERALD POINT	62,792	341,176	403,968		403,968
101	TOTAL	13,647,434	18,201,276	31,848,710	-0-	31,848,710

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0137
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
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	-166,405	1,075,018
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-43,669	1,345,669
5	0500 EMPLOYEE BENEFITS	-894,468	2,578,552
6	0600 ADMINISTRATIVE & GENERAL	-660,699	3,211,595
7	0700 MAINTENANCE & REPAIRS	-11,481	1,217,136
9	0900 LAUNDRY & LINEN SERVICE		183,616
10	1000 HOUSEKEEPING	-220	435,666
11	1100 DIETARY	-57,442	696,253
12	1200 CAFETERIA	-77,467	210,639
14	1400 NURSING ADMINISTRATION	-9,332	636,536
15	1500 CENTRAL SERVICES & SUPPLY	-103	129,867
17	1700 MEDICAL RECORDS & LIBRARY	-24,189	398,506
20	2000 NONPHYSICIAN ANESTHETISTS	-488,510	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-727,315	1,423,301
31	3100 SUBPROVIDER	-96,209	616,270
33	3300 NURSERY		214,350
34	3400 SKILLED NURSING FACILITY		100,884
35	3500 NURSING FACILITY		1,844,209
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-8,000	771,975
39	3900 DELIVERY ROOM & LABOR ROOM		81,466
40	4000 ANESTHESIOLOGY		37,735
41	4100 RADIOLOGY-DIAGNOSTIC	-94,342	1,152,959
44	4400 LABORATORY	-10,320	1,329,416
49	4900 RESPIRATORY THERAPY	-5,260	166,595
50	5000 PHYSICAL THERAPY		548,384
51	5100 OCCUPATIONAL THERAPY		202,059
52	5200 SPEECH PATHOLOGY		94,905
53	5300 ELECTROCARDIOLOGY	-49,131	90,802
53.01	5301 CARDIAC REHAB		8,091
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,382	329,412
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		40,704
56	5600 DRUGS CHARGED TO PATIENTS	-81,139	1,304,690
58	5800 ASC (NON-DISTINCT PART)		
58.01	3950 SNR DAY TREATMENT- WHITE OAKS	-24,000	187,372
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-29,000	71,701
60.01	6001 WELLNESS LINK		
61	6100 EMERGENCY	-1,472,770	711,894
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC	-302,815	1,191,750
63.51	6311 RURAL HEALTH CLINIC 2	-15,413	109,088
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-18,509	640,938
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-5,370,590	25,390,003
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		236,694
98	9800 PHYSICIANS' PRIVATE OFFICES		447,455
100	7950 EMERALD POINT		403,968
101	TOTAL	-5,370,590	26,478,120

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0137
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 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	
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	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
58.01	SNR DAY TREATMENT- WHITE OAKS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WELLNESS LINK	6001	CLINIC
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 #####
63.51	RURAL HEALTH CLINIC 2	6311	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	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	EMERALD POINT	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140137

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CRNA FEES	A	NONPHYSICIAN ANESTHETISTS	20	320,025	168,485
2 RECLASS CAFETERIA EXPENSE	C	CAFETERIA	12	132,297	155,809
3 RECLASS DEPRECIATION EXPENSE	I	NEW CAP REL COSTS-MVBLE EQUIP	4		712,197
4 RECLASS RESPIRATORY THERAPY SALARIES	J	ELECTROCARDIOLOGY	53	84,119	
5 RECLASS OB EXPENSES	K	NURSERY	33	183,571	30,779
6		DELIVERY ROOM & LABOR ROOM	39	69,768	11,698
7 RECLASS CONTRACT THERAPY EXPENSE	L	OCCUPATIONAL THERAPY	51		202,059
8		SPEECH PATHOLOGY	52		94,905
9 RECLASS PROPERTY INSURANCE EXPENSE	M	OTHER CAPITAL RELATED COSTS	90		46,338
10 RECLASS INTEREST EXPENSE	N	NEW CAP REL COSTS-BLDG & FIXT	3		218,714
11		NEW CAP REL COSTS-MVBLE EQUIP	4		243,688
12 RECLASS PHYSICIAN OVERHEAD EXPENSE	S	ADMINISTRATIVE & GENERAL	6		28,000
13					
14 RECLASS RET & HEALTH PLAN AUDIT FEES	T	EMPLOYEE BENEFITS	5		21,946
15 RECLASS SNF & NH EXPENSE BREAKOUT	W	SKILLED NURSING FACILITY	34	92,272	6,189
16 IMPLANY SUPPLY EXPENSE	X	IMPL. DEV. CHARGED TO PATIENT	55.30		33,516
36 TOTAL RECLASSIFICATIONS				882,052	1,974,323

(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:
140137

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS CRNA FEES	A	ANESTHESIOLOGY	40		320,025	168,485	
2 RECLASS CAFETERIA EXPENSE	C	DIETARY	11		132,297	155,809	
3 RECLASS DEPRECIATION EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3			712,197	9
4 RECLASS RESPIRATORY THERAPY SALARIES	J	RESPIRATORY THERAPY	49		84,119		
5 RECLASS OB EXPENSES	K	ADULTS & PEDIATRICS	25		253,339	42,477	
6							
7 RECLASS CONTRACT THERAPY EXPENSE	L	PHYSICAL THERAPY	50			296,964	
8							
9 RECLASS PROPERTY INSURANCE EXPENSE	M	ADMINISTRATIVE & GENERAL	6			46,338	12
10 RECLASS INTEREST EXPENSE	N	INTEREST EXPENSE	88			462,402	11
11							11
12 RECLASS PHYSICIAN OVERHEAD EXPENSE	S	RURAL HEALTH CLINIC	63.50			24,000	
13		PHYSICIANS' PRIVATE OFFICES	98			4,000	
14 RECLASS RET & HEALTH PLAN AUDIT FEES	T	ADMINISTRATIVE & GENERAL	6			21,946	
15 RECLASS SNF & NH EXPENSE BREAKOUT	W	NURSING FACILITY	35		92,272	6,189	
16 IMPLANY SUPPLY EXPENSE	X	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			33,516	
36 TOTAL RECLASSIFICATIONS					882,052	1,974,323	

(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:
140137

PERIOD:
FROM 1/1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: RECLASS CRNA FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	488,510	ANESTHESIOLOGY	40	488,510	
TOTAL RECLASSIFICATIONS FOR CODE A			488,510				488,510

RECLASS CODE: C
EXPLANATION: RECLASS CAFETERIA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	288,106	DIETARY	11	288,106	
TOTAL RECLASSIFICATIONS FOR CODE C			288,106				288,106

RECLASS CODE: I
EXPLANATION: RECLASS DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	712,197	NEW CAP REL COSTS-BLDG & FIXT	3	712,197	
TOTAL RECLASSIFICATIONS FOR CODE I			712,197				712,197

RECLASS CODE: J
EXPLANATION: RECLASS RESPIRATORY THERAPY SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	84,119	RESPIRATORY THERAPY	49	84,119	
TOTAL RECLASSIFICATIONS FOR CODE J			84,119				84,119

RECLASS CODE: K
EXPLANATION: RECLASS OB EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	214,350	ADULTS & PEDIATRICS	25	295,816	
2.00	DELIVERY ROOM & LABOR ROOM	39	81,466			0	
TOTAL RECLASSIFICATIONS FOR CODE K			295,816				295,816

RECLASS CODE: L
EXPLANATION: RECLASS CONTRACT THERAPY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	202,059	PHYSICAL THERAPY	50	296,964	
2.00	SPEECH PATHOLOGY	52	94,905			0	
TOTAL RECLASSIFICATIONS FOR CODE L			296,964				296,964

RECLASS CODE: M
EXPLANATION: RECLASS PROPERTY INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	46,338	ADMINISTRATIVE & GENERAL	6	46,338	
TOTAL RECLASSIFICATIONS FOR CODE M			46,338				46,338

RECLASS CODE: N
EXPLANATION: RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	218,714	INTEREST EXPENSE	88	462,402	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	243,688			0	
TOTAL RECLASSIFICATIONS FOR CODE N			462,402				462,402

RECLASS CODE: S
EXPLANATION: RECLASS PHYSICIAN OVERHEAD EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	28,000	RURAL HEALTH CLINIC	63.50	24,000	

RECLASSIFICATIONS

PROVIDER NO:
140137

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: S
EXPLANATION : RECLASS PHYSICIAN OVERHEAD EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	PHYSICIANS' PRIVATE OFFICES	98	4,000	
TOTAL RECLASSIFICATIONS FOR CODE S			28,000				28,000

RECLASS CODE: T
EXPLANATION : RECLASS RET & HEALTH PLAN AUDIT FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	21,946	ADMINISTRATIVE & GENERAL	6	21,946	
TOTAL RECLASSIFICATIONS FOR CODE T			21,946				21,946

RECLASS CODE: W
EXPLANATION : RECLASS SNF & NH EXPENSE BREAKOUT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SKILLED NURSING FACILITY	34	98,461	NURSING FACILITY	35	98,461	
TOTAL RECLASSIFICATIONS FOR CODE W			98,461				98,461

RECLASS CODE: X
EXPLANATION : IMPLANY SUPPLY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	33,516	MEDICAL SUPPLIES CHARGED TO PA	55	33,516	
TOTAL RECLASSIFICATIONS FOR CODE X			33,516				33,516

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS 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	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	1,205,116					1,205,116	
3 BUILDINGS & FIXTURE	29,966,572	637,862		637,862	11,500	30,592,934	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	8,826,396	601,406		601,406	464,400	8,963,402	
7 SUBTOTAL	39,998,084	1,239,268		1,239,268	475,900	40,761,452	
8 RECONCILING ITEMS							
9 TOTAL	39,998,084	1,239,268		1,239,268	475,900	40,761,452	

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	31,798,050		31,798,050	.780101	36,148			36,148
4	NEW CAP REL COSTS-MV	8,963,402		8,963,402	.219899	10,190			10,190
5	TOTAL	40,761,452		40,761,452	1.000000	46,338			46,338

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
3	NEW CAP REL COSTS-BL	852,825		186,045	36,148			1,075,018
4	NEW CAP REL COSTS-MV	1,128,190		207,289	10,190			1,345,669
5	TOTAL	1,981,015		393,334	46,338			2,420,687

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

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
3	NEW CAP REL COSTS-BL	1,698,758						1,698,758
4	NEW CAP REL COSTS-MV	423,263						423,263
5	TOTAL	2,122,021						2,122,021

* 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	-32,669	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-36,399	NEW CAP REL COSTS-MVBLE E	4	11
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	A	-6,947	NURSING ADMINISTRATION	14	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,947,185			
13 SALE OF SCRAP, WASTE, ETC.	B	-500	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-33,741			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-77,467	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	B	-71,171	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-20,639	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-3,568	DIETARY	11	
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	-488,510	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 VARIOUS ADMINISTRATIVE	B	141	ADMINISTRATIVE & GENERAL	6	
38					
39 CLINIC PROPERTY RENTAL	B	-99,995	NEW CAP REL COSTS-BLDG &	3	9
40					
41					
42					
43					
44					
45					
46					
47					
48 LOBBYING EXPENSE	A	-12,176	ADMINISTRATIVE & GENERAL	6	
49 ADVERTISING OFFSET SALARY	A	-63,300	ADMINISTRATIVE & GENERAL	6	
49.01 ADVERTISING OFFSET OTHER EXP	A	-174,511	ADMINISTRATIVE & GENERAL	6	
49.02 AMBULANCE REIMBURSEMENT	B	-18,509	AMBULANCE SERVICES	65	
49.03 HEALTH FAIR TESTS INCOME-LAB	B	-94,246	ADMINISTRATIVE & GENERAL	6	
49.04					
49.05					
49.06					
49.07 PHYSICIAN RECRUITMENT EXP SALARIES	A	-216,818	ADMINISTRATIVE & GENERAL	6	
49.08 PHYSICIAN RECRUITMENT EXP OTH EXP	A	-36,519	ADMINISTRATIVE & GENERAL	6	
49.09 COUNTRY CLUB DUES	A	-1,755	ADMINISTRATIVE & GENERAL	6	
49.10 CRNA RELATED BENEFITS	A	-74,625	EMPLOYEE BENEFITS	5	
49.11					
49.12 ADVERTISING OFFSET-EMPLOYEE BENEFITS	A	-14,761	EMPLOYEE BENEFITS	5	
49.13 EDUCATION SEMINARS	B	-5,040	RURAL HEALTH CLINIC	63.50	
49.14 GREEN TEA SAVINGS	B	-103	CENTRAL SERVICES & SUPPLY	15	
49.15					
49.16 TELEPHONE SERVICE	A	-11,481	MAINTENANCE & REPAIRS	7	
49.17 TELEPHONE SERVICE	A	-7,270	NEW CAP REL COSTS-MVBLE E	4	9
49.18					
49.19					
49.20					
49.21					
49.22					
49.23 NUTRITION COUNSEL REVENUE	B	-6,960	DIETARY	11	
49.24					
49.25 BARBER AND BEAUTY EXPENSE	A	-9,815	ADMINISTRATIVE & GENERAL	6	
49.26					
49.27 CREDENTIALING SERVICES	B	-3,550	MEDICAL RECORDS & LIBRARY	17	
49.28 EDUCATION SEMINARS	B	-2,385	NURSING ADMINISTRATION	14	
49.29 CPAP SETUPS NON PATIENT	B	-3,670	RESPIRATORY THERAPY	49	
49.30 CATERING REVENUE	B	-46,914	DIETARY	11	
49.31 RENT	B	-750	RADIOLOGY-DIAGNOSTIC	41	
49.32 RENT	B	-220	HOUSEKEEPING	10	
49.33 MISC SUPPLY REVENUE	B	-9,968	DRUGS CHARGED TO PATIENTS	56	
49.34 MISC SUPPLY REVENUE	B	-2,382	MEDICAL SUPPLIES CHARGED	55	
49.35 SELF INSURANCE ADJUSTMENT	A	-698,337	EMPLOYEE BENEFITS	5	
49.36 PHYSICIAN RECRUITMENT	A	-805	EMPLOYEE BENEFITS	5	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0137

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	4	
49.37 PHYSICIAN RECRUITMENT	A	-30,000	ADULTS & PEDIATRICS	25	
49.38 COMMUNITY HEALTH EVENTS INCOME	B	-5,070	LABORATORY	44	
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,370,590			

- (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

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & GFW RHC LEASE EXPENSE	35,314	66,624	-31,310	9
2	3	NEW CAP REL COSTS-BLDG & GMA RHC LEASE EXPENSE	1,371	3,802	-2,431	9
3						
4						
5		TOTALS	36,685	70,426	-33,741	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	GREENVILLE REGIONAL HEALT	0.00	
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0137
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 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 41	RADIOLOGY/AGGREGATE	93,092	93,092					
2 60	CLINIC/AGGREGATE	29,000	29,000					
3 53	CARDIOLOGY/AGGREGATE	49,131	49,131					
4 61	EMERGENCY ROOM/AGGREGATE	1,472,770	1,472,770					
5 44	LABORATORY/AGGREGATE	5,250	5,250					
6								
7 31	MEDICAL DIRECTOR/BHU	96,209	96,209					
8 49	CARD/PULMONARY/AGGREGATE	1,590	1,590					
9 5	PHYSICIAN EMPLOYEE BENEFIT	105,940	105,940					
10 6	ADMINISTRATIVE/AGGREGATE	51,700	51,700					
11 25	HOSPITALIST/AGGREGATE	697,315	697,315					
12								
13								
14 37	OPERATING ROOM/AGGREGATE	8,000	8,000					
15 58 1	SNR TREATMENT ROOM/AGGREG	24,000	24,000					
16								
17								
18 63 50	NON RHC SALARIES	297,775	297,775					
19 63 51	NON RHC SALARIES	15,413	15,413					
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,947,185	2,947,185					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0137
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS	SERVED	ENTERED
12	CAFETERIA	8	HOURS OF	SERVICE	ENTERED
14	NURSING ADMINISTRATION	9	DIRECT	NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	11	GROSS	REVENUES	ENTERED
20	NONPHYSICIAN ANESTHETISTS	12	ASSIGNED	TIME	ENTERED

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 &	1,075,018	1,075,018					
005 NEW CAP REL COSTS-MVBLE E	1,345,669		1,345,669				
006 EMPLOYEE BENEFITS	2,578,552	12,592	15,762	2,606,906			
007 ADMINISTRATIVE & GENERAL	3,211,595	98,962	123,877	250,216	3,684,650	3,684,650	
009 MAINTENANCE & REPAIRS	1,217,136	81,498	102,016	65,515	1,466,165	237,011	1,703,176
010 LAUNDRY & LINEN SERVICE	183,616	9,640	12,068	31,133	236,457	38,224	13,145
011 HOUSEKEEPING	435,666	14,397	18,022	75,625	543,710	87,893	19,631
012 DIETARY	696,253	35,425	44,344	78,014	854,036	138,058	48,303
014 CAFETERIA	210,639	10,902	13,647	28,318	263,506	42,597	14,865
015 NURSING ADMINISTRATION	636,536	20,172	25,251	128,748	810,707	131,054	27,505
017 CENTRAL SERVICES & SUPPLY	129,867	79,751	99,829	15,802	325,249	52,578	108,742
020 MEDICAL RECORDS & LIBRARY	398,506	27,197	34,044	82,105	541,852	87,593	37,084
025 NONPHYSICIAN ANESTHETISTS							
031 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	1,423,301	105,051	131,494	239,472	1,899,318	307,032	143,237
034 SUBPROVIDER	616,270	46,582	58,310	119,954	841,116	135,970	63,515
035 NURSERY	214,350	2,766	3,462	39,293	259,871	42,009	3,771
037 SKILLED NURSING FACILITY	100,884	21,561	26,989	20,269	169,703	27,433	29,399
039 NURSING FACILITY	1,844,209			365,323	2,209,532	357,174	500,596
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	771,975	92,724	116,069	124,238	1,105,006	178,629	126,431
044 DELIVERY ROOM & LABOR ROOM	81,466	15,230	19,065	14,934	130,695	21,127	20,767
049 ANESTHESIOLOGY	37,735	949	1,188		39,872	6,445	1,294
050 RADIOLOGY-DIAGNOSTIC	1,152,959	71,742	89,804	112,227	1,426,732	230,637	97,822
053 LABORATORY	1,329,416	29,373	36,768	111,615	1,507,172	243,640	40,050
055 RESPIRATORY THERAPY	166,595	26,780	33,523	32,671	259,569	41,960	36,515
058 PHYSICAL THERAPY	548,384	19,061	23,860		591,305	95,587	25,990
060 OCCUPATIONAL THERAPY	202,059	7,036	8,808		217,903	35,225	9,594
062 SPEECH PATHOLOGY	94,905	3,229	4,042		102,176	16,517	4,403
063 ELECTROCARDIOLOGY	90,802	2,997	3,752	18,006	115,557	18,680	4,087
065 01 CARDIAC REHAB	8,091	4,583	5,737	1,576	19,987	3,231	6,249
066 MEDICAL SUPPLIES CHARGED	329,412				329,412	53,251	
068 30 IMPL. DEV. CHARGED TO PAT	40,704				40,704	6,580	
070 DRUGS CHARGED TO PATIENTS	1,304,690	25,183	31,523	68,641	1,430,037	231,171	34,338
072 ASC (NON-DISTINCT PART)							
074 01 SNR DAY TREATMENT- WHITE	187,372	20,600	25,787	26,951	260,710	42,145	28,089
076 OUTPAT SERVICE COST CNTRS							
078 CLINIC	71,701	43,642	54,630	14,280	184,253	29,785	59,507
080 01 WELLNESS LINK							
082 EMERGENCY	711,894	27,301	34,174	134,910	908,279	146,827	37,226
084 OBSERVATION BEDS (NON-DIS							
086 OTHER OUTPATIENT SERVICE							
088 50 RURAL HEALTH CLINIC	1,191,750	72,934	91,296	150,123	1,506,103	243,468	99,447
090 51 RURAL HEALTH CLINIC 2	109,088	6,203	7,765	19,277	142,333	23,009	8,458
092 OTHER REIMBURS COST CNTRS							
094 AMBULANCE SERVICES	640,938	17,556	21,977	127,171	807,642	130,559	23,939
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	25,390,003	1,053,619	1,318,883	2,496,407	25,231,319	3,483,099	1,673,999
099 NONREIMBURS COST CENTERS							
101 GI FT, FLOWER, COFFEE SHOP	236,694	6,412	8,026	9,998	261,130	42,213	8,742
102 PHYSICIANS' PRIVATE OFFICE	447,455	14,987	18,760	87,060	568,262	91,862	20,435
104 EMERALD POINT	403,968			13,441	417,409	67,476	
106 CROSS FOOT ADJUSTMENT							
108 NEGATIVE COST CENTER							
110 TOTAL	26,478,120	1,075,018	1,345,669	2,606,906	26,478,120	3,684,650	1,703,176

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SERVICES	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	17		
003 GENERAL SERVICE COST CNTR									
004 NEW CAP REL COSTS-BLDG &									
005 NEW CAP REL COSTS-MVBLE E									
006 EMPLOYEE BENEFITS									
007 ADMINISTRATIVE & GENERAL									
009 MAINTENANCE & REPAIRS									
010 LAUNDRY & LINEN SERVICE	287,826								
011 HOUSEKEEPING	18,414	669,648							
012 DIETARY	5,090	19,364	1,064,851						
014 CAFETERIA	2,382	5,959		329,309					
015 NURSING ADMINISTRATION		11,026		22,404	1,002,696				
017 CENTRAL SERVICES & SUPPLY	2,909	43,593		2,923			535,994		
020 MEDICAL RECORDS & LIBRARY		14,866		15,542			1,606	698,543	
025 NONPHYSICIAN ANESTHETISTS									
031 INPAT ROUTINE SRVC CNTRS									
033 ADULTS & PEDIATRICS	37,480	57,422	180,847	41,521	161,102	36,321	41,150		
034 SUBPROVIDER	14,441	25,463	65,359		80,415	3,714	28,580		
035 NURSERY	1,339	1,512		5,331	19,578		2,284		
037 SKILLED NURSING FACILITY	9,105	11,786	39,572	7,176	19,011		2,430		
039 NURSING FACILITY	154,997	200,686	673,573	122,161	323,617	25,526	41,362		
040 ANCILLARY SRVC COST CNTRS									
041 OPERATING ROOM	6,408	50,685		16,238	59,634	61,146	49,405		
044 DELIVERY ROOM & LABOR ROOM	8,484	8,325		2,026	7,440		5,804		
049 ANESTHESIOLOGY		519				1,600	11,800		
050 RADIOLOGY-DIAGNOSTIC	7,807	39,216		14,419	52,955	8,675	178,160		
051 LABORATORY	1,412	16,056		17,726	65,099	182,056	121,102		
052 RESPIRATORY THERAPY		14,639		5,275	30,114	4,077	13,697		
053 PHYSICAL THERAPY	4,449	10,419				3,769	30,070		
055 OCCUPATIONAL THERAPY		3,846					10,439		
058 SPEECH PATHOLOGY		1,765					2,861		
060 ELECTROCARDIOLOGY		1,638		2,925			10,589		
061 CARDIAC REHAB		2,505		211	775	170	721		
062 MEDICAL SUPPLIES CHARGED						164,203	13,391		
063 30 IMPL. DEV. CHARGED TO PAT							235		
065 DRUGS CHARGED TO PATIENTS		13,766		6,409	23,536		49,487		
068 ASC (NON-DISTINCT PART)									
069 01 SNR DAY TREATMENT- WHITE		11,261		4,807	17,655	304	5,800		
070 OUTPAT SERVICE COST CNTRS									
071 CLINIC	818	23,856		2,796		854	787		
072 01 WELLNESS LINK									
073 EMERGENCY	10,110	14,923		16,816	67,276	25,246	51,125		
074 OBSERVATION BEDS (NON-DIS									
075 OTHER OUTPATIENT SERVICE									
076 50 RURAL HEALTH CLINIC	958	39,867		14,613		7,129			
077 51 RURAL HEALTH CLINIC 2		3,391		875		459			
078 OTHER REIMBURS COST CNTRS									
079 AMBULANCE SERVICES	1,223	9,597			74,489	5,711	27,264		
080 SPEC PURPOSE COST CENTERS									
085 SUBTOTALS	287,826	657,951	959,351	322,194	1,002,696	532,566	698,543		
090 NONREIMBURS COST CENTERS									
092 GIFT, FLOWER, COFFEE SHOP		3,505		1,283		396			
094 PHYSICIANS' PRIVATE OFFICE		8,192		5,832		2,732			
100 EMERALD POINT			105,500			300			
101 CROSS FOOT ADJUSTMENT									
102 NEGATIVE COST CENTER									
103 TOTAL	287,826	669,648	1,064,851	329,309	1,002,696	535,994	698,543		

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	20	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
007 MAINTENANCE & REPAIRS				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
017 MEDICAL RECORDS & LIBRARY				
020 NONPHYSICIAN ANESTHETISTS				
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		2,905,430		2,905,430
031 SUBPROVIDER		1,258,573		1,258,573
033 NURSERY		335,695		335,695
034 SKILLED NURSING FACILITY		315,615		315,615
035 NURSING FACILITY		4,609,224		4,609,224
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		1,653,582		1,653,582
039 DELIVERY ROOM & LABOR ROOM		204,668		204,668
040 ANESTHESIOLOGY		61,530		61,530
041 RADIOLOGY-DIAGNOSTIC		2,056,423		2,056,423
044 LABORATORY		2,194,313		2,194,313
049 RESPIRATORY THERAPY		405,846		405,846
050 PHYSICAL THERAPY		761,589		761,589
051 OCCUPATIONAL THERAPY		277,007		277,007
052 SPEECH PATHOLOGY		127,722		127,722
053 ELECTROCARDIOLOGY		153,476		153,476
053 01 CARDIAC REHAB		33,849		33,849
055 MEDICAL SUPPLIES CHARGED		560,257		560,257
055 30 IMPL. DEV. CHARGED TO PAT		47,519		47,519
056 DRUGS CHARGED TO PATIENTS		1,788,744		1,788,744
058 ASC (NON-DISTINCT PART)				
058 01 SNR DAY TREATMENT- WHITE		370,771		370,771
OUTPAT SERVICE COST CNTRS				
060 CLINIC		302,656		302,656
060 01 WELLNESS LINK				
061 EMERGENCY		1,277,828		1,277,828
062 OBSERVATION BEDS (NON-DIS				
063 OTHER OUTPATIENT SERVICE				
063 50 RURAL HEALTH CLINIC		1,911,585		1,911,585
063 51 RURAL HEALTH CLINIC 2		178,525		178,525
OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES		1,080,424		1,080,424
095 SPEC PURPOSE COST CENTERS				
SUBTOTALS		24,872,851		24,872,851
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		317,269		317,269
098 PHYSICIANS' PRIVATE OFFICE		697,315		697,315
100 EMERALD POINT		590,685		590,685
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL		26,478,120		26,478,120

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 & 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		12,592	15,762	28,354	28,354		
007 ADMINISTRATIVE & GENERAL		98,962	123,877	222,839	2,721	225,560	
009 MAINTENANCE & REPAIRS		81,498	102,016	183,514	713	14,509	198,736
010 LAUNDRY & LINEN SERVICE		9,640	12,068	21,708	339	2,340	1,534
011 HOUSEKEEPING		14,397	18,022	32,419	823	5,381	2,291
012 DIETARY		35,425	44,344	79,769	848	8,452	5,636
014 CAFETERIA		10,902	13,647	24,549	308	2,608	1,735
015 NURSING ADMINISTRATION		20,172	25,251	45,423	1,400	8,023	3,209
017 CENTRAL SERVICES & SUPPLY		79,751	99,829	179,580	172	3,219	12,689
020 MEDICAL RECORDS & LIBRARY		27,197	34,044	61,241	893	5,362	4,327
025 NONPHYSICIAN ANESTHETISTS							
031 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		105,051	131,494	236,545	2,605	18,796	16,714
034 SUBPROVIDER		46,582	58,310	104,892	1,305	8,324	7,411
035 NURSERY		2,766	3,462	6,228	427	2,572	440
037 SKILLED NURSING FACILITY		21,561	26,989	48,550	220	1,679	3,430
039 NURSING FACILITY					3,974	21,858	58,410
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		92,724	116,069	208,793	1,351	10,935	14,753
044 DELIVERY ROOM & LABOR ROO		15,230	19,065	34,295	162	1,293	2,423
049 ANESTHESIOLOGY		949	1,188	2,137		395	151
050 RADIOLOGY-DIAGNOSTIC		71,742	89,804	161,546	1,221	14,119	11,414
051 LABORATORY		29,373	36,768	66,141	1,214	14,915	4,673
053 RESPIRATORY THERAPY		26,780	33,523	60,303	355	2,569	4,261
055 PHYSICAL THERAPY		19,061	23,860	42,921		5,852	3,033
058 OCCUPATIONAL THERAPY		7,036	8,808	15,844		2,156	1,120
060 SPEECH PATHOLOGY		3,229	4,042	7,271		1,011	514
063 ELECTROCARDIOLOGY		2,997	3,752	6,749	196	1,144	477
065 01 CARDIAC REHAB		4,583	5,737	10,320	17	198	729
066 MEDICAL SUPPLIES CHARGED						3,260	
068 30 IMPL. DEV. CHARGED TO PAT						403	
070 DRUGS CHARGED TO PATIENTS		25,183	31,523	56,706	747	14,152	4,007
075 ASC (NON-DISTINCT PART)							
080 01 SNR DAY TREATMENT- WHITE		20,600	25,787	46,387	293	2,580	3,278
085 OUTPAT SERVICE COST CNTRS							
090 CLINIC		43,642	54,630	98,272	155	1,823	6,944
095 01 WELLNESS LINK							
100 EMERGENCY		27,301	34,174	61,475	1,467	8,988	4,344
105 OBSERVATION BEDS (NON-DIS							
110 OTHER OUTPATIENT SERVICE							
115 50 RURAL HEALTH CLINIC		72,934	91,296	164,230	1,633	14,904	11,604
120 51 RURAL HEALTH CLINIC 2		6,203	7,765	13,968	210	1,409	987
125 OTHER REIMBURS COST CNTRS							
130 AMBULANCE SERVICES		17,556	21,977	39,533	1,383	7,992	2,793
135 SPEC PURPOSE COST CENTERS							
140 SUBTOTALS		1,053,619	1,318,883	2,372,502	27,152	213,221	195,331
145 NONREIMBURS COST CENTERS							
150 GIFT, FLOWER, COFFEE SHOP		6,412	8,026	14,438	109	2,584	1,020
155 PHYSICIANS' PRIVATE OFFIC		14,987	18,760	33,747	947	5,624	2,385
160 EMERALD POINT					146	4,131	
165 CROSS FOOT ADJUSTMENTS							
170 NEGATIVE COST CENTER							
175 TOTAL		1,075,018	1,345,669	2,420,687	28,354	225,560	198,736

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	17	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
009 MAINTENANCE & REPAIRS								
010 LAUNDRY & LINEN SERVICE	25,921							
011 HOUSEKEEPING	1,658	42,572						
012 DIETARY	458	1,231	96,394					
014 CAFETERIA	214	379		29,793				
015 NURSING ADMINISTRATION		701		2,027	60,783			
017 CENTRAL SERVICES & SUPPLY	262	2,771		264			198,957	
020 MEDICAL RECORDS & LIBRARY		945		1,406			596	74,770
025 NONPHYSICIAN ANESTHETISTS								
031 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	3,375	3,651	16,371	3,756	9,766	13,482	4,405	
034 SUBPROVIDER	1,301	1,619	5,917		4,875	1,378	3,060	
035 NURSERY	121	96		482	1,187		245	
037 SKILLED NURSING FACILITY	820	749	3,582	649	1,152		260	
039 NURSING FACILITY	13,959	12,757	60,974	11,053	19,618	9,475	4,428	
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM	577	3,222		1,469	3,615	22,697	5,289	
044 DELIVERY ROOM & LABOR ROOM	764	529		183	451		621	
049 ANESTHESIOLOGY		33				594	1,263	
050 RADIOLOGY-DIAGNOSTIC	703	2,493		1,305	3,210	3,220	19,060	
051 LABORATORY	127	1,021		1,604	3,946	67,580	12,965	
052 RESPIRATORY THERAPY		931		477	1,826	1,513	1,466	
053 PHYSICAL THERAPY	401	662				1,399	3,219	
055 OCCUPATIONAL THERAPY		245					1,118	
058 SPEECH PATHOLOGY		112					306	
060 ELECTROCARDIOLOGY		104		265			1,134	
061 CARDIAC REHAB		159		19	47	63	77	
062 MEDICAL SUPPLIES CHARGED						60,951	1,434	
063 30 IMPL. DEV. CHARGED TO PAT							25	
065 DRUGS CHARGED TO PATIENTS		875		580	1,427		5,298	
066 ASC (NON-DISTINCT PART)								
068 01 SNR DAY TREATMENT- WHITE		716		435	1,070	113	621	
069 OUTPAT SERVICE COST CNTRS								
070 CLINIC	74	1,517		253		317	84	
071 01 WELLNESS LINK								
072 EMERGENCY	911	949		1,521	4,078	9,371	5,473	
073 OBSERVATION BEDS (NON-DIS								
074 OTHER OUTPATIENT SERVICE								
075 50 RURAL HEALTH CLINIC	86	2,535		1,322		2,646		
076 51 RURAL HEALTH CLINIC 2		216		79		170		
077 OTHER REIMBURS COST CNTRS								
078 AMBULANCE SERVICES	110	610			4,515	2,120	2,919	
079 SPEC PURPOSE COST CENTERS								
080 095 SUBTOTALS	25,921	41,828	86,844	29,149	60,783	197,685	74,770	
081 NONREIMBURS COST CENTERS								
082 GIFT, FLOWER, COFFEE SHOP		223		116		147		
083 PHYSICIANS' PRIVATE OFFICE		521		528		1,014		
084 EMERALD POINT			9,550			111		
085 CROSS FOOT ADJUSTMENTS								
086 102 NEGATIVE COST CENTER								
087 103 TOTAL	25,921	42,572	96,394	29,793	60,783	198,957	74,770	

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & GENERAL	MAINTENANCE & REPAIRS
	OSTS-BLDG & FEET	OSTS-MVBLE FEET	FITS SALARIES		(ACCUM. COST	(SQUARE FEET
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	92,889					
005 NEW CAP REL COSTS-MVB		92,889				
006 EMPLOYEE BENEFITS	1,088	1,088	12,179,047			
007 ADMINISTRATIVE & GENERAL	8,551	8,551	1,168,972	-3,684,650	22,793,470	
009 MAINTENANCE & REPAIRS	7,042	7,042	306,075		1,466,165	107,931
010 LAUNDRY & LINEN SERVICE	833	833	145,451		236,457	833
011 HOUSEKEEPING	1,244	1,244	353,310		543,710	1,244
012 DIETARY	3,061	3,061	364,468		854,036	3,061
014 CAFETERIA	942	942	132,297		263,506	942
015 NURSING ADMINISTRATION	1,743	1,743	601,493		810,707	1,743
017 CENTRAL SERVICES & SUPPLIES	6,891	6,891	73,825		325,249	6,891
020 MEDICAL RECORDS & LIBRARY	2,350	2,350	383,584		541,852	2,350
025 NONPHYSICIAN ANESTHETIC						
031 INPAT ROUTINE SRVC CN						
033 ADULTS & PEDIATRICS	9,077	9,077	1,118,778		1,899,318	9,077
034 SUBPROVIDER	4,025	4,025	560,407		841,116	4,025
035 NURSERY	239	239	183,571		259,871	239
037 SKILLED NURSING FACILITY	1,863	1,863	94,695		169,703	1,863
039 NURSING FACILITY			1,706,713		2,209,532	31,723
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	8,012	8,012	580,421		1,105,006	8,012
044 DELIVERY ROOM & LABOR	1,316	1,316	69,768		130,695	1,316
049 ANESTHESIOLOGY	82	82			39,872	82
050 RADIOLOGY-DIAGNOSTIC	6,199	6,199	524,306		1,426,732	6,199
051 LABORATORY	2,538	2,538	521,447		1,507,172	2,538
052 RESPIRATORY THERAPY	2,314	2,314	152,632		259,569	2,314
053 PHYSICAL THERAPY	1,647	1,647			591,305	1,647
055 OCCUPATIONAL THERAPY	608	608			217,903	608
058 SPEECH PATHOLOGY	279	279			102,176	279
060 ELECTROCARDIOLOGY	259	259	84,119		115,557	259
063 01 CARDIAC REHAB	396	396	7,365		19,987	396
065 MEDICAL SUPPLIES CHAR					329,412	
068 30 IMPL. DEV. CHARGED TO					40,704	
070 DRUGS CHARGED TO PATIENT	2,176	2,176	320,682		1,430,037	2,176
075 ASC (NON-DISTINCT PAR						
080 01 SNR DAY TREATMENT- WH	1,780	1,780	125,913		260,710	1,780
085 OUTPAT SERVICE COST C						
090 CLINIC	3,771	3,771	66,713		184,253	3,771
095 01 WELLNESS LINK						
100 EMERGENCY	2,359	2,359	630,279		908,279	2,359
105 OBSERVATION BEDS (NON						
110 03 OTHER OUTPATIENT SERV						
115 50 RURAL HEALTH CLINIC	6,302	6,302	701,350		1,506,103	6,302
120 51 RURAL HEALTH CLINIC 2	536	536	90,058		142,333	536
125 OTHER REIMBURS COST C						
130 AMBULANCE SERVICES	1,517	1,517	594,122		807,642	1,517
135 SPEC PURPOSE COST CEN						
140 095 SUBTOTALS	91,040	91,040	11,662,814	-3,684,650	21,546,669	106,082
145 NONREIMBURS COST CENT						
150 096 GIFT, FLOWER, COFFEE	554	554	46,711		261,130	554
155 098 PHYSICIANS' PRIVATE O	1,295	1,295	406,730		568,262	1,295
160 100 EMERALD POINT			62,792		417,409	
165 101 CROSS FOOT ADJUSTMENT						
170 102 NEGATIVE COST CENTER						
175 103 COST TO BE ALLOCATED	1,075,018	1,345,669	2,606,906		3,684,650	1,703,176
180 (WRKSHT B, PART I)						
185 104 UNIT COST MULTIPLIER	11.573146		.214048		.161654	
190 (WRKSHT B, PT I)		14.486850				15.780230
195 105 COST TO BE ALLOCATED						
200 (WRKSHT B, PART II)						
205 106 UNIT COST MULTIPLIER						
210 (WRKSHT B, PT II)						
215 107 COST TO BE ALLOCATED			28,354		225,560	198,736
220 (WRKSHT B, PART III)						
225 108 UNIT COST MULTIPLIER			.002328		.009896	
230 (WRKSHT B, PT III)						1.841325

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS OF SERVICE)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(GROSS REVENUES)
	9	10	11	12	14	15	17
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE	596,921						
010 HOUSEKEEPING	38,189	105,854					
011 DIETARY	10,557	3,061	121,655				
012 CAFETERIA	4,939	942		455,943			
014 NURSING ADMINISTRATION		1,743		31,020	378,013		
015 CENTRAL SERVICES & SUPPLY	6,034	6,891		4,047		1,192,453	
017 MEDICAL RECORDS & LIBRARY		2,350		21,519		3,573	52,260,683
020 NONPHYSICIAN ANESTHETIC INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	77,729	9,077	20,661	57,487	60,735	80,805	3,078,460
031 SUBPROVIDER	29,949	4,025	7,467		30,316	8,262	2,138,076
033 NURSERY	2,777	239		7,381	7,381		170,899
034 SKILLED NURSING FACILITY	18,883	1,863	4,521	9,936	7,167		181,770
035 NURSING FACILITY	321,445	31,723	76,953	169,136	122,002	56,789	3,094,307
037 ANCILLARY SRVC COST CENTER OPERATING ROOM	13,290	8,012		22,482	22,482	136,035	3,696,059
039 DELIVERY ROOM & LABOR	17,594	1,316		2,805	2,805		434,206
040 ANESTHESIOLOGY		82				3,560	882,792
041 RADIOLOGY-DIAGNOSTIC	16,191	6,199		19,964	19,964	19,299	13,330,183
044 LABORATORY	2,929	2,538		24,542	24,542	405,031	9,059,752
049 RESPIRATORY THERAPY		2,314		7,303	11,353	9,070	1,024,671
050 PHYSICAL THERAPY	9,227	1,647				8,386	2,249,583
051 OCCUPATIONAL THERAPY		608					780,960
052 SPEECH PATHOLOGY		279					214,041
053 ELECTROCARDIOLOGY		259		4,050			792,200
053 01 CARDIAC REHAB		396		292	292	378	53,976
055 MEDICAL SUPPLIES CHARGED TO						365,310	1,001,798
055 30 IMPL. DEV. CHARGED TO							17,615
056 DRUGS CHARGED TO PATIENT		2,176		8,873	8,873		3,702,209
058 ASC (NON-DISTINCT PART)							
058 01 SNR DAY TREATMENT- WH		1,780		6,656	6,656	676	433,900
060 OUTPAT SERVICE COST CENTER CLINIC	1,697	3,771		3,871		1,901	58,849
060 01 WELLNESS LINK							
061 EMERGENCY	20,968	2,359		23,283	25,363	56,165	3,824,712
062 OBSERVATION BEDS (NON)							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	1,986	6,302		20,233		15,861	
063 51 RURAL HEALTH CLINIC 2		536		1,212		1,021	
065 OTHER REIMBURS COST CENTER AMBULANCE SERVICES	2,537	1,517			28,082	12,706	2,039,665
095 SPEC PURPOSE COST CENTER SUBTOTALS	596,921	104,005	109,602	446,092	378,013	1,184,828	52,260,683
096 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE		554		1,776		881	
098 PHYSICIANS' PRIVATE OFFICE		1,295		8,075		6,077	
100 EMERALD POINT			12,053			667	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	287,826	669,648	1,064,851	329,309	1,002,696	535,994	698,543
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.482184	6.326147	8.753039	.722259	2.652544	.449489	.013367
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)	25,921	42,572	96,394	29,793	60,783	198,957	74,770
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.043425	.402177	.792355	.065344	.160796	.166847	.001431

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	20
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENE	
009 MAINTENANCE & REPAIRS	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATIO	
017 CENTRAL SERVICES & SU	
020 MEDICAL RECORDS & LIB	
025 NONPHYSICIAN ANESTHET	100
031 INPAT ROUTINE SRVC CN	
033 ADULTS & PEDIATRICS	
034 SUBPROVIDER	
035 NURSERY	
037 SKILLED NURSING FACIL	
039 NURSING FACILITY	
040 ANCILLARY SRVC COST C	
041 OPERATING ROOM	
044 DELIVERY ROOM & LABOR	
049 ANESTHESIOLOGY	100
050 RADIOLOGY-DIAGNOSTIC	
051 LABORATORY	
052 RESPIRATORY THERAPY	
053 PHYSICAL THERAPY	
055 OCCUPATIONAL THERAPY	
058 SPEECH PATHOLOGY	
060 ELECTROCARDIOLOGY	
061 01 CARDIAC REHAB	
062 MEDICAL SUPPLIES CHAR	
063 30 IMPL. DEV. CHARGED TO	
064 DRUGS CHARGED TO PATI	
065 01 ASC (NON-DISTINCT PAR	
066 01 SNR DAY TREATMENT- WH	
067 OUTPAT SERVICE COST C	
068 CLINIC	
069 01 WELLNESS LINK	
070 EMERGENCY	
071 OBSERVATION BEDS (NON	
072 OTHER OUTPATIENT SERV	
073 50 RURAL HEALTH CLINIC	
074 51 RURAL HEALTH CLINIC 2	
075 OTHER REIMBURS COST C	
076 AMBULANCE SERVICES	
077 SPEC PURPOSE COST CEN	
078 SUBTOTALS	100
079 NONREIMBURS COST CENT	
080 GIFT, FLOWER, COFFEE	
081 PHYSICIANS' PRIVATE O	
082 EMERALD POINT	
083 CROSS FOOT ADJUSTMENT	
084 NEGATIVE COST CENTER	
085 COST TO BE ALLOCATED	
086 (PER WRKSHT B, PART	
087 UNIT COST MULTIPLIER	
088 (WRKSHT B, PT I)	
089 COST TO BE ALLOCATED	
090 (PER WRKSHT B, PART	
091 UNIT COST MULTIPLIER	
092 (WRKSHT B, PT I I)	
093 COST TO BE ALLOCATED	
094 (PER WRKSHT B, PART	
095 UNIT COST MULTIPLIER	
096 (WRKSHT B, PT I I I)	

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0137

FROM 1/ 1/2010

WORKSHEET C

|

TO 12/31/2010

PART I

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	2,905,430		2,905,430		2,905,430
31	SUBPROVIDER	1,258,573		1,258,573		1,258,573
33	NURSERY	335,695		335,695		335,695
34	SKILLED NURSING FACILITY	315,615		315,615		315,615
35	NURSING FACILITY	4,609,224		4,609,224		4,609,224
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,653,582		1,653,582		1,653,582
39	DELIVERY ROOM & LABOR ROO	204,668		204,668		204,668
40	ANESTHESIOLOGY	61,530		61,530		61,530
41	RADIOLOGY-DIAGNOSTIC	2,056,423		2,056,423		2,056,423
44	LABORATORY	2,194,313		2,194,313		2,194,313
49	RESPIRATORY THERAPY	405,846		405,846		405,846
50	PHYSICAL THERAPY	761,589		761,589		761,589
51	OCCUPATIONAL THERAPY	277,007		277,007		277,007
52	SPEECH PATHOLOGY	127,722		127,722		127,722
53	ELECTROCARDIOLOGY	153,476		153,476		153,476
53	01 CARDIAC REHAB	33,849		33,849		33,849
55	MEDICAL SUPPLIES CHARGED	560,257		560,257		560,257
55	30 IMPL. DEV. CHARGED TO PAT	47,519		47,519		47,519
56	DRUGS CHARGED TO PATIENTS	1,788,744		1,788,744		1,788,744
58	ASC (NON-DISTINCT PART)					
58	01 SNR DAY TREATMENT- WHITE	370,771		370,771		370,771
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	302,656		302,656		302,656
60	01 WELLNESS LINK					
61	EMERGENCY	1,277,828		1,277,828		1,277,828
62	OBSERVATION BEDS (NON-DIS	530,734		530,734		530,734
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	1,911,585		1,911,585		1,911,585
63	51 RURAL HEALTH CLINIC 2	178,525		178,525		178,525
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,080,424		1,080,424		1,080,424
101	SUBTOTAL	25,403,585		25,403,585		25,403,585
102	LESS OBSERVATION BEDS	530,734		530,734		530,734
103	TOTAL	24,872,851		24,872,851		24,872,851

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	2,665,558		2,665,558			
31	SUBPROVIDER	2,138,076		2,138,076			
33	NURSERY	170,899		170,899			
34	SKILLED NURSING FACILITY	181,770		181,770			
35	NURSING FACILITY	3,094,307		3,094,307			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	438,931	3,257,128	3,696,059	.447391	.447391	.447391
39	DELIVERY ROOM & LABOR ROO	228,552	205,654	434,206	.471362	.471362	.471362
40	ANESTHESIOLOGY	310,248	572,544	882,792	.069699	.069699	.069699
41	RADIOLOGY-DIAGNOSTIC	888,772	12,441,411	13,330,183	.154268	.154268	.154268
44	LABORATORY	1,735,906	7,323,846	9,059,752	.242205	.242205	.242205
49	RESPIRATORY THERAPY	267,678	756,993	1,024,671	.396074	.396074	.396074
50	PHYSICAL THERAPY	498,582	1,751,001	2,249,583	.338547	.338547	.338547
51	OCCUPATIONAL THERAPY	429,207	351,753	780,960	.354701	.354701	.354701
52	SPEECH PATHOLOGY	129,186	84,855	214,041	.596717	.596717	.596717
53	ELECTROCARDIOLOGY	73,300	718,900	792,200	.193734	.193734	.193734
53	01 CARDIAC REHAB		53,976	53,976	.627112	.627112	.627112
55	MEDICAL SUPPLIES CHARGED	387,466	579,102	966,568	.579635	.579635	.579635
55	30 IMPL. DEV. CHARGED TO PAT	5,529	47,316	52,845	.899215	.899215	.899215
56	DRUGS CHARGED TO PATIENTS	1,463,959	2,238,250	3,702,209	.483156	.483156	.483156
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE	96	433,804	433,900	.854508	.854508	.854508
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	374	58,475	58,849	5.142925	5.142925	5.142925
60	01 WELLNESS LINK						
61	EMERGENCY	331,695	3,493,017	3,824,712	.334098	.334098	.334098
62	OBSERVATION BEDS (NON-DIS	83,092	329,810	412,902	1.285375	1.285375	1.285375
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		833,164	833,164	2.294368	2.294368	2.294368
63	51 RURAL HEALTH CLINIC 2		89,825	89,825	1.987476	1.987476	1.987476
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	198,749	1,840,916	2,039,665	.529707	.529707	.529707
101	SUBTOTAL	15,721,932	37,461,740	53,183,672			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,721,932	37,461,740	53,183,672			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0137

PERIOD:
FROM 1/1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET C
PART I

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	2,905,430		2,905,430		2,905,430
31	SUBPROVIDER	1,258,573		1,258,573		1,258,573
33	NURSERY	335,695		335,695		335,695
34	SKILLED NURSING FACILITY	315,615		315,615		315,615
35	NURSING FACILITY	4,609,224		4,609,224		4,609,224
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,653,582		1,653,582		1,653,582
39	DELIVERY ROOM & LABOR ROO	204,668		204,668		204,668
40	ANESTHESIOLOGY	61,530		61,530		61,530
41	RADIOLOGY-DIAGNOSTIC	2,056,423		2,056,423		2,056,423
44	LABORATORY	2,194,313		2,194,313		2,194,313
49	RESPIRATORY THERAPY	405,846		405,846		405,846
50	PHYSICAL THERAPY	761,589		761,589		761,589
51	OCCUPATIONAL THERAPY	277,007		277,007		277,007
52	SPEECH PATHOLOGY	127,722		127,722		127,722
53	ELECTROCARDIOLOGY	153,476		153,476		153,476
53	01 CARDIAC REHAB	33,849		33,849		33,849
55	MEDICAL SUPPLIES CHARGED	560,257		560,257		560,257
55	30 IMPL. DEV. CHARGED TO PAT	47,519		47,519		47,519
56	DRUGS CHARGED TO PATIENTS	1,788,744		1,788,744		1,788,744
58	ASC (NON-DISTINCT PART)					
58	01 SNR DAY TREATMENT- WHITE	370,771		370,771		370,771
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	302,656		302,656		302,656
60	01 WELLNESS LINK					
61	EMERGENCY	1,277,828		1,277,828		1,277,828
62	OBSERVATION BEDS (NON-DIS	530,734		530,734		530,734
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	1,911,585		1,911,585		1,911,585
63	51 RURAL HEALTH CLINIC 2	178,525		178,525		178,525
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,080,424		1,080,424		1,080,424
101	SUBTOTAL	25,403,585		25,403,585		25,403,585
102	LESS OBSERVATION BEDS	530,734		530,734		530,734
103	TOTAL	24,872,851		24,872,851		24,872,851

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,653,582	272,701	1,380,881			1,653,582
39	DELIVERY ROOM & LABOR ROO	204,668	40,721	163,947			204,668
40	ANESTHESIOLOGY	61,530	4,573	56,957			61,530
41	RADIOLOGY-DIAGNOSTIC	2,056,423	218,291	1,838,132			2,056,423
44	LABORATORY	2,194,313	174,186	2,020,127			2,194,313
49	RESPIRATORY THERAPY	405,846	73,701	332,145			405,846
50	PHYSICAL THERAPY	761,589	57,487	704,102			761,589
51	OCCUPATIONAL THERAPY	277,007	20,483	256,524			277,007
52	SPEECH PATHOLOGY	127,722	9,214	118,508			127,722
53	ELECTROCARDIOLOGY	153,476	10,069	143,407			153,476
53	01 CARDIAC REHAB	33,849	11,629	22,220			33,849
55	MEDICAL SUPPLIES CHARGED	560,257	65,645	494,612			560,257
55	30 IMPL. DEV. CHARGED TO PAT	47,519	428	47,091			47,519
56	DRUGS CHARGED TO PATIENTS	1,788,744	83,792	1,704,952			1,788,744
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE	370,771	55,493	315,278			370,771
	OUTPAT SERVICE COST CNTRS						
	CLINIC	302,656	109,439	193,217			302,656
60	01 WELLNESS LINK						
61	EMERGENCY	1,277,828	98,577	1,179,251			1,277,828
62	OBSERVATION BEDS (NON-DIS	530,734	64,818	465,916			530,734
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	1,911,585	198,960	1,712,625			1,911,585
63	51 RURAL HEALTH CLINIC 2	178,525	17,039	161,486			178,525
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,080,424	61,975	1,018,449			1,080,424
101	SUBTOTAL	15,979,048	1,649,221	14,329,827			15,979,048
102	LESS OBSERVATION BEDS	530,734	64,818	465,916			530,734
103	TOTAL	15,448,314	1,584,403	13,863,911			15,448,314

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,653,582	272,701	1,380,881			1,653,582
39	DELIVERY ROOM & LABOR ROO	204,668	40,721	163,947			204,668
40	ANESTHESIOLOGY	61,530	4,573	56,957			61,530
41	RADIOLOGY-DIAGNOSTIC	2,056,423	218,291	1,838,132			2,056,423
44	LABORATORY	2,194,313	174,186	2,020,127			2,194,313
49	RESPIRATORY THERAPY	405,846	73,701	332,145			405,846
50	PHYSICAL THERAPY	761,589	57,487	704,102			761,589
51	OCCUPATIONAL THERAPY	277,007	20,483	256,524			277,007
52	SPEECH PATHOLOGY	127,722	9,214	118,508			127,722
53	ELECTROCARDIOLOGY	153,476	10,069	143,407			153,476
53	01 CARDIAC REHAB	33,849	11,629	22,220			33,849
55	MEDICAL SUPPLIES CHARGED	560,257	65,645	494,612			560,257
55	30 IMPL. DEV. CHARGED TO PAT	47,519	428	47,091			47,519
56	DRUGS CHARGED TO PATIENTS	1,788,744	83,792	1,704,952			1,788,744
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE	370,771	55,493	315,278			370,771
	OUTPAT SERVICE COST CNTRS						
	CLINIC	302,656	109,439	193,217			302,656
60	01 WELLNESS LINK						
61	EMERGENCY	1,277,828	98,577	1,179,251			1,277,828
62	OBSERVATION BEDS (NON-DIS	530,734	64,818	465,916			530,734
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	1,911,585	198,960	1,712,625			1,911,585
63	51 RURAL HEALTH CLINIC 2	178,525	17,039	161,486			178,525
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,080,424	61,975	1,018,449			1,080,424
101	SUBTOTAL	15,979,048	1,649,221	14,329,827			15,979,048
102	LESS OBSERVATION BEDS	530,734	64,818	465,916			530,734
103	TOTAL	15,448,314	1,584,403	13,863,911			15,448,314

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,696,059	.447391	.447391
39	DELIVERY ROOM & LABOR ROO	434,206	.471362	.471362
40	ANESTHESIOLOGY	882,792	.069699	.069699
41	RADIOLOGY-DIAGNOSTIC	13,330,183	.154268	.154268
44	LABORATORY	9,059,752	.242205	.242205
49	RESPIRATORY THERAPY	1,024,671	.396074	.396074
50	PHYSICAL THERAPY	2,249,583	.338547	.338547
51	OCCUPATIONAL THERAPY	780,960	.354701	.354701
52	SPEECH PATHOLOGY	214,041	.596717	.596717
53	ELECTROCARDIOLOGY	792,200	.193734	.193734
53	01 CARDIAC REHAB	53,976	.627112	.627112
55	MEDICAL SUPPLIES CHARGED	966,568	.579635	.579635
55	30 IMPL. DEV. CHARGED TO PAT	52,845	.899215	.899215
56	DRUGS CHARGED TO PATIENTS	3,702,209	.483156	.483156
58	ASC (NON-DISTINCT PART)			
58	01 SNR DAY TREATMENT- WHITE	433,900	.854508	.854508
	OUTPAT SERVICE COST CNTRS			
	CLINIC	58,849	5.142925	5.142925
60	01 WELLNESS LINK			
61	EMERGENCY	3,824,712	.334098	.334098
62	OBSERVATION BEDS (NON-DIS	412,902	1.285375	1.285375
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	833,164	2.294368	2.294368
63	51 RURAL HEALTH CLINIC 2	89,825	1.987476	1.987476
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,039,665	.529707	.529707
101	SUBTOTAL	44,933,062		
102	LESS OBSERVATION BEDS	412,902		
103	TOTAL	44,520,160		

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				329,466	23,556	305,910
31	SUBPROVIDER				140,082		140,082
33	NURSERY				11,798		11,798
101	TOTAL				481,346		457,790

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,248	1,243			94.18	117,066
31	SUBPROVIDER	2,489	2,390			56.28	134,509
33	NURSERY	321				36.75	
101	TOTAL	6,058	3,633				251,575

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

PROVIDER NO: 14-0137
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					3,248	
31	SUBPROVIDER					2,489	
33	NURSERY					321	
34	SKILLED NURSING FACILITY					1,507	
35	NURSING FACILITY					25,654	
101	TOTAL					33,219	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0137	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	1,243	
31	SUBPROVIDER	2,390	
33	NURSERY		
34	SKILLED NURSING FACILITY	1,460	
35	NURSING FACILITY		
101	TOTAL	5,093	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
63	51 RURAL HEALTH CLINIC 2						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			3,696,059			140,098	
39	DELIVERY ROOM & LABOR ROO			434,206			2,642	
40	ANESTHESIOLOGY			882,792				
41	RADIOLOGY-DIAGNOSTIC			13,330,183			622,129	
44	LABORATORY			9,059,752			795,110	
49	RESPIRATORY THERAPY			1,024,671			129,508	
50	PHYSICAL THERAPY			2,249,583			17,803	
51	OCCUPATIONAL THERAPY			780,960			14,214	
52	SPEECH PATHOLOGY			214,041			14,412	
53	ELECTROCARDIOLOGY			792,200			40,305	
53	01 CARDIAC REHAB			53,976				
55	MEDICAL SUPPLIES CHARGED			966,568			157,797	
55	30 IMPL. DEV. CHARGED TO PAT			52,845			4,030	
56	DRUGS CHARGED TO PATIENTS			3,702,209			533,189	
58	ASC (NON-DISTINCT PART)							
58	01 SNR DAY TREATMENT- WHITE OUTPAT SERVICE COST CNTRS			433,900				
60	CLINIC			58,849			28	
60	01 WELLNESS LINK							
61	EMERGENCY			3,824,712			204,922	
62	OBSERVATION BEDS (NON-DIS			412,902			44,866	
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
63	51 RURAL HEALTH CLINIC 2							
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			41,970,408			2,721,053	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,154,871					
39	DELIVERY ROOM & LABOR ROO	2,640					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,432,920					
44	LABORATORY	96,626					
49	RESPIRATORY THERAPY	258,050					
50	PHYSICAL THERAPY	471					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	335,270					
53	01 CARDIAC REHAB	41,766					
55	MEDICAL SUPPLIES CHARGED	175,893					
55	30 IMPL. DEV. CHARGED TO PAT	6,759					
56	DRUGS CHARGED TO PATIENTS	1,002,668					
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE	419,218					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	24,725					
60	01 WELLNESS LINK						
61	EMERGENCY	1,065,606					
62	OBSERVATION BEDS (NON-DIS	197,386					
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
63	51 RURAL HEALTH CLINIC 2						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	9,214,869					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			3,696,059			696	
39	DELIVERY ROOM & LABOR ROO			434,206				
40	ANESTHESIOLOGY			882,792				
41	RADIOLOGY-DIAGNOSTIC			13,330,183			115,999	
44	LABORATORY			9,059,752			276,245	
49	RESPIRATORY THERAPY			1,024,671			5,422	
50	PHYSICAL THERAPY			2,249,583			21,181	
51	OCCUPATIONAL THERAPY			780,960			13,072	
52	SPEECH PATHOLOGY			214,041			7,647	
53	ELECTROCARDIOLOGY			792,200			26,665	
53	01 CARDIAC REHAB			53,976				
55	MEDICAL SUPPLIES CHARGED			966,568			5,281	
55	30 IMPL. DEV. CHARGED TO PAT			52,845				
56	DRUGS CHARGED TO PATIENTS			3,702,209			325,136	
58	ASC (NON-DISTINCT PART)							
58	01 SNR DAY TREATMENT- WHITE OUTPAT SERVICE COST CNTRS			433,900			96	
60	CLINIC			58,849			9	
60	01 WELLNESS LINK							
61	EMERGENCY			3,824,712			73,998	
62	OBSERVATION BEDS (NON-DIS			412,902				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
63	51 RURAL HEALTH CLINIC 2							
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			41,970,408			871,447	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
63	51 RURAL HEALTH CLINIC 2						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY 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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
63	51 RURAL HEALTH CLINIC 2						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
63	51 RURAL HEALTH CLINIC 2						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			3,696,059				
39	DELIVERY ROOM & LABOR ROO			434,206				
40	ANESTHESIOLOGY			882,792				
41	RADIOLOGY-DIAGNOSTIC			13,330,183			15,114	
44	LABORATORY			9,059,752			28,376	
49	RESPIRATORY THERAPY			1,024,671			7,056	
50	PHYSICAL THERAPY			2,249,583			235,508	
51	OCCUPATIONAL THERAPY			780,960			210,587	
52	SPEECH PATHOLOGY			214,041			76,207	
53	ELECTROCARDIOLOGY			792,200			129	
53	01 CARDIAC REHAB			53,976				
55	MEDICAL SUPPLIES CHARGED			966,568			1,858	
55	30 IMPL. DEV. CHARGED TO PAT			52,845				
56	DRUGS CHARGED TO PATIENTS			3,702,209			125,543	
58	ASC (NON-DISTINCT PART)							
58	01 SNR DAY TREATMENT- WHITE OUTPAT SERVICE COST CNTRS			433,900				
60	CLINIC			58,849				
60	01 WELLNESS LINK							
61	EMERGENCY			3,824,712				
62	OBSERVATION BEDS (NON-DIS			412,902				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
63	51 RURAL HEALTH CLINIC 2							
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES							
101	TOTAL			41,970,408			700,378	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
63	51 RURAL HEALTH CLINIC 2						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	639
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	830.57
85	OBSERVATION BED COST	530,734

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,697,697		530,734	
87	NEW CAPITAL-RELATED COST	329,466	.122129	530,734	64,818
88	NON PHYSICIAN ANESTHETIST	2,697,697		530,734	
89	MEDICAL EDUCATION	2,697,697		530,734	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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)	2,426,618	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
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)	2,426,618	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		176,305
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	2,602,923	
17 PRIMARY PAYER PAYMENTS		3,283
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	2,599,640	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		300,236
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		75,228
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		52,660
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		75,228
22 SUBTOTAL	2,352,064	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		147,300
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
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	2,499,364	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	2,491,400	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		7,964
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 ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,249
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,106,288
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,779,939
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,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)	1,249
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	3,386
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	3,386
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,386
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,137
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,249
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,779,939
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	700,386
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,080,802
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,080,802
24	PRIMARY PAYER PAYMENTS	317
25	SUBTOTAL	2,080,485
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	152,314
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	106,620
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	152,314
28	SUBTOTAL	2,187,105
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,187,105
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,220,890
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-33,785
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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

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

- COMPUTATION OF LESSER OF COST OR CHARGES

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

- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

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

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

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

- COMPUTATION OF LESSER OF COST OR CHARGES

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

- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

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

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

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,491,400		2,220,890
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		2,491,400		2,220,890
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT		7,964		
AMOUNT (BALANCE DUE)				33,785
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		2,499,364		2,187,105

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		425,098		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		425,098		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01		
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		425,098		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		1,795,203
1.09	NET IPF PPS OUTLIER PAYMENTS		2,490
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		6.819178
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15 / 1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		1,797,693
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		1,797,693
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		1,797,693
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		1,797,693
7	DEDUCTIBLES		158,304
8	SUBTOTAL		1,639,389
9	COINSURANCE		8,250
10	SUBTOTAL		1,631,139
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		1,631,139
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,631,139
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,631,139
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).

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

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

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

TITLE 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	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		16,024,583		
2	NET INCOME (LOSS)		-1,840,170		
3	TOTAL		14,184,413		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	TRANSFER TO AFFILIATES		177,909		
5	AUXILIARY NET ASSETS		341,011		
6					
7					
8					
9					
10	TOTAL ADDITIONS		518,920		
11	SUBTOTAL		14,703,333		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		14,703,333		

		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)				
	TRANSFER TO AFFILIATES				
5	AUXILIARY NET ASSETS				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

DESCRIPTION

1	TOTAL PATIENT REVENUES	58,653,120
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	28,486,500
3	NET PATIENT REVENUES	30,166,620
4	LESS: TOTAL OPERATING EXPENSES	33,496,518
5	NET INCOME FROM SERVICE TO PATIENTS	-3,329,898
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	38,407
7	INCOME FROM INVESTMENTS	69,068
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	80,874
15	REVENUE FROM RENTAL OF LIVING QUARTERS	429,368
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	81,139
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	24,189
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	422,322
21	RENTAL OF VENDING MACHINES	3,568
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	100,965
24	HEALTH FAIR TESTS INCOME	160,691
24.01	LOSS ON SALE OF EQUIPMENT	-16,985
24.02	MISCELLANEOUS INCOME	96,122
25	TOTAL OTHER INCOME	1,489,728
26	TOTAL	-1,840,170
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,840,170

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	616,511	616,511	
2	PHYSICIAN ASSISTANT	141,368	141,368	
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	139,866	139,866	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER	22,453	22,453	
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	920,198	920,198	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		240,075	240,075
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)		240,075	240,075
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		11,176	11,176
16	TRANSPORTATION (HEALTH CARE STAFF)		3,524	3,524
17	DEPRECIATION-MEDICAL EQUIPMENT		4,457	4,457
18	PROFESSIONAL LIABILITY INSURANCE		172,418	172,418
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		191,575	191,575
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	920,198	431,650	1,351,848
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY		4,887	4,887
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		4,887	4,887
FACILITY OVERHEAD				
29	FACILITY COSTS			
30	ADMINISTRATIVE COSTS	78,927	82,903	161,830
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	78,927	82,903	161,830
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	999,125	519,440	1,518,565
				-24,000
				-24,000
				-24,000

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	616,511	-297,775	318,736
2 PHYSICIAN ASSISTANT	141,368		141,368
3 NURSE PRACTITIONER			
4 VISITING NURSE			
5 OTHER NURSE	139,866		139,866
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER	22,453		22,453
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	920,198	-297,775	622,423
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT	240,075		240,075
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)	240,075		240,075
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	11,176		11,176
16 TRANSPORTATION (HEALTH CARE STAFF)	3,524		3,524
17 DEPRECIATION-MEDICAL EQUIPMENT	4,457		4,457
18 PROFESSIONAL LIABILITY INSURANCE	172,418		172,418
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	191,575		191,575
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,351,848	-297,775	1,054,073
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY	4,887		4,887
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	4,887		4,887
FACILITY OVERHEAD			
29 FACILITY COSTS			
30 ADMINISTRATIVE COSTS	137,830	-5,040	132,790
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	137,830	-5,040	132,790
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,494,565	-302,815	1,191,750

RHC 2

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN	60,295		60,295	
3 NURSE PRACTITIONER	13,981		13,981	
4 VISITING NURSE				
5 OTHER NURSE	13,196		13,196	
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 LABORATORY TECHNICIAN				
9 OTHER FACILITY HEALTH CARE STAFF COSTS				
10 SUBTOTAL (SUM OF LINES 1-9)	87,472		87,472	
11 COSTS UNDER AGREEMENT				
12 PHYSICIAN SERVICES UNDER AGREEMENT				
13 PHYSICIAN SUPERVISION UNDER AGREEMENT				
14 OTHER COSTS UNDER AGREEMENT				
15 SUBTOTAL (SUM OF LINES 11-13)				
16 OTHER HEALTH CARE COSTS				
17 MEDICAL SUPPLIES		606	606	
18 TRANSPORTATION (HEALTH CARE STAFF)		235	235	
19 DEPRECIATION-MEDICAL EQUIPMENT		13	13	
20 PROFESSIONAL LIABILITY INSURANCE		16,487	16,487	
21 OTHER HEALTH CARE COSTS				
22 ALLOWABLE GME COSTS				
23 SUBTOTAL (SUM OF LINES 15-20)		17,341	17,341	
24 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	87,472	17,341	104,813	
25 COSTS OTHER THAN RHC/FQHC SERVICES				
26 PHARMACY		268	268	
27 DENTAL				
28 OPTOMETRY				
29 ALL OTHER NONREIMBURSABLE COSTS				
30 NONALLOWABLE GME COSTS				
31 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		268	268	
32 FACILITY OVERHEAD				
33 FACILITY COSTS				
34 ADMINISTRATIVE COSTS	17,999	1,421	19,420	
35 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	17,999	1,421	19,420	
36 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	105,471	19,030	124,501	

RHC 2

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	60,295	-15,413	44,882
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	13,981		13,981
4 VISITING NURSE			
5 OTHER NURSE	13,196		13,196
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	87,472	-15,413	72,059
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	606		606
16 TRANSPORTATION (HEALTH CARE STAFF)	235		235
17 DEPRECIATION-MEDICAL EQUIPMENT	13		13
18 PROFESSIONAL LIABILITY INSURANCE	16,487		16,487
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	17,341		17,341
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	104,813	-15,413	89,400
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY	268		268
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	268		268
FACILITY OVERHEAD			
29 FACILITY COSTS			
30 ADMINISTRATIVE COSTS	19,420		19,420
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	19,420		19,420
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	124,501	-15,413	109,088

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0137	FROM 1/ 1/2010	WORKSHEET M-2
COMPONENT NO:	TO 12/31/2010	
14-3491		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.99	4,483	4,200	4,158
2	PHYSICIAN ASSISTANTS	.96	2,816	2,100	2,016
3	NURSE PRACTITIONERS			2,100	
4	SUBTOTAL (SUM OF LINES 1-3)	1.95	7,299		6,174
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER	.41	491		
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.36	7,790		
9	PHYSICIAN SERVICES UNDER AGREEMENTS		597		
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	1,054,073			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	4,887			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	1,058,960			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.995385			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	132,790			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	719,835			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	852,625			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	852,625			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	848,690			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,902,763			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	7,299			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER	.41	491		
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	7,790			
9	PHYSICIAN SERVICES UNDER AGREEMENTS		597		

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

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0137	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET M-2
14-8513		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.16	778	4,200
2	PHYSICIAN ASSISTANTS	.07	272	2,100
3	NURSE PRACTITIONERS			2,100
4	SUBTOTAL (SUM OF LINES 1-3)	.23	1,050	819
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	.23	1,050	
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)	89,400		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	268		
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	89,668		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.997011		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	19,420		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	69,437		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	88,857		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	88,857		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	88,591		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	177,991		
		GREATER OF COL. 2 OR COL. 4 5		
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	1,050		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1,050		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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

TITLE XVII RHC 2

* FOR DETERMINATION OF RATE FOR RHC/FQHC SERVICES		UCATION PASS THROUGH COST.
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	177,991
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	463
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	177,528
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	1,050
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	1,050
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	169.07

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1	ON OR AFTER JANUARY 1
	1	2

8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	77.76
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	169.07
10	CALCULATION OF SETTLEMENT	
11	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
12	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	
13	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
14	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
15	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
16	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	146
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	146
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	146
25	INTERIM PAYMENTS	
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	146
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2	

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

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-0137
 COMPONENT NO: 14-3491
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 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)	622,423	622,423	622,423	622,423
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		.027000		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)		16,805		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)		131		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)		16,936		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	1,054,073	1,054,073	1,054,073	1,054,073
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	852,625	852,625	852,625	852,625
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)		.016067		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)		13,699		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)		30,635		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)		11		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)		2,785.00		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES				
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)				
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)		30,635		
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)				

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0137	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET M-4
14-8513		

TITLE XVII I

RHC 2

	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)	72,059	72,059	72,059	72,059
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		.003000		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)		216		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)		16		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)		232		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	89,400	89,400	89,400	89,400
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	88,857	88,857	88,857	88,857
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)		.002595		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)		231		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)		463		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)		19		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)		24.37		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES		6		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)		146		
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)		463		
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)		146		

