

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		14-0167		FROM 10/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/28/2011 TIME 15:14

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: IROQUOIS MEMORIAL HOSPITAL 14-0167 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 ECR ENCRYPTION INFORMATION
 DATE: 2/28/2011 TIME 15:14

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-13,881	10,261	0	0
3	SWING BED - SNF	0	0	0	0	0
5	HOSPITAL-BASED SNF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
9	RHC	0	0	-1,932	0	0
9 .01	RHC II	0	0	9,209	0	0
9 .02	RHC III	0	0	-66,224	0	0
100	TOTAL	0	-13,881	-48,686	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 200 FAIRMAN AVENUE P. O. BOX:
 1.01 CITY: WATSEKA STATE: IL ZIP CODE: 60970- COUNTY: IROQUOIS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	IROQUOIS MEMORIAL HOSPITAL	14-0167	2.01	3	4	5	6
04.00 SWING BED - SNF	IROQUOIS MEMORIAL HOSPITAL	14-U167		7/ 1/1966	N	P	N
06.00 HOSPITAL-BASED SNF	IROQUOIS RESIDENT HOME	14-6049		12/31/2006	N	P	N
09.00 HOSPITAL-BASED HHA	IROQUOIS HOME HEALTH	14-7586		8/18/2003	N	P	N
12.00 HOSP-BASED HOSPICE	IROQUOIS MEMORIAL HOSPICE	14-1616		9/30/1994	N	P	N
14.00 HOSPITAL-BASED RHC	GILMAN CLINIC	14-3424		11/ 4/2004	N	O	N
14.01 HOSPITAL-BASED RHC 2	MILFORD CLINIC	14-3425		9/ 4/1996	N	O	N
14.02 HOSPITAL-BASED RHC 3	KENTLAND CLINIC	15-3979		10/ 9/1996	N	O	N
				10/29/1996	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2009 TO: 9/30/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.						
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.			Y	N		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).						
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		2			Y	14
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL			2			
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL			2			
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MI PPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.			Y			
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MI PPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)			Y	N		
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.			3	N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			N			
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.			N			
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /		
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /		
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /		
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /		
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			/ /	/ /		
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /		
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /		
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)					/ /	
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).					/ /	

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

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 10/1/2009 ENDING: 9/30/2010

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 12/31/2006

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.01	100	0.0000	0.8386	
28.02	0.00	2	14	99914

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	58.37%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	33	12,045				2,392	537
2 HMO						113	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						120	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	33	12,045				2,512	537
6 INTENSIVE CARE UNIT	16	5,840				1,162	26
11 NURSERY							176
12 TOTAL	49	17,885				3,674	739
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	35	12,775				2,162	
18 HOME HEALTH AGENCY						3,137	
21 HOSPICE	1	365				52	4
24 GILMAN RHC						909	
24 01 MILFORD RHC						1,319	
24 02 KENTLAND RHC						3,164	
25 TOTAL	85						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS						1,157	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	RES. FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,487				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			122				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,609				
6 INTENSIVE CARE UNIT			1,517				
11 NURSERY			200				
12 TOTAL			5,326				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			11,300				
18 HOME HEALTH AGENCY			4,117				
21 HOSPICE			66				
24 GILMAN RHC			4,056				
24 01 MILFORD RHC			3,812				
24 02 KENTLAND RHC			9,962				
25 TOTAL							
26 OBSERVATION BED DAYS			332				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,112	231	1,721
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		280.02			1,112	231	1,721
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		31.79					
18 HOME HEALTH AGENCY		7.39					
21 HOSPICE		12.45					
24 GILMAN RHC		5.14					
24 01 MILFORD RHC		4.28					
24 02 KENTLAND RHC		13.44					
25 TOTAL		354.51					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

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	15,810,246		15,810,246	737,444.07	21.44	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,420,472		1,420,472	15,922.00	89.21	
5.01 NON-PHYSICIAN - PART B	446,284		446,284	33,603.21	13.28	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,107,688		1,107,688	66,123.08	16.75	
8.01 EXCLUDED AREA SALARIES	2,054,779		2,054,779	102,208.02	20.10	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,142,342		1,142,342	15,544.28	73.49	
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)	1,726,977		1,726,977			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	518,960		518,960			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	123,328		123,328			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)	83,949		83,949			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	170,242		170,242	11,255.25	15.13	
22 ADMINISTRATIVE & GENERAL	1,423,608		1,423,608	65,022.05	21.89	
22.01 A & G UNDER CONTRACT	536,247		536,247	2,120.76	252.86	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	276,107		276,107	16,394.68	16.84	
25 LAUNDRY & LINEN SERVICE	46,212		46,212	4,781.25	9.67	
26 HOUSEKEEPING	249,334		249,334	27,072.28	9.21	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	386,041	-132,772	253,269	24,003.68	10.55	
27.01 DIETARY UNDER CONTRACT	75,876		75,876	1,160.50	65.38	
28 CAFETERIA		132,772	132,772	12,583.52	10.55	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	627,435		627,435	19,135.15	32.79	
31 CENTRAL SERVICE AND SUPPLY	43,177		43,177	3,390.39	12.74	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	473,245		473,245	29,007.19	16.31	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	14,555,613		14,555,613	691,200.12	21.06	
2 EXCLUDED AREA SALARIES	3,162,467		3,162,467	168,331.10	18.79	
3 SUBTOTAL SALARIES	11,393,146		11,393,146	522,869.02	21.79	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,142,342		1,142,342	15,544.28	73.49	
5 SUBTOTAL WAGE-RELATED COSTS	1,726,977		1,726,977		15.16	
6 TOTAL	14,262,465		14,262,465	538,413.30	26.49	
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	4,307,524		4,307,524	215,926.70	19.95	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0167
HHA NO: 14-7586
COUNTY: IROQUOIS
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/28/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,045	8	1
2 UNDUPLICATED CENSUS COUNT		237.00	21.00	47.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	2,054
2 UNDUPLICATED CENSUS COUNT	305.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.20		1.20
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	1.00		1.00
6 DIRECTING NURSING SERVICE	2.79		2.79
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.30		.30
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.10		.10
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.10		.10
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.10		.10
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.80		1.80
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	3
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		16580
20.01		19180
20.02		99914

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	1,186	105	51	13
22 SKILLED NURSING VISIT CHARGES	180,569	15,986	7,765	1,979
23 PHYSICAL THERAPY VISITS	882	0	11	4
24 PHYSICAL THERAPY VISIT CHARGES	134,285	0	1,675	609
25 OCCUPATIONAL THERAPY VISITS	181	0	2	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	27,557	0	305	0
27 SPEECH PATHOLOGY VISITS	38	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	5,786	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	34	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	6,426	0	189	0
31 HOME HEALTH AIDE VISITS	729	0	5	0
32 HOME HEALTH AIDE VISIT CHARGES	68,891	0	473	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,050	105	70	17
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	423,514	15,986	10,407	2,588
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	230	0	26	2
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	3,715	0	105	0

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

PROVIDER NO: 14-0167
 HHA NO: 14-7586
 COUNTY: IROQUOIS
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/28/2011
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,355
22 SKILLED NURSING VISIT CHARGES	0	0	206,299
23 PHYSICAL THERAPY VISITS	0	0	897
24 PHYSICAL THERAPY VISIT CHARGES	0	0	136,569
25 OCCUPATIONAL THERAPY VISITS	0	0	183
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	27,862
27 SPEECH PATHOLOGY VISITS	0	0	38
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	5,786
29 MEDICAL SOCIAL SERVICE VISITS	0	0	35
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	6,615
31 HOME HEALTH AIDE VISITS	0	0	734
32 HOME HEALTH AIDE VISIT CHARGES	0	0	69,364
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,242
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	452,495
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	258
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	3,820

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0167
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/28/2011
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	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		29				
2	RUB		26				
3	RUA		17				
3.01	RUX		40				
3.02	RUL		30				
4	RVC		140				
5	RVB		575				
6	RVA		152				
6.01	RVX		151				
6.02	RVL		179				
7	RHC		148				
8	RHB		144				
9	RHA		4				
9.01	RHX						
9.02	RHL						
10	RMC		7				
11	RMB		48				
12	RMA		30				
12.01	RMX		124				
12.02	RML		137				
13	RLB						
14	RLA		15				
14.01	RLX		11				
15	SE3		37				
16	SE2		90				
17	SE1						
18	SSC						
19	SSB		4				
20	SSA		11				
21	CC2						
22	CC1		6				
23	CB2						
24	CB1		7				
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		2,162				

(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: 14-0167
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/28/2011
WORKSHEET S-7

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

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC		66	
8	RHB		34	
9	RHA		4	
9.01	RHX			
9.02	RHL			
10	RMC		5	
11	RMB		7	
12	RMA		2	
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3		2	
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			
45.18	LB2			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0167
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/28/2011
WORKSHEET S-7

GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		SWING BED SNF	TOTAL 5
		RUGs	DAYS	DAYS	
		4.05		4.06	
45 .19 LB1					
45 .20 CE2					
45 .21 CE1					
45 .22 CD2					
45 .23 CD1					
46 TOTAL				120	

(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): 0.0000
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 508 E CRESENT
 1.01 CITY: GILMAN STATE: IL ZIP CODE: 60938 COUNTY: IROQUOIS
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT
 PHYSICIAN NAME BILLING NUMBER

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD
 PHYSICIAN NAME HOURS OF SUPERVISION

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			900	1700	830	1700	830	1700	900	1700	830	1700		

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER:

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: 207 N AXTEL
 1.01 CITY: MILFORD STATE: IL ZIP CODE: 60983 COUNTY: IROQUOIS
 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	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			900	1700	830	1700	830	1700	900	1700	830	1700		

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

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

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

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

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

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

RHC 3

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 303 N SEVENTH ST
 1.01 CITY: KENTLAND STATE: IN ZIP CODE: 47951 COUNTY: NEWTON
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			700	1900	700	1900	700	1900	700	1900	700	1900		

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

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

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	14-0167	PERIOD:	FROM 10/1/2009	TO 9/30/2010	PREPARED 2/28/2011
HOSPICE NO:	14-1616				WORKSHEET S-9

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	2,010	196	6,894	402
3 INPATIENT RESPIRE CARE	68			
4 GENERAL INPATIENT CARE	4			
5 TOTAL HOSPICE DAYS	2,082	196	6,894	402

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE	1	1
2 ROUTINE HOME CARE	857	3,063
3 INPATIENT RESPIRE CARE		68
4 GENERAL INPATIENT CARE		4
5 TOTAL HOSPICE DAYS	858	3,136

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	52	4	100	3
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	40.04	49.00	68.94	134.00
9 UNDUPLICATED CENSUS COUNT	50	4	100	2

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	10	66
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	85.80	47.52
9 UNDUPLICATED CENSUS COUNT	10	64

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
	TO 9/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 2,596,691
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 2,596,691
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) .444899
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 9,067,904

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,034,301
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,048,108
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,800,999
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,034,301

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0167

PERIOD: FROM 10/1/2009 TO 9/30/2010

PREPARED 2/28/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,942,728	1,942,728	-683,260	1,259,468
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,178,461	1,178,461
5	0500 EMPLOYEE BENEFITS	170,242	1,493,280	1,663,522		1,663,522
6.01	0640 ADMITTING	277,782	133,206	410,988		410,988
6.02	0630 PURCHASING, RECEIVING AND STORES	72,248	117,984	190,232	-102,311	87,921
6.03	0620 DATA PROCESSING	264,254	340,844	605,098	35,042	640,140
6.04	1160 COMMUNICATIONS		185,292	185,292	15,000	200,292
6.05	0660 BUSINESS OFFICE	172,092	149,395	321,487	-402	321,085
6.06	0661 OTHER ADMIN & GENERAL	637,232	2,351,599	2,988,831	104,856	3,093,687
8	0800 OPERATION OF PLANT	276,107	679,341	955,448	49,347	1,004,795
9	0900 LAUNDRY & LINEN SERVICE	46,212	12,184	58,396		58,396
10	1000 HOUSEKEEPING	249,334	72,403	321,737		321,737
11	1100 DIETARY	386,041	397,230	783,271	-269,393	513,878
12	1200 CAFETERIA				269,393	269,393
14	1400 NURSING ADMINISTRATION	627,435	125,092	752,527	-5,472	747,055
15	1500 CENTRAL SERVICES & SUPPLY	43,177	24,836	68,013		68,013
17	1700 MEDICAL RECORDS & LIBRARY	473,245	258,212	731,457	-6,342	725,115
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,505,703	682,837	2,188,540	-510,643	1,677,897
26	2600 INTENSIVE CARE UNIT	776,949	380,671	1,157,620	-31,131	1,126,489
33	3300 NURSERY		200	200	278,398	278,598
34	3400 SKILLED NURSING FACILITY	1,107,688	271,870	1,379,558	-40,055	1,339,503
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	686,309	2,746,025	3,432,334	-1,573,888	1,858,446
39	3900 DELIVERY ROOM & LABOR ROOM				179,132	179,132
40	4000 ANESTHESIOLOGY		349,122	349,122	-18,406	330,716
41	4100 RADIOLOGY-DIAGNOSTIC	696,977	1,028,482	1,725,459	-6,539	1,718,920
44	4400 LABORATORY	682,021	1,145,997	1,828,018	-143	1,827,875
49	4900 RESPIRATORY THERAPY	436,940	185,500	622,440	-112,428	510,012
50	5000 PHYSICAL THERAPY	587,057	397,084	984,141	-24,466	959,675
53	5300 ELECTROCARDIOLOGY	51,667	70,154	121,821	-1,669	120,152
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,033,705	2,033,705
56	5600 DRUGS CHARGED TO PATIENTS	520,367	1,651,222	2,171,589	83,725	2,255,314
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	987,650	-1,181	986,469	-45,962	940,507
61	6100 EMERGENCY	695,980	734,153	1,430,133	-29,962	1,400,171
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950					
63.50	6310 GILMAN RHC	294,491	147,068	441,559	-18,372	423,187
63.51	6311 MILFORD RHC	281,215	152,819	434,034	-13,211	420,823
63.52	6312 KENTLAND RHC	749,052	316,569	1,065,621	-8,779	1,056,842
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	691,757	194,508	886,265	-37,287	848,978
71	7100 HOME HEALTH AGENCY	364,584	122,461	487,045	-9,774	477,271
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		414,692	414,692	-414,692	
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	618,573	408,812	1,027,385	-113,843	913,542
95	SUBTOTALS	15,430,381	19,682,691	35,113,072	148,629	35,261,701
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,279	4,279	10,711	14,990
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 IROQUOIS WOMENS HEALTH	218,478	582,111	800,589	-25,112	775,477
100.01	7951 OTHER NON REIMBURSABLE	161,387	234,924	396,311	-134,228	262,083
101	TOTAL	15,810,246	20,504,005	36,314,251	-0-	36,314,251

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/28/2011
I 14-0167 I FROM 10/ 1/2009 I WORKSHEET A
I I TO 9/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-46,002	1,213,466
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-19,147	1,159,314
5	0500 EMPLOYEE BENEFITS	-84,698	1,578,824
6.01	0640 ADMITTING	-31,881	379,107
6.02	0630 PURCHASING, RECEIVING AND STORES		87,921
6.03	0620 DATA PROCESSING		640,140
6.04	1160 COMMUNICATIONS		200,292
6.05	0660 BUSINESS OFFICE		321,085
6.06	0661 OTHER ADMIN & GENERAL	-998,689	2,094,998
8	0800 OPERATION OF PLANT	-12,785	992,010
9	0900 LAUNDRY & LINEN SERVICE	-120	58,276
10	1000 HOUSEKEEPING	-1,220	320,517
11	1100 DIETARY	-80	513,798
12	1200 CAFETERIA	-149,271	120,122
14	1400 NURSING ADMINISTRATION	-1,876	745,179
15	1500 CENTRAL SERVICES & SUPPLY	-322	67,691
17	1700 MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC CNTRS	-12,218	712,897
25	2500 ADULTS & PEDIATRICS	-141,685	1,536,212
26	2600 INTENSIVE CARE UNIT	-5,063	1,121,426
33	3300 NURSERY		278,598
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS		1,339,503
37	3700 OPERATING ROOM	-807,449	1,050,997
39	3900 DELIVERY ROOM & LABOR ROOM		179,132
40	4000 ANESTHESIOLOGY	-327,242	3,474
41	4100 RADIOLOGY-DIAGNOSTIC	-85,315	1,633,605
44	4400 LABORATORY	-70,732	1,757,143
49	4900 RESPIRATORY THERAPY	-5,063	504,949
50	5000 PHYSICAL THERAPY	-16,571	943,104
53	5300 ELECTROCARDIOLOGY	-59,878	60,274
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,523	2,032,182
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		2,255,314
60	6000 CLINIC	-582,019	358,488
61	6100 EMERGENCY	-520,028	880,143
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950		
63.50	6310 GILMAN RHC		423,187
63.51	6311 MILFORD RHC		420,823
63.52	6312 KENTLAND RHC		1,056,842
65	6500 OTHER REIMBURS COST CNTRS AMBULANCE SERVICES	-69,740	779,238
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		477,271
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-30,789	882,753
95	SUBTOTALS	-4,081,406	31,180,295
96	9600 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		14,990
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 IROQUOIS WOMENS HEALTH		775,477
100.01	7951 OTHER NON REIMBURSABLE	-4,056	258,027
101	TOTAL	-4,085,462	32,228,789

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 2/28/2011
 I 14-0167 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0640	ADMITTING
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	DATA PROCESSING	0620	DATA PROCESSING
6.04	COMMUNICATIONS	1160	COMMUNICATIONS
6.05	BUSINESS OFFICE	0660	OTHER ADMINISTRATIVE AND GENERAL
6.06	OTHER ADMIN & GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	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	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63		4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	GILMAN RHC	6310	RURAL HEALTH CLINIC #####
63.51	MILFORD RHC	6311	RURAL HEALTH CLINIC #####
63.52	KENTLAND RHC	6312	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	IROQUOIS WOMENS HEALTH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NON REIMBURSABLE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140167

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/28/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS MME DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1,025,338
2 TO RECLASS ADVERTISING EXPENSES	B	OTHER ADMIN & GENERAL	6.06		200,927
3					
4					
5					
6					
7					
8					
9					
10 TO RECLASS CHARGEABLE MED SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,033,705
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26 TO RECLASS DRUG SUPPLY COSTS	D	DRUGS CHARGED TO PATIENTS	56		134,334
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 TO RECLASS DRUG SUPPLY COSTS	D				
2					
3					
4 TO RECLASS TELEPHONE COSTS	E	COMMUNICATIONS	6.04		15,375
5					
6					
7					
8					
9					
10					
11					
12					
13 TO RECLASS INTEREST EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		292,273
14		NEW CAP REL COSTS-MVBLE EQUIP	4		121,651
15		OTHER ADMIN & GENERAL	6.06		768
16 TO RECLASS CAFETERIA EXPENSE	G	CAFETERIA	12	132,772	136,621
17 TO RECLASS LDRP EXPENSE	H	NURSERY	33	178,565	99,887
18		DELIVERY ROOM & LABOR ROOM	39	114,873	64,259
19 TO RECLASS UTILITY EXPENSE	I	OPERATION OF PLANT	8		50,298
20					
21					
22					
23					
24					
25					
26					
27					
28					
29 TO RECLASS INSURANCE EXPENSE	J	OTHER ADMIN & GENERAL	6.06		22,960
30					
31 RECLASS IT EQUIP	K	DATA PROCESSING	6.03		39,150
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
140167

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/28/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS IT EQUIP	K				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 GIFT SHOP EXPENSES	L	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		10,711
16 SHELDON CLINIC BLDG	M	OTHER NON REIMBURSABLE	100.01		13,738
17					
18					
19					
20 TO RECLASSIFY PROPERTY INSURANCE	N	OTHER CAPITAL RELATED COSTS	90		88,980
36 TOTAL RECLASSIFICATIONS				426,210	4,350,975

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

PROVIDER NO:
140167

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/28/2011
WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 TO RECLASS MME DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3			1,025,338	9
2 TO RECLASS ADVERTISING EXPENSES	B	CLINIC	60			23,279	
3		GILMAN RHC	63.50			7,653	
4		MILFORD RHC	63.51			8,164	
5		KENTLAND RHC	63.52			1,752	
6		HOME HEALTH AGENCY	71			485	
7		HOSPICE	93			1,107	
8		IROQUOIS WOMENS HEALTH	100			17,080	
9		OTHER NON REIMBURSABLE	100.01			141,407	
10 TO RECLASS CHARGEABLE MED SUPPLIES	C	PURCHASING, RECEIVING AND STORES	6.02			101,831	
11		ADULTS & PEDIATRICS	25			50,562	
12		INTENSIVE CARE UNIT	26			29,675	
13		NURSERY	33			54	
14		SKI LLED NURSING FACILITY	34			35,919	
15		OPERATING ROOM	37			1,570,618	
16		ANESTHESIOLOGY	40			18,406	
17		RESPIRATORY THERAPY	49			103,854	
18		PHYSICAL THERAPY	50			6,511	
19		ELECTROCARDIOLOGY	53			1,265	
20		DRUGS CHARGED TO PATIENTS	56			50,609	
21		CLINIC	60			14,281	
22		EMERGENCY	61			25,565	
23		AMBULANCE SERVICES	65			10,838	
24		HOME HEALTH AGENCY	71			6,684	
25		HOSPICE	93			7,033	
26 TO RECLASS DRUG SUPPLY COSTS	D	ADULTS & PEDIATRICS	25			2,497	
27		INTENSIVE CARE UNIT	26			1,456	
28		SKI LLED NURSING FACILITY	34			2,698	
29		OPERATING ROOM	37			1,150	
30		RADIOLOGY-DIAGNOSTIC	41			4,943	
31		RESPIRATORY THERAPY	49			6,959	
32		PHYSICAL THERAPY	50			585	
33		CLINIC	60			6,038	
34		EMERGENCY	61			4,397	
35		AMBULANCE SERVICES	65			962	
1 TO RECLASS DRUG SUPPLY COSTS	D	LABORATORY	44			76	
2		HOME HEALTH AGENCY	71			2	
3		HOSPICE	93			102,571	
4 TO RECLASS TELEPHONE COSTS	E	PURCHASING, RECEIVING AND STORES	6.02			480	
5		DATA PROCESSING	6.03			4,108	
6		BUSINESS OFFICE	6.05			402	
7		OTHER ADMIN & GENERAL	6.06			2,262	
8		NURSING ADMINISTRATION	14			1,017	
9		OPERATING ROOM	37			194	
10		RADIOLOGY-DIAGNOSTIC	41			944	
11		CLINIC	60			516	
12		AMBULANCE SERVICES	65			5,452	
13 TO RECLASS INTEREST EXPENSE	F	INTEREST EXPENSE	88			414,692	11
14							11
15							
16 TO RECLASS CAFETERIA EXPENSE	G	DIETARY	11		132,772	136,621	
17 TO RECLASS LDRP EXPENSE	H	ADULTS & PEDIATRICS	25		293,438	164,146	
18							
19 TO RECLASS UTILITY EXPENSE	I	OTHER ADMIN & GENERAL	6.06			2,096	
20		OPERATING ROOM	37			631	
21		PHYSICAL THERAPY	50			16,961	
22		GILMAN RHC	63.50			9,733	
23		MILFORD RHC	63.51			2,331	
24		KENTLAND RHC	63.52			5,283	
25		AMBULANCE SERVICES	65			3,016	
26		HOME HEALTH AGENCY	71			2,584	
27		HOSPICE	93			3,113	
28		IROQUOIS WOMENS HEALTH	100			4,550	
29 TO RECLASS INSURANCE EXPENSE	J	AMBULANCE SERVICES	65			17,019	
30		OTHER NON REIMBURSABLE	100.01			5,941	
31 RECLASS IT EQUIP	K	OTHER ADMIN & GENERAL	6.06			10,964	
32		OPERATION OF PLANT	8			77	
33		NURSING ADMINISTRATION	14			4,455	
34		MEDICAL RECORDS & LIBRARY	17			6,342	
35		SKI LLED NURSING FACILITY	34			1,438	

RECLASSIFICATIONS

PROVIDER NO:
140167

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/28/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 RECLASS IT EQUIP	K			37		1,295	
2				41		652	
3				44		67	
4				49		1,615	
5				50		409	
6				53		404	
7				60		1,848	
8				63.50		986	
9				63.51		2,716	
10				63.52		1,744	
11				71		19	
12				93		19	
13				100		3,482	
14				100.01		618	
15 GIFT SHOP EXPENSES	L			6.06		10,711	
16 SHELDON CLINIC BLDG	M			3		7,703	9
17				6.04		375	
18				6.06		4,786	
19				8		874	
20 TO RECLASSIFY PROPERTY INSURANCE	N			6.06		88,980	
36 TOTAL RECLASSIFICATIONS						426,210	4,350,975

(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:
140167

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/28/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS MME DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,025,338
TOTAL RECLASSIFICATIONS FOR CODE A			1,025,338

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	1,025,338	
			1,025,338

RECLASS CODE: B
EXPLANATION : TO RECLASS ADVERTISING EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMIN & GENERAL	6.06	200,927
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			200,927

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC	60	23,279	
GLIMAN RHC	63.50	7,653	
MILFORD RHC	63.51	8,164	
KENTLAND RHC	63.52	1,752	
HOME HEALTH AGENCY	71	485	
HOSPICE	93	1,107	
IROQUOIS WOMENS HEALTH	100	17,080	
OTHER NON REIMBURSABLE	100.01	141,407	
			200,927

RECLASS CODE: C
EXPLANATION : TO RECLASS CHARGEABLE MED SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,033,705
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			2,033,705

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PURCHASING, RECEIVING AND STOR	6.02	101,831	
ADULTS & PEDIATRICS	25	50,562	
INTENSIVE CARE UNIT	26	29,675	
NURSERY	33	54	
SKILLED NURSING FACILITY	34	35,919	
OPERATING ROOM	37	1,570,618	
ANESTHESIOLOGY	40	18,406	
RESPIRATORY THERAPY	49	103,854	
PHYSICAL THERAPY	50	6,511	
ELECTROCARDIOLOGY	53	1,265	
DRUGS CHARGED TO PATIENTS	56	50,609	
CLINIC	60	14,281	
EMERGENCY	61	25,565	
AMBULANCE SERVICES	65	10,838	
HOME HEALTH AGENCY	71	6,684	
HOSPICE	93	7,033	
			2,033,705

RECLASS CODE: D
EXPLANATION : TO RECLASS DRUG SUPPLY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	134,334
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			134,334

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	2,497	
INTENSIVE CARE UNIT	26	1,456	
SKILLED NURSING FACILITY	34	2,698	
OPERATING ROOM	37	1,150	
RADIOLOGY-DIAGNOSTIC	41	4,943	
RESPIRATORY THERAPY	49	6,959	
PHYSICAL THERAPY	50	585	
CLINIC	60	6,038	
EMERGENCY	61	4,397	
AMBULANCE SERVICES	65	962	
LABORATORY	44	76	
HOME HEALTH AGENCY	71	2	
HOSPICE	93	102,571	
			134,334

RECLASS CODE: E
EXPLANATION : TO RECLASS TELEPHONE COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNICATIONS	6.04	15,375
2.00			0
3.00			0
4.00			0
5.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PURCHASING, RECEIVING AND STOR	6.02	480	
DATA PROCESSING	6.03	4,108	
BUSINESS OFFICE	6.05	402	
OTHER ADMIN & GENERAL	6.06	2,262	
NURSING ADMINISTRATION	14	1,017	

RECLASSIFICATIONS

PROVIDER NO:
140167

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/28/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : TO RECLASS TELEPHONE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
6.00			0	OPERATING ROOM	37	194	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	944	
8.00			0	CLINIC	60	516	
9.00			0	AMBULANCE SERVICES	65	5,452	
TOTAL RECLASSIFICATIONS FOR CODE E			15,375	15,375			

RECLASS CODE: F
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	292,273	INTEREST EXPENSE	88	414,692	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	121,651			0	
3.00	OTHER ADMIN & GENERAL	6.06	768			0	
TOTAL RECLASSIFICATIONS FOR CODE F			414,692	414,692			

RECLASS CODE: G
EXPLANATION : TO RECLASS CAFETERIA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	269,393	DIETARY	11	269,393	
TOTAL RECLASSIFICATIONS FOR CODE G			269,393	269,393			

RECLASS CODE: H
EXPLANATION : TO RECLASS LDRP EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	278,452	ADULTS & PEDIATRICS	25	457,584	
2.00	DELIVERY ROOM & LABOR ROOM	39	179,132			0	
TOTAL RECLASSIFICATIONS FOR CODE H			457,584	457,584			

RECLASS CODE: I
EXPLANATION : TO RECLASS UTILITY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	50,298	OTHER ADMIN & GENERAL	6.06	2,096	
2.00			0	OPERATING ROOM	37	631	
3.00			0	PHYSICAL THERAPY	50	16,961	
4.00			0	GLIMAN RHC	63.50	9,733	
5.00			0	MILFORD RHC	63.51	2,331	
6.00			0	KENTLAND RHC	63.52	5,283	
7.00			0	AMBULANCE SERVICES	65	3,016	
8.00			0	HOME HEALTH AGENCY	71	2,584	
9.00			0	HOSPICE	93	3,113	
10.00			0	IROQUOIS WOMENS HEALTH	100	4,550	
TOTAL RECLASSIFICATIONS FOR CODE I			50,298	50,298			

RECLASS CODE: J
EXPLANATION : TO RECLASS INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMIN & GENERAL	6.06	22,960	AMBULANCE SERVICES	65	17,019	
2.00			0	OTHER NON REIMBURSABLE	100.01	5,941	
TOTAL RECLASSIFICATIONS FOR CODE J			22,960	22,960			

RECLASS CODE: K
EXPLANATION : RECLASS IT EQUIP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DATA PROCESSING	6.03	39,150	OTHER ADMIN & GENERAL	6.06	10,964	
2.00			0	OPERATION OF PLANT	8	77	
3.00			0	NURSING ADMINISTRATION	14	4,455	
4.00			0	MEDICAL RECORDS & LIBRARY	17	6,342	
5.00			0	SKILLED NURSING FACILITY	34	1,438	

RECLASSIFICATIONS

PROVIDER NO:
140167

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/28/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: K
EXPLANATION : RECLASS IT EQUIP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
6.00			0	OPERATING ROOM	37	1,295	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	652	
8.00			0	LABORATORY	44	67	
9.00			0	RESPIRATORY THERAPY	49	1,615	
10.00			0	PHYSICAL THERAPY	50	409	
11.00			0	ELECTROCARDIOLOGY	53	404	
12.00			0	CLINIC	60	1,848	
13.00			0	GILMAN RHC	63.50	986	
14.00			0	MILFORD RHC	63.51	2,716	
15.00			0	KENTLAND RHC	63.52	1,744	
16.00			0	HOME HEALTH AGENCY	71	19	
17.00			0	HOSPICE	93	19	
18.00			0	IROQUOIS WOMENS HEALTH	100	3,482	
19.00			0	OTHER NON REIMBURSABLE	100.01	618	
TOTAL RECLASSIFICATIONS FOR CODE K			39,150				39,150

RECLASS CODE: L
EXPLANATION : GIFT SHOP EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	GIFT, FLOWER, COFFEE SHOP & CA	96	10,711	OTHER ADMIN & GENERAL	6.06	10,711	
TOTAL RECLASSIFICATIONS FOR CODE L			10,711				10,711

RECLASS CODE: M
EXPLANATION : SHELDON CLINIC BLDG

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NON REIMBURSABLE	100.01	13,738	NEW CAP REL COSTS-BLDG & FIXT	3	7,703	
2.00			0	COMMUNICATIONS	6.04	375	
3.00			0	OTHER ADMIN & GENERAL	6.06	4,786	
4.00			0	OPERATION OF PLANT	8	874	
TOTAL RECLASSIFICATIONS FOR CODE M			13,738				13,738

RECLASS CODE: N
EXPLANATION : TO RECLASSIFY PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	88,980	OTHER ADMIN & GENERAL	6.06	88,980	
TOTAL RECLASSIFICATIONS FOR CODE N			88,980				88,980

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	249,035					249,035	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	22,410,613	472,408		472,408		22,883,021	
4 BUILDING IMPROVEMEN	477,850					477,850	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	12,912,817	251,415		251,415	243,467	12,920,765	
7 SUBTOTAL	36,050,315	723,823		723,823	243,467	36,530,671	
8 RECONCILING ITEMS							
9 TOTAL	36,050,315	723,823		723,823	243,467	36,530,671	

ADJUSTMENTS TO EXPENSES

DESCRPTION (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	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	-46,002	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-19,147	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	B	-121	OTHER ADMIN & GENERAL	6.06	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-1,469	OTHER ADMIN & GENERAL	6.06	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-12,785	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,573,824			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-120	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-149,271	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-1,523	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-12,218	MEDICAL RECORDS & LIBRARY	17	
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CNA CLASS REVENUE	B	-1,876	NURSING ADMINISTRATION	14	
38 OTHER REVENUE - SPORTS MEDICINE	B	-5,590	PHYSICAL THERAPY	50	
39 OTHER REVENUE - WELLNESS CLINIC	B	-5,196	PHYSICAL THERAPY	50	
40 MEDICAL IMAGING COPY FEES	B	-85	RADIOLOGY-DIAGNOSTIC	41	
41 AMBULANCE TOWNSHIP INCOME	B	-68,892	AMBULANCE SERVICES	65	
42 RENTAL INCOME	B	-667	OPERATING ROOM	37	
43 RENTAL INCOME	B	-29,898	CLINIC	60	
44 RENTAL INCOME	B	-5,404	PHYSICAL THERAPY	50	
45 COLLECTION FEES REVENUE	B	-31,881	ADMITTING	6.01	
46 OTHER REVENUE - HOUSEKEEPING	B	-1,220	HOUSEKEEPING	10	
47 OTHER REVENUE - CENTRAL SUPPLY	B	-322	CENTRAL SERVICES & SUPPLY	15	
48 OTHER REVENUE - REHAB	B	-381	PHYSICAL THERAPY	50	
49 OTHER REVENUE - EMS	B	-245	AMBULANCE SERVICES	65	
49.01 MISCELLANEOUS INCOME - A&G	B	-1,580	OTHER ADMIN & GENERAL	6.06	
49.02 MISCELLANEOUS INCOME - AUXILIARY	B	-38,209	OTHER ADMIN & GENERAL	6.06	
49.03 MISCELLANEOUS INCOME - MEDICAL STAFF	B	-6,600	OTHER ADMIN & GENERAL	6.06	
49.04 MISCELLANEOUS INCOME - EMPL COMMITTEE	B	-3,547	OTHER ADMIN & GENERAL	6.06	
49.05 PHYSICIAN BENEFIT OFFSET	A	-81,674	EMPLOYEE BENEFITS	5	
49.06 PHYSICIAN BENEFIT OFFSET	A	-2,426	EMPLOYEE BENEFITS	5	
49.07 DONATION EXPENSE	A	-2,825	OTHER ADMIN & GENERAL	6.06	
49.08 ALCOHOL EXPENSE	A	-598	EMPLOYEE BENEFITS	5	
49.09 ALCOHOL EXPENSE	A	-3,253	OTHER ADMIN & GENERAL	6.06	
49.10 ALCOHOL EXPENSE	A	-80	DIETARY	11	
49.11 ALCOHOL EXPENSE	A	-4,056	OTHER NON REIMBURSABLE	100.01	
49.12 ADVERTISING EXPENSE	A	-178,827	OTHER ADMIN & GENERAL	6.06	
49.13 PHYSICIAN RECRUITMENT	A	-70,743	OTHER ADMIN & GENERAL	6.06	
49.14 LOBBYING EXPENSE	A	-13,580	OTHER ADMIN & GENERAL	6.06	
49.15 PROVIDER TAX EXPENSE	A	-674,358	OTHER ADMIN & GENERAL	6.06	
49.16 AMBULANCE CABLE TV COSTS	A	-603	AMBULANCE SERVICES	65	
49.17 A&G CABLE TV COSTS	A	-689	OTHER ADMIN & GENERAL	6.06	
49.18 PENALTY EXPENSE	A	-2,888	OTHER ADMIN & GENERAL	6.06	
49.19 HOSPICE PROFESSIONAL FEE	A	-30,789	HOSPICE	93	
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,085,462			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0167
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED: 2/28/2011
 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 25	A&P / AGGREGATE	141,685	141,685					
2 26	ICU / AGGREGATE	5,063	5,063					
3 37	OR/AGGREGATE	806,782	806,782					
4 40	ANESTHESIA / AGGREGATE	327,242	327,242					
5 41	RADIOLOGY / AGGREGATE	85,230	85,230					
6 44	PATHOLOGY / AGGREGATE	70,732	70,732					
7 49	RESPIRATORY THERAPY / AGG	5,063	5,063					
8 53	CARDIOLOGY / AGGREGATE	59,878	59,878					
9 60	CLINICS / AGGREGATE	552,121	552,121					
10 61	EMERGENCY / AGGREGATE	520,028	520,028					
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,573,824	2,573,824					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0167

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/28/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	A&P / AGGREGATE							141,685
2 26	ICU / AGGREGATE							5,063
3 37	OR/AGGREGATE			12,086				806,782
4 40	ANESTHESIA / AGGREGATE							327,242
5 41	RADIOLOGY / AGGREGATE			6,567				85,230
6 44	PATHOLOGY / AGGREGATE							70,732
7 49	RESPIRATORY THERAPY / AGG							5,063
8 53	CARDIOLOGY / AGGREGATE							59,878
9 60	CLINICS / AGGREGATE			24,115				552,121
10 61	EMERGENCY / AGGREGATE			87,028				520,028
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			129,796				2,573,824

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/28/2011
 I 14-0167 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2010 I

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	2	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	ADMINITTING	15	GROSS	CHARGES	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	4	COST REQUISITION		ENTERED
6.03	DATA PROCESSING	6	TIME SPENT		ENTERED
6.04	COMMUNICATIONS	7	# OF PHONES		ENTERED
6.05	BUSINESS OFFICE	15	GROSS	CHARGES	ENTERED
6.06	OTHER ADMIN & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS	CHARGES	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

14-0167

FROM 10/1/2009

WORKSHEET B

TO 9/30/2010

PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	ADMINITTING	PURCHASING, RECEIVING AND	DATA PROCESSING
	0	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,213,466	1,213,466					
005 NEW CAP REL COSTS-MVBLE	1,159,314		1,159,314				
006 EMPLOYEE BENEFITS	1,578,824	5,008		96	1,583,928		
006 01 ADMINITTING	379,107	7,690			29,142	415,939	
006 02 PURCHASING, RECEIVING AND	87,921	2,945			7,580		98,446
006 03 DATA PROCESSING	640,140	5,081	107,239		27,723	98	780,281
006 04 COMMUNICATIONS	200,292	1,627		4,678			
006 05 BUSINESS OFFICE	321,085	11,652		1,256	18,054	249	13,779
006 06 OTHER ADMIN & GENERAL	2,094,998	77,414		2,817	66,852	382	13,240
008 OPERATION OF PLANT	992,010	121,860	16,091		28,966	962	18,679
009 LAUNDRY & LINEN SERVICE	58,276	20,996			4,848	228	5,447
010 HOUSEKEEPING	320,517	6,081		148	26,158	1,410	30,843
011 DIETARY	513,798	28,968	1,150		26,570	748	27,348
012 CAFETERIA	120,122	9,453			13,929	392	14,337
014 NURSING ADMINISTRATION	745,179			333	65,824	214	21,800
015 CENTRAL SERVICES & SUPPLY	67,691	13,679	12,840		4,530	637	3,862
017 MEDICAL RECORDS & LIBRARY	712,897	13,125	10,073		49,648	206	33,047
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,536,212	114,816	33,933	127,176	19,242	2,561	41,416
026 INTENSIVE CARE UNIT	1,121,426	48,710	12,405	81,510	11,523	1,459	33,104
033 NURSERY	278,598	5,099	4,028	18,733	1,235	2	19,281
034 SKILLED NURSING FACILITY	1,339,503	87,394	12,210	116,208	13,377	2,041	75,334
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,050,997	148,673	134,706	72,001	58,390	907	29,247
039 DELIVERY ROOM & LABOR ROOM	179,132	2,036		12,051	700		12,403
040 ANESTHESIOLOGY	3,474	1,000	22,736		2,203	572	
041 RADIOLOGY-DIAGNOSTIC	1,633,605	41,338	490,152	71,480	81,176	8,873	32,658
044 LABORATORY	1,757,143	24,659	69,354	71,551	65,055	15,042	44,309
049 RESPIRATORY THERAPY	504,949	26,950	57,858	45,839	7,467	3,371	22,476
050 PHYSICAL THERAPY	943,104	97,074	16,926	61,588	18,792	489	29,022
053 ELECTROCARDIOLOGY	60,274	5,454		5,420	8,294	108	2,639
055 MEDICAL SUPPLIES CHARGED	2,032,182	10,680			24,445	51,474	
056 DRUGS CHARGED TO PATIENTS	2,255,314	17,015	5,507	54,592	55,852	194	22,749
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	358,488	30,049	3,783	48,393	2,272	707	30,661
061 EMERGENCY	880,143	27,468	20,582	73,015	27,436	1,462	31,983
062 OBSERVATION BEDS (NON-DIS)							
063							
063 50 GILMAN RHC	423,187	23,868	7,598	30,895		226	12,177
063 51 MILFORD RHC	420,823	8,417	7,131	29,502		215	10,153
063 52 KENTLAND RHC	1,056,842	38,520	20,086	78,583		538	31,842
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	779,238	782	75,551	72,572	18,480	469	52,409
071 HOME HEALTH AGENCY	477,271	16,588	671	38,249		304	17,518
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	882,753	21,832	700	64,894		669	29,511
095 SUBTOTALS	31,180,295	1,134,026	1,152,638	1,544,076	415,939	97,209	763,274
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	14,990	8,344				12	
098 PHYSICIANS' PRIVATE OFFICE							
100 IROQUOIS WOMENS HEALTH	775,477	15,215	2,526	22,921		696	6,323
100 01 OTHER NON REIMBURSABLE	258,027	55,881	4,150	16,931		529	10,684
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	32,228,789	1,213,466	1,159,314	1,583,928	415,939	98,446	780,281

COST CENTER DESCRIPTION	COMMUNICATIONS	BUSINESS OFFICE	SUBTOTAL	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.04	6.05	6a.05	6.06	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMIN TTING							
006 02 PURCHASING, RECEIVING AND							
006 03 DATA PROCESSING							
006 04 COMMUNICATIONS	206,597						
006 05 BUSINESS OFFICE	14,757	380,832					
006 06 OTHER ADMIN & GENERAL	14,757		2,270,460	2,270,460			
008 OPERATION OF PLANT	3,162		1,181,730	89,560	1,271,290		
009 LAUNDRY & LINEN SERVICE	1,054		90,849	6,885	27,232	124,966	
010 HOUSEKEEPING	2,108		387,265	29,350	7,887	6,275	430,777
011 DIETARY	5,270		603,852	45,764	37,570	1,232	13,092
012 CAFETERIA	2,108		160,341	12,152	12,260		4,272
014 NURSING ADMINISTRATION	11,595		854,970	64,796	13,003		4,531
015 CENTRAL SERVICES & SUPPLY	1,054		104,293	7,904	17,742	28	6,183
017 MEDICAL RECORDS & LIBRARY	14,757		833,753	63,188	17,023		5,932
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,757	17,618	1,907,731	144,581	148,914	24,147	51,893
026 INTENSIVE CARE UNIT	10,541	10,551	1,331,229	100,890	63,175	10,686	22,015
033 NURSERY	1,054	1,131	329,161	24,946	6,613	145	2,305
034 SKILLED NURSING FACILITY	9,487	12,248	1,667,802	126,398	113,348	49,771	39,499
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,649	53,462	1,561,032	118,306	192,830	13,210	67,198
039 DELIVERY ROOM & LABOR ROO	1,054	641	208,017	15,765	2,641		920
040 ANESTHESIOLOGY	1,054	2,018	33,057	2,505	1,297		452
041 RADIOLOGY-DIAGNOSTIC	15,811	74,319	2,449,412	185,634	53,615	5,007	18,684
044 LABORATORY	12,649	59,564	2,119,326	160,617	31,983	80	11,145
049 RESPIRATORY THERAPY	5,270	6,837	681,017	51,612	34,953		12,180
050 PHYSICAL THERAPY	14,757	17,206	1,198,958	90,865	125,903	3,935	43,874
053 ELECTROCARDIOLOGY		7,594	89,783	6,804	7,073		2,465
055 MEDICAL SUPPLIES CHARGED	1,054	22,382	2,142,217	162,352	13,852		4,827
056 DRUGS CHARGED TO PATIENTS	4,216	51,139	2,466,578	186,943	22,068		7,690
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	6,324	2,080	482,757	36,587	38,973	745	13,581
061 EMERGENCY	9,487	25,121	1,096,697	83,115	35,625	9,066	12,415
062 OBSERVATION BEDS (NON-DIS							
063							
063 50 GILMAN RHC			497,951	37,738	30,957		10,788
063 51 MILFORD RHC			476,241	36,093	10,916		3,804
063 52 KENTLAND RHC			1,226,411	92,946	49,960		17,410
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	5,270	16,921	1,021,692	77,431	1,014	639	353
071 HOME HEALTH AGENCY			550,601	41,728	21,514		7,497
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			1,000,359	75,814	28,316		9,868
095 SUBTOTALS	196,056	380,832	31,025,542	2,179,269	1,168,257	124,966	394,873
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,108		25,454	1,929	10,822		3,771
098 PHYSICIANS' PRIVATE OFFIC							
100 IROQUOIS WOMENS HEALTH			823,158	62,385	19,734		6,877
100 01 OTHER NON REIMBURSABLE	8,433		354,635	26,877	72,477		25,256
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	206,597	380,832	32,228,789	2,270,460	1,271,290	124,966	430,777

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PURCHASING, RECEIVING AND							
006 03 DATA PROCESSING							
006 04 COMMUNICATIONS							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMIN & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	701,510						
012 CAFETERIA		189,025					
014 NURSING ADMINISTRATION			943,577				
015 CENTRAL SERVICES & SUPPLY				137,262			
017 MEDICAL RECORDS & LIBRARY					929,407		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	149,537	11,926	143,156	10,316	40,106	2,632,307	
026 INTENSIVE CARE UNIT	75,514	9,531	114,428		24,017	1,751,485	
033 NURSERY		5,554	66,648		2,574	437,946	
034 SKILLED NURSING FACILITY	444,476	21,688			27,880	2,490,862	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		8,412	101,094	88,403	121,699	2,272,184	
039 DELIVERY ROOM & LABOR ROO		3,568	42,874		1,459	275,244	
040 ANESTHESIOLOGY					4,593	41,904	
041 RADIOLOGY-DIAGNOSTIC		9,401		2,742	169,170	2,893,665	
044 LABORATORY		12,758			135,590	2,471,499	
049 RESPIRATORY THERAPY		6,468	77,690	545	15,564	880,029	
050 PHYSICAL THERAPY		8,358			39,166	1,511,059	
053 ELECTROCARDIOLOGY		757			17,287	124,169	
055 MEDICAL SUPPLIES CHARGED					50,950	2,374,198	
056 DRUGS CHARGED TO PATIENTS		6,550			116,410	2,806,239	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	542	8,822	105,981	1,356	4,735	694,079	
061 EMERGENCY	1,409	9,210	110,553	2,564	57,183	1,417,837	
062 OBSERVATION BEDS (NON-DIS							
063							
063 50 GILMAN RHC		3,507		1,119	5,009	587,069	
063 51 MILFORD RHC		2,920		713	6,619	537,306	
063 52 KENTLAND RHC		9,169		4,921	15,003	1,415,820	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		15,091	181,153		38,517	1,335,890	
071 HOME HEALTH AGENCY		5,042			8,108	634,490	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		8,494			21,570	1,144,421	
095 SUBTOTALS	671,478	184,126	943,577	112,679	923,209	30,729,702	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						41,976	
098 PHYSICIANS' PRIVATE OFFIC							
100 IROQUOIS WOMENS HEALTH		1,822		24,583	6,198	944,757	
100 01 OTHER NON REIMBURSABLE	30,032	3,077				512,354	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	701,510	189,025	943,577	137,262	929,407	32,228,789	

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	PURCHASING, RECEIVING AND	
006 03	DATA PROCESSING	
006 04	COMMUNICATIONS	
006 05	BUSINESS OFFICE	
006 06	OTHER ADMIN & GENERAL	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
017	MEDICAL RECORDS & LIBRARY	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	2,632,307
026	INTENSIVE CARE UNIT	1,751,485
033	NURSERY	437,946
034	SKILLED NURSING FACILITY	2,490,862
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,272,184
039	DELIVERY ROOM & LABOR ROO	275,244
040	ANESTHESIOLOGY	41,904
041	RADIOLOGY-DIAGNOSTIC	2,893,665
044	LABORATORY	2,471,499
049	RESPIRATORY THERAPY	880,029
050	PHYSICAL THERAPY	1,511,059
053	ELECTROCARDIOLOGY	124,169
055	MEDICAL SUPPLIES CHARGED	2,374,198
056	DRUGS CHARGED TO PATIENTS	2,806,239
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	694,079
061	EMERGENCY	1,417,837
062	OBSERVATION BEDS (NON-DIS	
063		
063 50	GILMAN RHC	587,069
063 51	MILFORD RHC	537,306
063 52	KENTLAND RHC	1,415,820
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	1,335,890
071	HOME HEALTH AGENCY	634,490
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	1,144,421
095	SUBTOTALS	30,729,702
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	41,976
098	PHYSICIANS' PRIVATE OFFIC	
100	IROQUOIS WOMENS HEALTH	944,757
100 01	OTHER NON REIMBURSABLE	512,354
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	32,228,789

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-0167

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/28/2011
WORKSHEET B
PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMITTING	PURCHASING, RECEIVING AND
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	252	5,008	96	5,356	5,356		
006 01 ADMINISTRATION	797	7,690		8,487	99	8,586	
006 02 PURCHASING, RECEIVING AND	493	2,945		3,438	26		3,464
006 03 DATA PROCESSING	252	5,081	107,239	112,572	94		3
006 04 COMMUNICATIONS		1,627	4,678	6,305			
006 05 BUSINESS OFFICE	7,894	11,652	1,256	20,802	61		9
006 06 OTHER ADMIN & GENERAL	7,402	77,414	2,817	87,633	226		13
008 OPERATION OF PLANT	687	121,860	16,091	138,638	98		34
009 LAUNDRY & LINEN SERVICE		20,996		20,996	16		8
010 HOUSEKEEPING		6,081	148	6,229	89		50
011 DIETARY	1,237	28,968	1,150	31,355	90		26
012 CAFETERIA	648	9,453		10,101	47		14
014 NURSING ADMINISTRATION	2,252	10,025	333	12,610	223		8
015 CENTRAL SERVICES & SUPPLY		13,679	12,840	26,519	15		22
017 MEDICAL RECORDS & LIBRARY	2,260	13,125	10,073	25,458	168		7
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	25,708	114,816	33,933	174,457	425	397	90
026 INTENSIVE CARE UNIT	12,959	48,710	12,405	74,074	276	238	51
033 NURSERY	329	5,099	4,028	9,456	63	25	
034 SKILLED NURSING FACILITY	1,362	87,394	12,210	100,966	393	276	72
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,092	148,673	134,706	300,471	244	1,205	32
039 DELIVERY ROOM & LABOR ROOM	211	2,036		2,247	41	14	
040 ANESTHESIOLOGY		1,000	22,736	23,736		45	20
041 RADIOLOGY-DIAGNOSTIC	101,730	41,338	490,152	633,220	242	1,678	312
044 LABORATORY	22,089	24,659	69,354	116,102	242	1,343	529
049 RESPIRATORY THERAPY	8,038	26,950	57,858	92,846	155	154	119
050 PHYSICAL THERAPY	3,442	97,074	16,926	117,442	208	388	17
053 ELECTROCARDIOLOGY	766	5,454		6,220	18	171	4
055 MEDICAL SUPPLIES CHARGED		10,680		10,680		505	1,811
056 DRUGS CHARGED TO PATIENTS	342	17,015	5,507	22,864	185	1,153	7
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	9,441	30,049	3,783	43,273	164	47	25
061 EMERGENCY	11,423	27,468	20,582	59,473	247	566	51
062 OBSERVATION BEDS (NON-DIS)							
063 50 GILMAN RHC	1,085	23,868	7,598	32,551	105		8
063 51 MILFORD RHC	744	8,417	7,131	16,292	100		8
063 52 KENTLAND RHC	1,736	38,520	20,086	60,342	266		19
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	26,313	782	75,551	102,646	246	381	17
071 HOME HEALTH AGENCY	2,364	16,588	671	19,623	129		11
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	111,115	21,832	700	133,647	220		24
095 SUBTOTALS	382,463	1,134,026	1,152,638	2,669,127	5,221	8,586	3,421
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		8,344		8,344			
098 PHYSICIANS' PRIVATE OFFICE							
100 IROQUOIS WOMENS HEALTH	31,056	15,215	2,526	48,797	78		24
100 01 OTHER NON REIMBURSABLE	7,703	55,881	4,150	67,734	57		19
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	421,222	1,213,466	1,159,314	2,794,002	5,356	8,586	3,464

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0167
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/28/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DATA PROCESSING	COMMUNICATIONS	BUSINESS OFFICE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	6.06	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PURCHASING, RECEIVING AND							
006 03 DATA PROCESSING	112,669						
006 04 COMMUNICATIONS		6,305					
006 05 BUSINESS OFFICE	1,990	450	23,312				
006 06 OTHER ADMIN & GENERAL	1,912	450		90,234			
008 OPERATION OF PLANT	2,697	97		3,559	145,123		
009 LAUNDRY & LINEN SERVICE	787	32		274	3,109	25,222	
010 HOUSEKEEPING	4,454	64		1,166	900	1,266	14,218
011 DIETARY	3,949	161		1,819	4,289	249	432
012 CAFETERIA	2,070	64		483	1,400		141
014 NURSING ADMINISTRATION	3,148	354		2,575	1,484		150
015 CENTRAL SERVICES & SUPPLY	558	32		314	2,025	6	204
017 MEDICAL RECORDS & LIBRARY	4,772	450		2,511	1,943		196
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,980	450	1,078	5,746	16,999	4,874	1,713
026 INTENSIVE CARE UNIT	4,780	322	645	4,010	7,212	2,157	727
033 NURSERY	2,784	32	69	991	755	29	76
034 SKILLED NURSING FACILITY	10,877	290	749	5,023	12,939	10,045	1,304
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,223	386	3,270	4,702	22,014	2,666	2,216
039 DELIVERY ROOM & LABOR ROO	1,791	32	39	627	301		30
040 ANESTHESIOLOGY		32	123	100	148		15
041 RADIOLOGY-DIAGNOSTIC	4,716	484	4,563	7,378	6,120	1,011	617
044 LABORATORY	6,398	386	3,644	6,383	3,651	16	368
049 RESPIRATORY THERAPY	3,245	161	418	2,051	3,990		402
050 PHYSICAL THERAPY	4,191	450	1,053	3,611	14,372	794	1,448
053 ELECTROCARDIOLOGY	381		465	270	807		81
055 MEDICAL SUPPLIES CHARGED		32	1,369	6,452	1,581		159
056 DRUGS CHARGED TO PATIENTS	3,285	129	3,128	7,432	2,519		254
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	4,427	193	127	1,454	4,449	150	448
061 EMERGENCY	4,618	290	1,537	3,303	4,067	1,830	410
062 OBSERVATION BEDS (NON-DIS							
063							
063 50 GILMAN RHC	1,758			1,500	3,534		356
063 51 MILFORD RHC	1,466			1,434	1,246		126
063 52 KENTLAND RHC	4,598			3,694	5,703		575
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	7,568	161	1,035	3,077	116	129	12
071 HOME HEALTH AGENCY	2,529			1,658	2,456		247
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	4,261			3,013	3,232		326
095 SUBTOTALS	110,213	5,984	23,312	86,610	133,361	25,222	13,033
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		64		77	1,235		124
098 PHYSICIANS' PRIVATE OFFIC							
100 IROQUOIS WOMENS HEALTH	913			2,479	2,253		227
100 01 OTHER NON REIMBURSABLE	1,543	257		1,068	8,274		834
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	112,669	6,305	23,312	90,234	145,123	25,222	14,218

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	11	12	14	15	17	25	26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 PURCHASING, RECEIVING AND							
006 03 DATA PROCESSING							
006 04 COMMUNICATIONS							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMIN & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	42,370						
012 CAFETERIA		14,320					
014 NURSING ADMINISTRATION		476	21,028				
015 CENTRAL SERVICES & SUPPLY		84		29,779			
017 MEDICAL RECORDS & LIBRARY		720			36,225		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,032	903	3,190	2,238	1,563	229,135	
026 INTENSIVE CARE UNIT	4,561	722	2,550		936	103,261	
033 NURSERY		421	1,485		100	16,286	
034 SKILLED NURSING FACILITY	26,845	1,645			1,086	172,510	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		637	2,253	19,179	4,742	368,240	
039 DELIVERY ROOM & LABOR ROO		270	955		57	6,404	
040 ANESTHESIOLOGY					179	24,398	
041 RADIOLOGY-DIAGNOSTIC		712		595	6,604	668,252	
044 LABORATORY		967			5,283	145,312	
049 RESPIRATORY THERAPY		490	1,731	118	606	106,486	
050 PHYSICAL THERAPY		633			1,526	146,133	
053 ELECTROCARDIOLOGY		57			674	9,148	
055 MEDICAL SUPPLIES CHARGED					1,985	24,574	
056 DRUGS CHARGED TO PATIENTS		496			4,536	45,988	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	33	668	2,362	294	184	58,298	
061 EMERGENCY	85	698	2,464	556	2,228	82,423	
062 OBSERVATION BEDS (NON-DIS							
063							
063 50 GILMAN RHC		266		243	195	40,516	
063 51 MILFORD RHC		221		155	258	21,306	
063 52 KENTLAND RHC		695		1,068	585	77,545	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		1,143	4,038		1,501	122,070	
071 HOME HEALTH AGENCY		382			316	27,351	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		643			840	146,206	
095 SUBTOTALS	40,556	13,949	21,028	24,446	35,984	2,641,842	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						9,844	
098 PHYSICIANS' PRIVATE OFFIC							
100 IROQUOIS WOMENS HEALTH		138		5,333	241	60,483	
100 01 OTHER NON REIMBURSABLE	1,814	233				81,833	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	42,370	14,320	21,028	29,779	36,225	2,794,002	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	PURCHASING, RECEIVING AND	
006 03	DATA PROCESSING	
006 04	COMMUNICATIONS	
006 05	BUSINESS OFFICE	
006 06	OTHER ADMIN & GENERAL	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
017	MEDICAL RECORDS & LIBRARY	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	229,135
026	INTENSIVE CARE UNIT	103,261
033	NURSERY	16,286
034	SKILLED NURSING FACILITY	172,510
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	368,240
039	DELIVERY ROOM & LABOR ROO	6,404
040	ANESTHESIOLOGY	24,398
041	RADIOLOGY-DIAGNOSTIC	668,252
044	LABORATORY	145,312
049	RESPIRATORY THERAPY	106,486
050	PHYSICAL THERAPY	146,133
053	ELECTROCARDIOLOGY	9,148
055	MEDICAL SUPPLIES CHARGED	24,574
056	DRUGS CHARGED TO PATIENTS	45,988
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	58,298
061	EMERGENCY	82,423
062	OBSERVATION BEDS (NON-DIS	
063		
063 50	GILMAN RHC	40,516
063 51	MILFORD RHC	21,306
063 52	KENTLAND RHC	77,545
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	122,070
071	HOME HEALTH AGENCY	27,351
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	146,206
095	SUBTOTALS	2,641,842
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	9,844
098	PHYSICIANS' PRIVATE OFFIC	
100	IROQUOIS WOMENS HEALTH	60,483
100 01	OTHER NON REIMBURSABLE	81,833
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	2,794,002

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	ADMITTING	PURCHASING, RECEIVING	DATA PROCESSING
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(GROSS CHARGES)	(COST REQUISITION)	(TIME SPENT)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	133,505					
005 NEW CAP REL COSTS-MVB		1,040,413				
005 EMPLOYEE BENEFITS	551	86	15,098,006			
006 01 ADMITTING	846		277,782	63,133,198		
006 02 PURCHASING, RECEIVING	324		72,248		3,202,012	
006 03 DATA PROCESSING	559	96,240	264,254		3,186	684,882
006 04 COMMUNICATIONS	179	4,198				
006 05 BUSINESS OFFICE	1,282	1,127	172,092		8,102	12,094
006 06 OTHER ADMIN & GENERAL	8,517	2,528	637,232		12,421	11,621
008 OPERATION OF PLANT	13,407	14,441	276,107		31,305	16,395
009 LAUNDRY & LINEN SERVI	2,310		46,212		7,421	4,781
010 HOUSEKEEPING	669	133	249,334		45,849	27,072
011 DIETARY	3,187	1,032	253,269		24,324	24,004
012 CAFETERIA	1,040		132,772		12,750	12,584
014 NURSING ADMINISTRATION	1,103	299	627,435		6,954	19,135
015 CENTRAL SERVICES & SU	1,505	11,523	43,177		20,734	3,390
017 MEDICAL RECORDS & LIB	1,444	9,040	473,245		6,710	29,007
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	12,632	30,453	1,212,265	2,920,829	83,313	36,352
026 INTENSIVE CARE UNIT	5,359	11,133	776,949	1,749,114	47,455	29,057
033 NURSERY	561	3,615	178,565	187,484	53	16,924
034 SKILLED NURSING FACIL	9,615	10,958	1,107,688	2,030,470	66,392	66,123
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	16,357	120,890	686,309	8,863,118	29,500	25,671
039 DELIVERY ROOM & LABOR	224		114,873	106,246		10,887
040 ANESTHESIOLOGY	110	20,404		334,470	18,598	
041 RADIOLOGY-DIAGNOSTIC	4,548	439,882	681,345	12,318,933	288,599	28,665
044 LABORATORY	2,713	62,241	682,021	9,874,715	489,240	38,892
049 RESPIRATORY THERAPY	2,965	51,924	436,940	1,133,494	109,641	19,728
050 PHYSICAL THERAPY	10,680	15,190	587,057	2,852,388	15,909	25,474
053 ELECTROCARDIOLOGY	600		51,667	1,258,978	3,512	2,316
055 MEDICAL SUPPLIES CHAR	1,175			3,710,561	1,674,195	
056 DRUGS CHARGED TO PATI	1,872	4,942	520,367	8,477,882	6,295	19,968
060 OUTPAT SERVICE COST C						
060 CLINIC	3,306	3,395	461,284	344,837	22,992	26,912
061 EMERGENCY	3,022	18,471	695,980	4,164,549	47,563	28,073
062 OBSERVATION BEDS (NON						
063						
063 50 GILMAN RHC	2,626	6,819	294,491		7,341	10,688
063 51 MILFORD RHC	926	6,400	281,215		7,008	8,912
063 52 KENTLAND RHC	4,238	18,026	749,052		17,507	27,949
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	86	67,802	691,757	2,805,130	15,267	46,001
071 HOME HEALTH AGENCY	1,825	602	364,584		9,874	15,376
093 SPEC PURPOSE COST CEN						
093 HOSPICE	2,402	628	618,573		21,761	25,903
095 SUBTOTALS	124,765	1,034,422	14,718,141	63,133,198	3,161,771	669,954
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	918				406	
098 PHYSICIANS' PRIVATE O						
100 IROQUOIS WOMENS HEALT	1,674	2,267	218,478		22,624	5,550
100 01 OTHER NON REIMBURSABL	6,148	3,724	161,387		17,211	9,378
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,213,466	1,159,314	1,583,928	415,939	98,446	780,281
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	9.089293		.104910		.030745	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		1.114283		.006588		1.139293
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			5,356	8,586	3,464	112,669
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000355		.001082	
(WRKSHT B, PT III)				.000136		.164509

COST CENTER DESCRIPTION	COMMUNICATIONS (# OF PHONES)	BUSINESS OFFICE (GROSS ARGES)	CH RECONCILIATION ()	OTHER ADMIN & OPERATION OF GENERAL PLANT (ACCUM. COST)	(SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)
	6.04	6.05	6a.06	6.06	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PURCHASING, RECEIVING							
006 03 DATA PROCESSING							
006 04 COMMUNICATIONS	196						
006 05 BUSINESS OFFICE	14	63,133,198					
006 06 OTHER ADMIN & GENERAL	14		-2,270,460	29,958,329			
008 OPERATION OF PLANT	3			1,181,730	107,840		
009 LAUNDRY & LINEN SERVI	1			90,849	2,310	440,120	
010 HOUSEKEEPING	2			387,265	669	22,100	104,861
011 DIETARY	5			603,852	3,187	4,340	3,187
012 CAFETERIA	2			160,341	1,040		1,040
014 NURSING ADMINISTRATION	11			854,970	1,103		1,103
015 CENTRAL SERVICES & SU	1			104,293	1,505	100	1,505
017 MEDICAL RECORDS & LIB	14			833,753	1,444		1,444
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	14	2,920,829		1,907,731	12,632	85,045	12,632
026 INTENSIVE CARE UNIT	10	1,749,114		1,331,229	5,359	37,635	5,359
033 NURSERY	1	187,484		329,161	561	510	561
034 SKILLED NURSING FACIL	9	2,030,470		1,667,802	9,615	175,285	9,615
ANCILLARY SRVC COST C							
037 OPERATING ROOM	12	8,863,118		1,561,032	16,357	46,525	16,357
039 DELIVERY ROOM & LABOR	1	106,246		208,017	224		224
040 ANESTHESIOLOGY	1	334,470		33,057	110		110
041 RADIOLOGY-DIAGNOSTIC	15	12,318,933		2,449,412	4,548	17,635	4,548
044 LABORATORY	12	9,874,715		2,119,326	2,713	280	2,713
049 RESPIRATORY THERAPY	5	1,133,494		681,017	2,965		2,965
050 PHYSICAL THERAPY	14	2,852,388		1,198,958	10,680	13,860	10,680
053 ELECTROCARDIOLOGY		1,258,978		89,783	600		600
055 MEDICAL SUPPLIES CHAR	1	3,710,561		2,142,217	1,175		1,175
056 DRUGS CHARGED TO PATI	4	8,477,882		2,466,578	1,872		1,872
OUTPUT SERVICE COST C							
060 CLINIC	6	344,837		482,757	3,306	2,625	3,306
061 EMERGENCY	9	4,164,549		1,096,697	3,022	31,930	3,022
062 OBSERVATION BEDS (NON							
063 50 GILMAN RHC				497,951	2,626		2,626
063 51 MILFORD RHC				476,241	926		926
063 52 KENTLAND RHC				1,226,411	4,238		4,238
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	5	2,805,130		1,021,692	86	2,250	86
071 HOME HEALTH AGENCY				550,601	1,825		1,825
SPEC PURPOSE COST CEN							
093 HOSPICE				1,000,359	2,402		2,402
095 SUBTOTALS	186	63,133,198	-2,270,460	28,755,082	99,100	440,120	96,121
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	2			25,454	918		918
098 PHYSICIANS' PRIVATE O				823,158	1,674		1,674
100 IROQUOIS WOMENS HEALT				354,635	6,148		6,148
100 01 OTHER NON REIMBURSABL	8						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	206,597	380,832		2,270,460	1,271,290	124,966	430,777
(WRKSH T B, PART I)							
104 UNIT COST MULTIPLIER		.006032		.075787		.283936	
(WRKSH T B, PT I)	1,054.066327				11.788668		4.108076
105 COST TO BE ALLOCATED							
(WRKSH T B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSH T B, PT II)	6,305	23,312		90,234	145,123	25,222	14,218
107 COST TO BE ALLOCATED							
(WRKSH T B, PART III)							
108 UNIT COST MULTIPLIER	32.168367	.000369		.003012		.057307	.135589
(WRKSH T B, PT III)					1.345725		.135589

COST ALLOCATION - STATISTICAL BASIS

14-0167

FROM 10/1/2009

WORKSHEET B-1

TO 9/30/2010

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT)SING HRS	CENTRAL SERVICES & SUPPLY (COSTED)EQUI S.	MEDICAL RECORDS & LIBRARY (GROSS)ARGES	CH
GENERAL SERVICE COST	11	12	14	15	17	
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 ADMITTING						
006 02 PURCHASING, RECEIVING						
006 03 DATA PROCESSING						
006 04 COMMUNICATIONS						
006 05 BUSINESS OFFICE						
006 06 OTHER ADMIN & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY	51,763					
012 CAFETERIA		27,706				
014 NURSING ADMINISTRATION		920	239,605			
015 CENTRAL SERVICES & SU		163		13,864		
017 MEDICAL RECORDS & LIB		1,394			67,685,483	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	11,034	1,748	36,352	1,042	2,920,829	
026 INTENSIVE CARE UNIT	5,572	1,397	29,057		1,749,114	
033 NURSERY		814	16,924		187,484	
034 SKILLED NURSING FACIL	32,797	3,179			2,030,470	
ANCILLARY SRVC COST C						
037 OPERATING ROOM		1,233	25,671	8,929	8,863,118	
039 DELIVERY ROOM & LABOR		523	10,887		106,246	
040 ANESTHESIOLOGY					334,470	
041 RADIOLOGY-DIAGNOSTIC		1,378		277	12,318,933	
044 LABORATORY		1,870			9,874,715	
049 RESPIRATORY THERAPY		948	19,728	55	1,133,494	
050 PHYSICAL THERAPY		1,225			2,852,388	
053 ELECTROCARDIOLOGY		111			1,258,978	
055 MEDICAL SUPPLIES CHAR					3,710,561	
056 DRUGS CHARGED TO PATI		960			8,477,882	
OUTPAT SERVICE COST C						
060 CLINIC	40	1,293	26,912	137	344,837	
061 EMERGENCY	104	1,350	28,073	259	4,164,549	
062 OBSERVATION BEDS (NON						
063						
063 50 GILMAN RHC		514		113	364,812	
063 51 MILFORD RHC		428		72	482,049	
063 52 KENTLAND RHC		1,344		497	1,092,669	
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES		2,212	46,001		2,805,130	
071 HOME HEALTH AGENCY		739			590,455	
SPEC PURPOSE COST CEN						
093 HOSPICE		1,245			1,570,904	
095 SUBTOTALS	49,547	26,988	239,605	11,381	67,234,087	
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O		267		2,483	451,396	
100 IROQUOIS WOMENS HEALT		451				
100 01 OTHER NON REIMBURSABL	2,216					
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	701,510	189,025	943,577	137,262	929,407	
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		6.822529		9.900606		
(WRKSHT B, PT I)	13.552344		3.938052		.013731	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	42,370	14,320	21,028	29,779	36,225	
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		.516856		2.147937		
(WRKSHT B, PT III)	.818538		.087761		.000535	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,632,307		2,632,307		2,632,307
26	INTENSIVE CARE UNIT	1,751,485		1,751,485		1,751,485
33	NURSERY	437,946		437,946		437,946
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,490,862		2,490,862		2,490,862
37	OPERATING ROOM	2,272,184		2,272,184		2,272,184
39	DELIVERY ROOM & LABOR ROOM	275,244		275,244		275,244
40	ANESTHESIOLOGY	41,904		41,904		41,904
41	RADIOLOGY-DIAGNOSTIC	2,893,665		2,893,665		2,893,665
44	LABORATORY	2,471,499		2,471,499		2,471,499
49	RESPIRATORY THERAPY	880,029		880,029		880,029
50	PHYSICAL THERAPY	1,511,059		1,511,059		1,511,059
53	ELECTROCARDIOLOGY	124,169		124,169		124,169
55	MEDICAL SUPPLIES CHARGED	2,374,198		2,374,198		2,374,198
56	DRUGS CHARGED TO PATIENTS	2,806,239		2,806,239		2,806,239
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	694,079		694,079		694,079
61	EMERGENCY	1,417,837		1,417,837		1,417,837
62	OBSERVATION BEDS (NON-DIS)	226,882		226,882		226,882
63						
63	50 GILMAN RHC	587,069		587,069		587,069
63	51 MILFORD RHC	537,306		537,306		537,306
63	52 KENTLAND RHC	1,415,820		1,415,820		1,415,820
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,335,890		1,335,890		1,335,890
101	SUBTOTAL	29,177,673		29,177,673		29,177,673
102	LESS OBSERVATION BEDS	226,882		226,882		226,882
103	TOTAL	28,950,791		28,950,791		28,950,791

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	2,300,063		2,300,063			
26	INTENSIVE CARE UNIT	1,749,114		1,749,114			
33	NURSERY	187,484		187,484			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,030,470		2,030,470			
37	OPERATING ROOM	2,767,093	6,096,025	8,863,118	.256364	.256364	.256364
39	DELIVERY ROOM & LABOR ROO	106,246		106,246	2.590629	2.590629	2.590629
40	ANESTHESIOLOGY	124,531	209,939	334,470	.125285	.125285	.125285
41	RADIOLOGY-DIAGNOSTIC	1,488,976	10,829,957	12,318,933	.234896	.234896	.234896
44	LABORATORY	1,630,534	8,244,181	9,874,715	.250286	.250286	.250286
49	RESPIRATORY THERAPY	435,912	697,582	1,133,494	.776386	.776386	.776386
50	PHYSICAL THERAPY	814,106	2,038,282	2,852,388	.529752	.529752	.529752
53	ELECTROCARDIOLOGY	445,839	813,139	1,258,978	.098627	.098627	.098627
55	MEDICAL SUPPLIES CHARGED	2,187,253	1,523,308	3,710,561	.639849	.639849	.639849
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	3,671,411	4,806,471	8,477,882	.331007	.331007	.331007
60	CLINIC	612	344,225	344,837	2.012774	2.012774	2.012774
61	EMERGENCY	622,986	3,541,563	4,164,549	.340454	.340454	.340454
62	OBSERVATION BEDS (NON-DIS	114,218	506,548	620,766	.365487	.365487	.365487
63							
63	50 GILMAN RHC		364,812	364,812	1.609237	1.609237	1.609237
63	51 MILFORD RHC		482,049	482,049	1.114629	1.114629	1.114629
63	52 KENTLAND RHC		1,092,669	1,092,669	1.295745	1.295745	1.295745
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	656	2,804,474	2,805,130	.476231	.476231	.476231
101	SUBTOTAL	20,677,504	44,395,224	65,072,728			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,677,504	44,395,224	65,072,728			

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	2,300,063		2,300,063			
26	INTENSIVE CARE UNIT	1,749,114		1,749,114			
33	NURSERY	187,484		187,484			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,030,470		2,030,470			
37	OPERATING ROOM	2,767,093	6,096,025	8,863,118	.256364	.256364	.256364
39	DELIVERY ROOM & LABOR ROO	106,246		106,246	2.590629	2.590629	2.590629
40	ANESTHESIOLOGY	124,531	209,939	334,470	.125285	.125285	.125285
41	RADIOLOGY-DIAGNOSTIC	1,488,976	10,829,957	12,318,933	.234896	.234896	.234896
44	LABORATORY	1,630,534	8,244,181	9,874,715	.250286	.250286	.250286
49	RESPIRATORY THERAPY	435,912	697,582	1,133,494	.776386	.776386	.776386
50	PHYSICAL THERAPY	814,106	2,038,282	2,852,388	.529752	.529752	.529752
53	ELECTROCARDIOLOGY	445,839	813,139	1,258,978	.098627	.098627	.098627
55	MEDICAL SUPPLIES CHARGED	2,187,253	1,523,308	3,710,561	.639849	.639849	.639849
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	3,671,411	4,806,471	8,477,882	.331007	.331007	.331007
60	CLINIC	612	344,225	344,837	2.012774	2.012774	2.012774
61	EMERGENCY	622,986	3,541,563	4,164,549	.340454	.340454	.340454
62	OBSERVATION BEDS (NON-DIS	114,218	506,548	620,766	.365487	.365487	.365487
63							
63	50 GILMAN RHC		364,812	364,812	1.609237	1.609237	1.609237
63	51 MILFORD RHC		482,049	482,049	1.114629	1.114629	1.114629
63	52 KENTLAND RHC		1,092,669	1,092,669	1.295745	1.295745	1.295745
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	656	2,804,474	2,805,130	.476231	.476231	.476231
101	SUBTOTAL	20,677,504	44,395,224	65,072,728			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,677,504	44,395,224	65,072,728			

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	2,272,184	368,240	1,903,944			2,272,184
39	DELIVERY ROOM & LABOR ROO	275,244	6,404	268,840			275,244
40	ANESTHESIOLOGY	41,904	24,398	17,506			41,904
41	RADIOLOGY-DIAGNOSTIC	2,893,665	668,252	2,225,413			2,893,665
44	LABORATORY	2,471,499	145,312	2,326,187			2,471,499
49	RESPIRATORY THERAPY	880,029	106,486	773,543			880,029
50	PHYSICAL THERAPY	1,511,059	146,133	1,364,926			1,511,059
53	ELECTROCARDIOLOGY	124,169	9,148	115,021			124,169
55	MEDICAL SUPPLIES CHARGED	2,374,198	24,574	2,349,624			2,374,198
56	DRUGS CHARGED TO PATIENTS	2,806,239	45,988	2,760,251			2,806,239
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	694,079	58,298	635,781			694,079
61	EMERGENCY	1,417,837	82,423	1,335,414			1,417,837
62	OBSERVATION BEDS (NON-DIS	226,882	19,920	206,962			226,882
63							
63	50 GILMAN RHC	587,069	40,516	546,553			587,069
63	51 MILFORD RHC	537,306	21,306	516,000			537,306
63	52 KENTLAND RHC	1,415,820	77,545	1,338,275			1,415,820
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,335,890	122,070	1,213,820			1,335,890
101	SUBTOTAL	21,865,073	1,967,013	19,898,060			21,865,073
102	LESS OBSERVATION BEDS	226,882	19,920	206,962			226,882
103	TOTAL	21,638,191	1,947,093	19,691,098			21,638,191

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	2,272,184	368,240	1,903,944			2,272,184
39	DELIVERY ROOM & LABOR ROO	275,244	6,404	268,840			275,244
40	ANESTHESIOLOGY	41,904	24,398	17,506			41,904
41	RADIOLOGY-DIAGNOSTIC	2,893,665	668,252	2,225,413			2,893,665
44	LABORATORY	2,471,499	145,312	2,326,187			2,471,499
49	RESPIRATORY THERAPY	880,029	106,486	773,543			880,029
50	PHYSICAL THERAPY	1,511,059	146,133	1,364,926			1,511,059
53	ELECTROCARDIOLOGY	124,169	9,148	115,021			124,169
55	MEDICAL SUPPLIES CHARGED	2,374,198	24,574	2,349,624			2,374,198
56	DRUGS CHARGED TO PATIENTS	2,806,239	45,988	2,760,251			2,806,239
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	694,079	58,298	635,781			694,079
61	EMERGENCY	1,417,837	82,423	1,335,414			1,417,837
62	OBSERVATION BEDS (NON-DIS	226,882	19,920	206,962			226,882
63							
63	50 GILMAN RHC	587,069	40,516	546,553			587,069
63	51 MILFORD RHC	537,306	21,306	516,000			537,306
63	52 KENTLAND RHC	1,415,820	77,545	1,338,275			1,415,820
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,335,890	122,070	1,213,820			1,335,890
101	SUBTOTAL	21,865,073	1,967,013	19,898,060			21,865,073
102	LESS OBSERVATION BEDS	226,882	19,920	206,962			226,882
103	TOTAL	21,638,191	1,947,093	19,691,098			21,638,191

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	8,863,118	.256364	.256364
39	DELIVERY ROOM & LABOR ROO	106,246	2.590629	2.590629
40	ANESTHESIOLOGY	334,470	.125285	.125285
41	RADIOLOGY-DIAGNOSTIC	12,318,933	.234896	.234896
44	LABORATORY	9,874,715	.250286	.250286
49	RESPIRATORY THERAPY	1,133,494	.776386	.776386
50	PHYSICAL THERAPY	2,852,388	.529752	.529752
53	ELECTROCARDIOLOGY	1,258,978	.098627	.098627
55	MEDICAL SUPPLIES CHARGED	3,710,561	.639849	.639849
56	DRUGS CHARGED TO PATIENTS	8,477,882	.331007	.331007
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	344,837	2.012774	2.012774
61	EMERGENCY	4,164,549	.340454	.340454
62	OBSERVATION BEDS (NON-DIS	620,766	.365487	.365487
63				
63	50 GILMAN RHC	364,812	1.609237	1.609237
63	51 MILFORD RHC	482,049	1.114629	1.114629
63	52 KENTLAND RHC	1,092,669	1.295745	1.295745
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,805,130	.476231	.476231
101	SUBTOTAL	58,805,597		
102	LESS OBSERVATION BEDS	620,766		
103	TOTAL	58,184,831		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,819	2,392			59.49	142,300
26	INTENSIVE CARE UNIT	1,517	1,162			68.07	79,097
33	NURSERY	200				81.43	
101	TOTAL	5,536	3,554				221,397

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

PROVIDER NO: 14-0167
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/28/2011
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					3,819	
26	INTENSIVE CARE UNIT					1,517	
33	NURSERY					200	
34	SKILLED NURSING FACILITY					11,300	
101	TOTAL					16,836	

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

	PROVIDER NO:		PERIOD:		PREPARED 2/28/2011
	14-0167		FROM 10/ 1/2009		WORKSHEET D
			TO 9/30/2010		PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	2,392	
26	INTENSIVE CARE UNIT	1,162	
33	NURSERY		
34	SKILLED NURSING FACILITY	2,162	
101	TOTAL	5,716	

TITLE XVIII, PART A HOSPITAL 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						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63							
63	50 GILMAN RHC						
63	51 MILFORD RHC						
63	52 KENTLAND RHC						
	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
	ANCILLARY SRVC COST CNTRS			8,863,118			1,494,711	
37	OPERATING ROOM			106,246			1,332	
39	DELIVERY ROOM & LABOR ROO			334,470			66,978	
40	ANESTHESIOLOGY			12,318,933			1,404,107	
41	RADIOLOGY-DIAGNOSTIC			9,874,715			1,586,280	
44	LABORATORY			1,133,494			300,079	
49	RESPIRATORY THERAPY			2,852,388			160,449	
50	PHYSICAL THERAPY			1,258,978			440,031	
53	ELECTROCARDIOLOGY			3,710,561			1,665,059	
55	MEDICAL SUPPLIES CHARGED			8,477,882			2,438,559	
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			344,837			595	
61	EMERGENCY			4,164,549			597,954	
62	OBSERVATION BEDS (NON-DIS			620,766			76,089	
63								
63	50 GILMAN RHC							
63	51 MILFORD RHC							
63	52 KENTLAND RHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			54,060,937			10,232,223	

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	608,357	2,251,517				
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	11,421	52,824				
41	RADIOLOGY-DIAGNOSTIC	910,615	3,152,182				
44	LABORATORY	48,754	158,884				
49	RESPIRATORY THERAPY	43,505	133,950				
50	PHYSICAL THERAPY	47					
53	ELECTROCARDIOLOGY	122,053	361,829				
55	MEDICAL SUPPLIES CHARGED	167,548	803,984				
56	DRUGS CHARGED TO PATIENTS	746,019	1,952,176				
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	12,277	23,270				
61	EMERGENCY	221,196	678,297				
62	OBSERVATION BEDS (NON-DIS	123,963	204,234				
63							
63	50 GILMAN RHC						
63	51 MILFORD RHC						
63	52 KENTLAND RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	3,015,755	9,773,147				

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.331007
2	PROGRAM VACCINE CHARGES		6,099
3	PROGRAM COSTS		2,019

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						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63							
63	50 GILMAN RHC						
63	51 MILFORD RHC						
63	52 KENTLAND RHC						
	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			8,863,118				
39	DELIVERY ROOM & LABOR ROO			106,246				
40	ANESTHESIOLOGY			334,470				
41	RADIOLOGY-DIAGNOSTIC			12,318,933			11,837	
44	LABORATORY			9,874,715			31,458	
49	RESPIRATORY THERAPY			1,133,494			18,606	
50	PHYSICAL THERAPY			2,852,388			565,336	
53	ELECTROCARDIOLOGY			1,258,978				
55	MEDICAL SUPPLIES CHARGED			3,710,561			10,612	
56	DRUGS CHARGED TO PATIENTS			8,477,882			53,069	
60	OUTPAT SERVICE COST CNTRS CLINIC			344,837				
61	EMERGENCY			4,164,549				
62	OBSERVATION BEDS (NON-DIS			620,766				
63								
63	50 GILMAN RHC							
63	51 MILFORD RHC							
63	52 KENTLAND RHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			54,060,937			690,918	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63							
63	50 GILMAN RHC						
63	51 MILFORD RHC						
63	52 KENTLAND RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,440,470	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,323,446	
37	OPERATING ROOM	.256364	1,494,711	383,190
39	DELIVERY ROOM & LABOR ROOM	2.590629	1,332	3,451
40	ANESTHESIOLOGY	.125285	66,978	8,391
41	RADIOLOGY-DIAGNOSTIC	.234896	1,404,107	329,819
44	LABORATORY	.250286	1,586,280	397,024
49	RESPIRATORY THERAPY	.776386	300,079	232,977
50	PHYSICAL THERAPY	.529752	160,449	84,998
53	ELECTROCARDIOLOGY	.098627	440,031	43,399
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.639849	1,665,059	1,065,386
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.331007	2,438,559	807,180
60	CLINIC	2.012774	595	1,198
61	EMERGENCY	.340454	597,954	203,576
62	OBSERVATION BEDS (NON-DISTINCT PART)	.365487	76,089	27,810
63	50 GILMAN RHC			
63	51 MILFORD RHC			
63	52 KENTLAND RHC			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		10,232,223	3,588,399
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,232,223	

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)	6,470,336	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	7,872,919	
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)	7,872,919	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		503,898
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		8,376,817
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		8,376,817
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		835,688
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		3,575
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		121,969
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		85,378
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		107,445
22 SUBTOTAL		7,622,932
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		7,622,932
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		7,636,813
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-13,881
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 2/28/2011
14-0167	FROM 10/ 1/2009	
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-2
14-U167		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	38,607	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	120	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	38,607	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	38,607	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	38,607	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	817	
14	80% OF PART B COSTS		
15	SUBTOTAL	37,790	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	37,790	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	37,790	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	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)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			796,110
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			796,110
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			796,110
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			796,110
38	COINSURANCE			165,220
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	SUBTOTAL (SEE INSTRUCTIONS)			630,890
45	INPATIENT ROUTINE SERVICE COST			
46	MEDICARE INPATIENT ROUTINE CHARGES			
47	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
48	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
49	RATIO OF LINE 43 TO 44			
50	TOTAL CUSTOMARY CHARGES			
51	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
52	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
53	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
54	OTHER ADJUSTMENTS (SPECIFY)			
55	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
56	SUBTOTAL			630,890
57	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
58	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
59	TOTAL AMOUNT PAYABLE TO THE PROVIDER			630,890
60	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
61	INTERIM PAYMENTS			630,890
62	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
63	BALANCE DUE PROVIDER/PROGRAM			
64	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
14-6049		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,589,405			
2	TEMPORARY INVESTMENTS	659,843			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	10,474,642			
5	OTHER RECEIVABLES	120,000			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-6,247,069			
7	INVENTORY	595,642			
8	PREPAID EXPENSES	1,037,579			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,230,042			
FIXED ASSETS					
12	LAND	249,035			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	22,883,022			
14.01	LESS ACCUMULATED DEPRECIATION	-11,766,126			
15	LEASEHOLD IMPROVEMENTS	477,850			
15.01	LESS ACCUMULATED DEPRECIATION	-380,560			
16	FIXED EQUIPMENT	12,923,765			
16.01	LESS ACCUMULATED DEPRECIATION	-10,045,921			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	14,341,065			
OTHER ASSETS					
22	INVESTMENTS	710,527			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	7,624,468			
26	TOTAL OTHER ASSETS	8,334,995			
27	TOTAL ASSETS	30,906,102			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	738,472			
29 SALARIES, WAGES & FEES PAYABLE	1,446,110			
30 PAYROLL TAXES PAYABLE	187,751			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	707,387			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	555,000			
35 OTHER CURRENT LIABILITIES	1,754,691			
36 TOTAL CURRENT LIABILITIES	5,389,411			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	5,496,527			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	285,873			
42 TOTAL LONG-TERM LIABILITIES	5,782,400			
43 TOTAL LIABILITIES	11,171,811			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	19,734,291			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	19,734,291			
52 TOTAL LIABILITIES AND FUND BALANCES	30,906,102			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		21,747,952		
2 OF PERIOD				
3 NET INCOME (LOSS)		-2,013,661		
4 TOTAL		19,734,291		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		19,734,291		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		19,734,291		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,317,672		2,317,672
4 00 SWING BED - SNF	47,364		47,364
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,029,490		2,029,490
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,394,526		4,394,526
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,798,873		1,798,873
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,798,873		1,798,873
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	6,193,399		6,193,399
17 00 ANCILLARY SERVICES	13,114,167		13,114,167
18 00 OUTPATIENT SERVICES		41,622,845	41,622,845
18 50 GILMAN RHC		364,812	364,812
18 51 MILFORD RHC		482,049	482,049
18 52 KENTLAND RHC		1,092,669	1,092,669
19 00 HOME HEALTH AGENCY		590,455	590,455
20 00 AMBULANCE SERVICES	656	2,804,474	2,805,130
23 00 HOSPICE		1,570,904	1,570,904
24 00 NURSERY	207,169		207,169
24 01 OTHER RHC		993,836	993,836
25 00 TOTAL PATIENT REVENUES	19,515,391	49,522,044	69,037,435

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		36,314,251	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	2,090,635		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		2,090,635	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		38,404,886	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	69,037,435
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	34,262,959
3	NET PATIENT REVENUES	34,774,476
4	LESS: TOTAL OPERATING EXPENSES	38,404,886
5	NET INCOME FROM SERVICE TO PATIENTS	-3,630,410
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	634,935
7	INCOME FROM INVESTMENTS	56,093
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	1,469
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	1,340
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	150,417
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	1,523
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	12,218
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	44,824
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	716,727
24.01		
25	TOTAL OTHER INCOME	1,619,546
26	TOTAL	-2,010,864
	OTHER EXPENSES	
27	GAIN/LOSS ON DISPOSAL	2,797
28		
29		
30	TOTAL OTHER EXPENSES	2,797
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2,013,661

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3					2,584	2,584
4						
5	85,255	6,907			11,241	103,403
HHA REIMBURSABLE SERVICES						
6	186,430	15,104				201,534
7	55,637	4,507		28,700		88,844
8	4,922	398		25,861		31,181
9	1,714	139		17,853		19,706
10	2,698	219				2,917
11	27,928	2,262				30,190
12					6,684	6,684
13					2	2
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	364,584	29,536		72,414	20,511	487,045

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3	-2,584			
4				
5	-504	102,899		102,899
HHA REIMBURSABLE SERVICES				
6		201,534		201,534
7		88,844		88,844
8		31,181		31,181
9		19,706		19,706
10		2,917		2,917
11		30,190		30,190
12	-6,684			
13	-2			
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-9,774	477,271		477,271

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		102,899				102,899	102,899
HHA REIMBURSABLE SERVICES							
6		201,534				201,534	55,394
7		88,844				88,844	24,419
8		31,181				31,181	8,570
9		19,706				19,706	5,416
10		2,917				2,917	802
11		30,190				30,190	8,298
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		477,271				477,271	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		256,928					
6		113,263					
7		39,751					
8		25,122					
9		3,719					
10		38,488					
11							
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		477,271					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-102,899	374,372
6	SKILLED NURSING CARE					201,534	
7	PHYSICAL THERAPY					88,844	
8	OCCUPATIONAL THERAPY					31,181	
9	SPEECH PATHOLOGY					19,706	
10	MEDICAL SOCIAL SERVICES					2,917	
11	HOME HEALTH AIDE					30,190	
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-102,899	374,372
25	COST TO BE ALLOCATED					102,899	
26	UNIT COST MULTIPLIER					.274858	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	ADMINITTING 6.01	PURCHASING, RECEIVING AND 6.02
1 ADMIN & GENERAL		16,588	671	8,944		304
2 SKILLED NURSING CARE	256,928			19,559		
3 PHYSICAL THERAPY	113,263			5,837		
4 OCCUPATIONAL THERAPY	39,751			516		
5 SPEECH PATHOLOGY	25,122			180		
6 MEDICAL SOCIAL SERVICES	3,719			283		
7 HOME HEALTH AIDE	38,488			2,930		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	477,271	16,588	671	38,249		304
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA COST CENTER	DATA PROCESSING 6.03	COMMUNICATIONS 6.04	BUSINESS OFFICE 6.05	SUBTOTAL 6A.05	OTHER ADMIN & GENERAL 6.06	OPERATION OF PLANT 8
1 ADMIN & GENERAL	17,518			44,025	3,336	21,514
2 SKILLED NURSING CARE				276,487	20,954	
3 PHYSICAL THERAPY				119,100	9,026	
4 OCCUPATIONAL THERAPY				40,267	3,052	
5 SPEECH PATHOLOGY				25,302	1,918	
6 MEDICAL SOCIAL SERVICES				4,002	303	
7 HOME HEALTH AIDE				41,418	3,139	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	17,518			550,601	41,728	21,514
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA 1

HHA COST CENTER	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL		7,497		5,042		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		7,497		5,042		
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	8,108	89,522		89,522		
2 SKILLED NURSING CARE		297,441		297,441	48,862	346,303
3 PHYSICAL THERAPY		128,126		128,126	21,047	149,173
4 OCCUPATIONAL THERAPY		43,319		43,319	7,116	50,435
5 SPEECH PATHOLOGY		27,220		27,220	4,471	31,691
6 MEDICAL SOCIAL SERVICES		4,305		4,305	707	5,012
7 HOME HEALTH AIDE		44,557		44,557	7,319	51,876
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	8,108	634,490		634,490	89,522	634,490
21 UNIT COST MULTIPLIER					0.164270	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	ADMITTING S (GROSS) ARGES 6.01	PURCHASING, RECEIVING AN CH (COST REQUISITION) 6.02	DATA PROCESSING (TIME SPENT) 6.03
1 ADMIN & GENERAL	1,825	602	85,255		9,874	15,376
2 SKILLED NURSING CARE			186,430			
3 PHYSICAL THERAPY			55,637			
4 OCCUPATIONAL THERAPY			4,922			
5 SPEECH PATHOLOGY			1,714			
6 MEDICAL SOCIAL SERVICES			2,698			
7 HOME HEALTH AIDE			27,928			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,825	602	364,584		9,874	15,376
21 COST TO BE ALLOCATED	16,588	671	38,249		304	17,518
22 UNIT COST MULTIPLIER	9.089315	1.114618	0.104911		0.030788	1.139308

HHA COST CENTER	COMMUNICATIONS (# OF PHONES) 6.04	BUSINESS OFFICE (GROSS) ARGES 6.05	RECONCILIATION CH) 6A.06	OTHER ADMIN & GENERAL (ACCUM. COST) 6.06	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
1 ADMIN & GENERAL				44,025	1,825	
2 SKILLED NURSING CARE				276,487		
3 PHYSICAL THERAPY				119,100		
4 OCCUPATIONAL THERAPY				40,267		
5 SPEECH PATHOLOGY				25,302		
6 MEDICAL SOCIAL SERVICES				4,002		
7 HOME HEALTH AIDE				41,418		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				550,601	1,825	
21 COST TO BE ALLOCATED				41,728	21,514	
22 UNIT COST MULTIPLIER				0.075786	11.788493	

HHA 1

HHA COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	MEDICAL RECORDS & LIBRARY
	(SQUARE FEET)	(MEALS SERVED)	S (FTE'S)	(DIRECT NRSING HRS)	(COSTED EQUIS.)	(GROSS ARGES)
	10	11	12	14	15	17
1 ADMIN & GENERAL	1,825		739			590,455
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,825		739			590,455
21 COST TO BE ALLOCATED	7,497		5,042			8,108
22 UNIT COST MULTIPLIER	4.107945		6.822733			0.013732

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	346,303	2	346,303	1,873	184.89	697
2 PHYSICAL THERAPY	3	149,173		149,173	1,147	130.05	661
3 OCCUPATIONAL THERAPY	4	50,435		50,435	221	228.21	110
4 SPEECH PATHOLOGY	5	31,691		31,691	51	621.39	29
5 MEDICAL SOCIAL SERVICES	6	5,012		5,012	30	167.07	11
6 HOME HEALTH AIDE SERVICE	7	51,876		51,876	795	65.25	209
7 TOTAL		634,490		634,490	4,117		1,717

PATIENT SERVICES	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	658	128,868	121,658	250,526
2 PHYSICAL THERAPY		236	85,963	30,692	116,655
3 OCCUPATIONAL THERAPY		73	25,103	16,659	41,762
4 SPEECH PATHOLOGY		9	18,020	5,593	23,613
5 MEDICAL SOCIAL SERVICES		24	1,838	4,010	5,848
6 HOME HEALTH AIDE SERVICES		525	13,637	34,256	47,893
7 TOTAL		1,525	273,429	212,868	486,297

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING							
8.01 SKILLED NURSING							
8.02 SKILLED NURSING							
9 PHYSICAL THERAPY							
9.01 PHYSICAL THERAPY							
9.02 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY							
10.01 OCCUPATIONAL THERAPY							
10.02 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY							
11.01 SPEECH PATHOLOGY							
11.02 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES							
12.01 MEDICAL SOCIAL SERVICES							
12.02 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE							
13.01 HOME HEALTH AIDE SERVICE							
13.02 HOME HEALTH AIDE SERVICE							
14 TOTAL							

PATIENT SERVICES	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	658	128,868	121,658	250,526
8.01 SKILLED NURSING		236	85,963	30,692	116,655
8.02 SKILLED NURSING		73	25,103	16,659	41,762
9 PHYSICAL THERAPY		9	18,020	5,593	23,613
9.01 PHYSICAL THERAPY		24	1,838	4,010	5,848
9.02 PHYSICAL THERAPY		525	13,637	34,256	47,893
10 OCCUPATIONAL THERAPY		1,525	273,429	212,868	486,297
10.01 OCCUPATIONAL THERAPY					
10.02 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
11.01 SPEECH PATHOLOGY					
11.02 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
12.01 MEDICAL SOCIAL SERVICES					
12.02 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
13.01 HOME HEALTH AIDE SERVICE					
13.02 HOME HEALTH AIDE SERVICE					
14 TOTAL					

PROVIDER NO:	PERIOD:	PREPARED	2/28/2011
14-0167	FROM 10/ 1/2009	WORKSHEET	H-6
HHA NO:	TO 9/30/2010	PARTS III & IIII	
14-7586		HHA 1	

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				3,820		902
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES	-----COST OF SERVICES-----	
	-----PART B-----	-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	
		PART A	9
		NOT SUBJECT TO DEDUCT & COINSUR	10
		SUBJECT TO DEDUCT & COINSUR	11
15 COST OF MEDICAL SUPPLIES	2,918		
16 COST OF DRUGS			
16.20 COST OF DRUGS			

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
17.01 PER BENE COST LIMITATION (FRM F1)		
17.02 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.529752			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.639849			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.331007			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER
	1	2	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	1/1/1999
			PRIOR 1/1/1998 TO	PRIOR 1/1/1998 TO	PRIOR 1/1/1998 TO	PRIOR 1/1/1998 TO	
			12/31/1998	12/31/1998	12/31/1998	12/31/1998	5
1 PHYSICAL THERAPY	2	130.05	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3	228.21					
3 SPEECH PATHOLOGY	4	621.39					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HHA NO:	TO 9/30/2010	WORKSHEET H-7
14-7586		PARTS I & II

TITLE XVII I

HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	294,515	193,084
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		6,379
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	4,932	3,936
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES		
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES	1,702	
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	301,149	203,399
13 EXCESS REASONABLE COST		
14 SUBTOTAL	301,149	203,399
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	301,149	203,399
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	301,149	203,399
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	301,149	203,399
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	301,149	203,399
25 INTERIM PAYMENTS	301,149	203,399
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
14-1616		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	116,759	8,910		15,129
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	449,860	34,331		66,891
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	51,954	3,965		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	618,573	47,206		82,020

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 2/28/2011
14-0167	FROM 10/ 1/2009	WORKSHEET K
HOSPICE NO:	TO 9/30/2010	
14-1616		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE	3,113	3,113	-3,113	
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	166,869	307,667	-1,126	306,541
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	109,604	660,686	-109,604	551,082
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER		55,919		55,919
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	279,586	1,027,385	-113,843	913,542

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

	PROVIDER NO:		PERIOD:		PREPARED 2/28/2011
	14-0167		FROM 10/ 1/2009		WORKSHEET K
	HOSPICE NO:		TO 9/30/2010		
	14-1616				

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		306,541
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE	-30,789	520,293
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		55,919
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-30,789	882,753

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
14-1616		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL	51,162		
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPI TE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30	BEREAVEMENT PROGRAM COSTS			
31	VOLUNTEER PROGRAM COSTS			
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	TOTAL (SUM OF LINES 1 THRU 33)	51,162		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	14-0167	PERIOD:	FROM 10/1/2009	TO 9/30/2010	PREPARED 2/28/2011
HOSPICE NO:	14-1616				WORKSHEET K-1

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				65,597
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	449,860			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				51,954
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	449,860			117,551

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
14-1616		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	116,759
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	449,860
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	51,954
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	618,573

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-2
14-1616		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	3,904	
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPI TE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30	BEREAVEMENT PROGRAM COSTS		
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)	3,904	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	14-0167	PERIOD:	FROM 10/1/2009	TO 9/30/2010	PREPARED 2/28/2011
HOSPICE NO:	14-1616				WORKSHEET K-2

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				5,006
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	34,331			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				3,965
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	34,331			8,971

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-2
14-1616		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	8,910
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	34,331
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	3,965
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	47,206

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
14-1616		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
14-1616		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				15,129
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	66,891			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	66,891			15,129

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO	WORKSHEET K-3
14-1616	9/30/2010	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	15,129
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	66,891
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	82,020

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1616		PART I

HOSPICE 1

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

0	1	2	3
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1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	306,541		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE	520,293		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER	55,919		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	882,753		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1616		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			306,541	306,541
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			520,293	276,792
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER			55,919	29,749
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			576,212	306,541

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1616		PART I

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	797,085
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	11 PHYSICAL THERAPY	
16	12 OCCUPATIONAL THERAPY	
17	13 SPEECH/LANGUAGE PATHOLOGY	
18	14 MEDICAL SOCIAL SERVICES	
19	15 SPIRITUAL COUNSELING	
20	16 DIETARY COUNSELING	
21	17 COUNSELING - OTHER	
22	18 HOME HEALTH AIDE AND HOMEMAKER	
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	19 OTHER	85,668
26	20 DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	22 PATIENT TRANSPORTATION	
32	23 IMAGING SERVICES	
33	24 LABS AND DIAGNOSTICS	
34	25 MEDICAL SUPPLIES	
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	
39	30 BEREAVEMENT PROGRAM COSTS	
40	31 VOLUNTEER PROGRAM COSTS	
41	32 FUNDRAISING	
42	33 OTHER PROGRAM COSTS	
43	34 TOTAL (SUM OF LINES 1 THRU 33)	882,753

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1616		PART II

HOSPICE 1

CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET)	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATION & MAINT. (SQUARE FEET)	TRANSPORTATION (MILEAGE)
1	2	3	4

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

.000000	.000000	.000000	.000000
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COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 14-0167
HOSPICE NO: 14-1616
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/28/2011
WORKSHEET K-4
PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
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1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE	-306,541	576,212
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		520,293
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES		
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		55,919
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	FUNDRAISING		
40	OTHER PROGRAM COSTS		
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)		306,541
42	UNIT COST MULTIPLIER	.000000	.531993

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6		21,832	700	12,249
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	797,085			47,195
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19	85,668			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				5,450
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		882,753	21,832	700	64,894
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	ADMINITTING	PURCHASING, RECEIVING AND STORES	DATA PROCESSING	COMMUNICATIONS
	6.01	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL		669	29,511	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		669	29,511	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	BUSINESS OFFICE	SUBTOTAL	OTHER ADMIN & GENERAL	OPERATION OF PLANT
	6.05	6A.05	6.06	8
1.00 ADMINISTRATIVE AND GENERAL		64,961	4,923	28,316
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		844,280	63,985	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		85,668	6,493	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER		5,450	413	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,000,359	75,814	28,316
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL		9,868		8,494
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		9,868		8,494
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE		PROVIDER NO:		PERIOD:		PREPARED	2/28/2011
COST CENTERS		14-0167		FROM 10/ 1/2009		WORKSHEET	K-5
		HOSPICE NO:		TO 9/30/2010		PART I	
		14-1616					

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	ADMINING (GROSS CHARGES)
	3	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL	2,402	628	116,759	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			449,860	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER			51,954	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,402	628	618,573	
30.00 TOTAL COST TO BE ALLOCATED	21,832	700	64,894	
31.00 UNIT COST MULTIPLIER	9.089092	1.114650	104909	.000000

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES (COST REQUISITION)	DATA PROCESSING (TIME SPENT)	COMMUNICATIONS (# OF PHONES)	BUSINESS OFFICE (GROSS CHARGES)
	6.02	6.03	6.04	6.05
1.00 ADMINISTRATIVE AND GENERAL	21,761	25,903		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES	DATA PROCESSING	COMMUNICATIONS	BUSINESS OFFICE
	6.02	6.03	6.04	6.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	21,761	25,903		
30.00 TOTAL COST TO BE ALLOCATED	669	29,511		
31.00 UNIT COST MULTIPLIER	.030743	1.139289	.000000	.000000

HOSPICE COST CENTER	RECONCILIATION	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6A.06	(ACCUMULATED COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
1.00 ADMINISTRATIVE AND GENERAL		6.06	8	9
2.00 INPATIENT - GENERAL CARE		64,961	2,402	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		844,280		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		85,668		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER		5,450		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,000,359	2,402	
30.00 TOTAL COST TO BE ALLOCATED		75,814	28,316	
31.00 UNIT COST MULTIPLIER		.075787	11.788510	.000000

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(DIRECT NRSNG HRS)
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL	2,402		1,245	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,402		1,245	
30.00 TOTAL COST TO BE ALLOCATED	9,868		8,494	
31.00 UNIT COST MULTIPLIER	4.108243	.000000	6.822490	.000000

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
	(COSTED REQUIS.)	(GROSS CHARGES)
	15	17
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		1,570,904
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
	15	17
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,570,904
30.00 TOTAL COST TO BE ALLOCATED		21,570
31.00 UNIT COST MULTIPLIER	.000000	.013731

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-5
14-1616		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3
1	PHYSICAL THERAPY	50	.529752	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.331007	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.250286	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.639849	
8	EMERGENCY	61	.340454	
9	RADIOLOGY-DIAGNOSTIC	41	.234896	
10	OTHER ANCI LLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO	WORKSHEET K-6
14-1616	9/30/2010	

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,144,421
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				3,136
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				364.93
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	2,082			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	759,784			
6 UNDUPLICATED MEDICAID DAYS		196		
7 AGGREGATE MEDICAID COST		71,526		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	6,894			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	2,515,827			
10 UNDUPLICATED NF DAYS		402		
11 AGGREGATE NF COST		146,702		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			858	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			313,110	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET L
14-0167		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	499,483
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	4,415
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	13.71
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	503,898
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	139,322	139,322	
2	PHYSICIAN ASSISTANT	44,333	44,333	
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	80,020	80,020	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	263,675	263,675	
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			
16	TRANSPORTATION (HEALTH CARE STAFF)	3,844	3,844	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE	9,501	9,501	
19	OTHER HEALTH CARE COSTS	3,270	3,270	
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	16,615	16,615	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	263,675	280,290	
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		11,495	-9,733
30	ADMINISTRATIVE COSTS	30,816	118,958	-8,639
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	30,816	161,269	-18,372
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	294,491	441,559	-18,372

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	139,322		139,322
2 PHYSICIAN ASSISTANT	44,333		44,333
3 NURSE PRACTITIONER			
4 VISITING NURSE			
5 OTHER NURSE	80,020		80,020
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	263,675		263,675
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	3,844		3,844
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE	9,501		9,501
19 OTHER HEALTH CARE COSTS	3,270		3,270
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	16,615		16,615
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	280,290		280,290
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	1,762		1,762
30 ADMINISTRATIVE COSTS	141,135		141,135
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	142,897		142,897
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	423,187		423,187

RHC 2

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	147,854	147,854	
2	PHYSICIAN ASSISTANT	27,183	27,183	
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	70,560	70,560	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	245,597	245,597	
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			
16	TRANSPORTATION (HEALTH CARE STAFF)	3,482	3,482	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE	6,334	6,334	
19	OTHER HEALTH CARE COSTS	3,359	3,359	
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	13,175	13,175	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	245,597	258,772	
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS	3,592	3,592	-2,331
30	ADMINISTRATIVE COSTS	35,618	171,670	-10,880
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	35,618	175,262	-13,211
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	281,215	434,034	-13,211

RHC 2

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	147,854	147,854
2	PHYSICIAN ASSISTANT	27,183	27,183
3	NURSE PRACTITIONER		
4	VISITING NURSE		
5	OTHER NURSE	70,560	70,560
6	CLINICAL PSYCHOLOGIST		
7	CLINICAL SOCIAL WORKER		
8	LABORATORY TECHNICIAN		
9	OTHER FACILITY HEALTH CARE STAFF COSTS		
10	SUBTOTAL (SUM OF LINES 1-9)	245,597	245,597
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	3,482	3,482
16	TRANSPORTATION (HEALTH CARE STAFF)		
17	DEPRECIATION-MEDICAL EQUIPMENT		
18	PROFESSIONAL LIABILITY INSURANCE	6,334	6,334
19	OTHER HEALTH CARE COSTS	3,359	3,359
20	ALLOWABLE GME COSTS		
21	SUBTOTAL (SUM OF LINES 15-20)	13,175	13,175
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	258,772	258,772
COSTS OTHER THAN RHC/FQHC SERVICES			
23	PHARMACY		
24	DENTAL		
25	OPTOMETRY		
26	ALL OTHER NONREIMBURSABLE COSTS		
27	NONALLOWABLE GME COSTS		
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		
FACILITY OVERHEAD			
29	FACILITY COSTS	1,261	1,261
30	ADMINISTRATIVE COSTS	160,790	160,790
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	162,051	162,051
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	420,823	420,823

RHC 3

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	347,917	347,917	
2	PHYSICIAN ASSISTANT	95,363	95,363	
3	NURSE PRACTITIONER	76,502	76,502	
4	VISITING NURSE			
5	OTHER NURSE	153,422	153,422	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	673,204	673,204	
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			
16	TRANSPORTATION (HEALTH CARE STAFF)	9,196	9,196	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE	17,390	17,390	
19	OTHER HEALTH CARE COSTS	8,734	8,734	
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	35,320	35,320	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	673,204	35,320	708,524
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		17,083	17,083
30	ADMINISTRATIVE COSTS	75,848	264,166	340,014
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	75,848	281,249	357,097
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	749,052	316,569	1,065,621
				-5,283
				-3,496
				-8,779
				-8,779

RHC 3

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	347,917		347,917
2 PHYSICIAN ASSISTANT	95,363		95,363
3 NURSE PRACTITIONER	76,502		76,502
4 VISITING NURSE			
5 OTHER NURSE	153,422		153,422
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	673,204		673,204
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	9,196		9,196
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE	17,390		17,390
19 OTHER HEALTH CARE COSTS	8,734		8,734
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	35,320		35,320
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	708,524		708,524
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	11,800		11,800
30 ADMINISTRATIVE COSTS	336,518		336,518
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	348,318		348,318
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,056,842		1,056,842

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET M-2
14-3424		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.33	1,389	4,200	1,386
2	PHYSICIAN ASSISTANTS	1.17	2,667	2,100	2,457
3	NURSE PRACTITIONERS			2,100	
4	SUBTOTAL (SUM OF LINES 1-3)	1.50	4,056		3,843
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.50	4,056		
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)	280,290			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	280,290			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	142,897			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	163,882			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	306,779			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	306,779			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	306,779			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	587,069			
		GREATER OF COL. 2 OR COL. 4 5			
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	4,056			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	4,056			
9	PHYSICIAN SERVICES UNDER AGREEMENTS				

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

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET M-2
14-3425		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.48	1,577	4,200
2	PHYSICIAN ASSISTANTS	.73	2,235	2,100
3	NURSE PRACTITIONERS			2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.21	3,812	
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.21	3,812	
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)	258,772		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	258,772		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	162,051		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	116,483		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	278,534		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	278,534		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	278,534		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	537,306		
		GREATER OF COL. 2 OR COL. 4 5		
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	3,812		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3,812		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0167	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET M-2
15-3979		

RHC 3

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	1.00	2,349	4,200	4,200
2	PHYSICIAN ASSISTANTS	.94	2,533	2,100	1,974
3	NURSE PRACTITIONERS	1.62	5,080	2,100	3,402
4	SUBTOTAL (SUM OF LINES 1-3)	3.56	9,962		9,576
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3.56	9,962		
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)	708,524			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	708,524			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	348,318			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	358,978			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	707,296			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	707,296			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	707,296			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,415,820			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	9,962			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	9,962			
9	PHYSICIAN SERVICES UNDER AGREEMENTS				

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-0167
 COMPONENT NO: 14-3424
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/28/2011
 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)	263,675	263,675	263,675	263,675
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000042	.000730		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	11	192		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	164	781		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	175	973		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	280,290	280,290	280,290	280,290
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	306,779	306,779	306,779	306,779
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.000624	.003471		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	191	1,065		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	366	2,038		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	5	86		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	73.20	23.70		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	4	21		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	293	498		
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		2,404		
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)		791		

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-0167
 COMPONENT NO: 14-3425
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/28/2011
 WORKSHEET M-4

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)	245,597	245,597	245,597	245,597
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000107	.000933		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	26	229		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	393	953		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	419	1,182		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	258,772	258,772	258,772	258,772
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	278,534	278,534	278,534	278,534
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001619	.004568		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	451	1,272		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	870	2,454		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	12	105		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	72.50	23.37		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	7	74		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	508	1,729		
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)		3,324		
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)		2,237		

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-0167
 COMPONENT NO: 15-3979
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/28/2011
 WORKSHEET M-4

TITLE XVII I

RHC 3

	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)	673,204	673,204	673,204	673,204
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000038	.000300		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	26	202		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	393	817		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	419	1,019		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	708,524	708,524	708,524	708,524
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	707,296	707,296	707,296	707,296
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.000591	.001438		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	418	1,017		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	837	2,036		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	12	90		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	69.75	22.62		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	4	53		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	279	1,199		
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		2,873		
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)		1,478		

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	94,999
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER .01	4/16/2010	3,368
ADJUSTMENTS TO PROVIDER .02		
ADJUSTMENTS TO PROVIDER .03		
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROGRAM .50		
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
ADJUSTMENTS TO PROGRAM .99		
SUBTOTAL		3,368
4 TOTAL INTERIM PAYMENTS		98,367
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
TENTATIVE TO PROGRAM .99		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER .01		
AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02		1,932
BASED ON COST REPORT (1)		
7 TOTAL MEDICARE PROGRAM LIABILITY		96,435

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RHC 2

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
	1	2
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		136,290
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER .01		
ADJUSTMENTS TO PROVIDER .02		
ADJUSTMENTS TO PROVIDER .03		
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROGRAM .50	4/16/2010	7,323
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
ADJUSTMENTS TO PROGRAM .99		
SUBTOTAL		-7,323
4 TOTAL INTERIM PAYMENTS		128,967
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
TENTATIVE TO PROGRAM .99		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02	9,209
7 TOTAL MEDICARE PROGRAM LIABILITY		138,176

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.

