

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		14-0189		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 10/15/2010 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:
 SARAH BUSH LINCOLN HEALTH CENTER 14-0189
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	59,614	10,339,122		0
2	SUBPROVIDER	0	99,531	0		0
5	HOSPITAL-BASED SNF	0	0	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
9	RHC	0	0	1,226		0
9 .01	RHC II	0	0	674		0
9 .02	RHC III	0	0	1,545		0
100	TOTAL	0	159,145	10,342,567		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.

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
28 EMPLOYEE DISCOUNT DAYS	9	10	11	12	13	14	15
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		1,028.00	131.00	335.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

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

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.33		.33
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.99		1.99
5 OTHER ADMINISTRATIVE PERSONEL	10.82		10.82
6 DIRECTING NURSING SERVICE	22.24		22.24
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	4.92		4.92
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.23		1.23
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.36		.36
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.69		.69
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.71		3.71
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).		99914	
20.01		50031	
20.02		50013	

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	10,905	204	344	215
22 SKILLED NURSING VISIT CHARGES	1,778,493	33,415	56,072	35,045
23 PHYSICAL THERAPY VISITS	3,887	3	32	89
24 PHYSICAL THERAPY VISIT CHARGES	707,798	546	5,824	16,198
25 OCCUPATIONAL THERAPY VISITS	962	2	9	20
26 OCCUPATIONAL THERAPY VISIT CHARGES	175,084	364	1,638	3,640
27 SPEECH PATHOLOGY VISITS	186	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	33,852	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	158	1	2	8
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	35,234	223	446	1,784
31 HOME HEALTH AIDE VISITS	2,833	56	6	25
32 HOME HEALTH AIDE VISIT CHARGES	220,974	4,368	468	1,950
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	18,931	266	393	357
34 OTHER CHARGES	85,850	2,599	6,877	603
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,037,285	41,515	71,325	59,220
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	1,206	0	145	33
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	6	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

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	11,668
22 SKILLED NURSING VISIT CHARGES	0	0	1,903,025
23 PHYSICAL THERAPY VISITS	0	0	4,011
24 PHYSICAL THERAPY VISIT CHARGES	0	0	730,366
25 OCCUPATIONAL THERAPY VISITS	0	0	993
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	180,726
27 SPEECH PATHOLOGY VISITS	0	0	186
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	33,852
29 MEDICAL SOCIAL SERVICE VISITS	0	0	169
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	37,687
31 HOME HEALTH AIDE VISITS	0	0	2,920
32 HOME HEALTH AIDE VISIT CHARGES	0	0	227,760
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	19,947
34 OTHER CHARGES	0	0	95,929
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	3,209,345
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,384
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	6
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX		5				
6 .02	RVL						
7	RHC		27				
8	RHB		34				
9	RHA		30				
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB		8				
12	RMA		14				
12 .01	RMX		886				
12 .02	RML		637				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		10				
16	SE2		2				
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	Default						
46	TOTAL		1,653				

(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.

Worksheet S-2 reference data:
Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.8335
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: 412 NW 3RD
 1.01 CITY: CASEY STATE: IL ZIP CODE: 62420 COUNTY: CLARK
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVIII TITLE XIX

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

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

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 7 HAWTHORNE LANE
 1.01 CITY: SULLIVAN STATE: IL ZIP CODE: 61951 COUNTY: MOULTRIE
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVIII TITLE XIX

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

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

RHC 3

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 650 OAK AVENUE
 1.01 CITY: NEOGA STATE: IL ZIP CODE: 62447 COUNTY: CUMBERLAND
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N
 14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.
 15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVII I TITLE XIX
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN 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.

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .287456
 - 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)

DESCRIPTION

- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 14-0189 I
I I

I PERIOD: I
I FROM 7/ 1/2009 I
I TO 6/30/2010 I
I PREPARED 10/15/2010
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				3,586,937	3,586,937
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,557,398	8,557,398
5	0500 EMPLOYEE BENEFITS	540,622	14,379,061	14,919,683	152,620	15,072,303
6	0600 ADMINISTRATIVE & GENERAL	10,170,522	23,732,864	33,903,386	-13,346,707	20,556,679
8	0800 OPERATION OF PLANT	894,808	2,597,014	3,491,822	-48,623	3,443,199
9	0900 LAUNDRY & LINEN SERVICE	26,248	377,216	403,464		403,464
10	1000 HOUSEKEEPING	965,707	312,901	1,278,608		1,278,608
11	1100 DIETARY	1,198,270	944,424	2,142,694	-1,185,797	956,897
12	1200 CAFETERIA				1,184,267	1,184,267
14	1400 NURSING ADMINISTRATION	1,195,408	157,451	1,352,859		1,352,859
15	1500 CENTRAL SERVICES & SUPPLY	383,174	518,828	902,002	-74,409	827,593
16	1600 PHARMACY	1,108,506	6,759,846	7,868,352	-6,535,253	1,333,099
17	1700 MEDICAL RECORDS & LIBRARY	1,307,510	625,166	1,932,676	-6,925	1,925,751
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,370,351	1,045,555	8,415,906	-895,214	7,520,692
27	2700 CORONARY CARE UNIT	1,107,375	150,187	1,257,562	-137	1,257,425
31	3100 SUBPROVIDER	2,147,627	215,242	2,362,869	13,082	2,375,951
33	3300 NURSERY		12,133	12,133	351,843	363,976
34	3400 SKILLED NURSING FACILITY	672,275	61,034	733,309	-138	733,171
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,658,912	734,049	3,392,961	-9,526	3,383,435
38	3800 RECOVERY ROOM	666,244	138,011	804,255	-4,297	799,958
39	3900 DELIVERY ROOM & LABOR ROOM		67,008	67,008	533,944	600,952
40	4000 ANESTHESIOLOGY	4,353,926	506,177	4,860,103	430,210	5,290,313
41	4100 RADIOLOGY-DIAGNOSTIC	1,612,463	688,987	2,301,450	-251,947	2,049,503
42	4200 RADIOLOGY-THERAPEUTIC	1,250,863	377,051	1,627,914	18,664	1,646,578
42.01	3230 CAT SCAN	296,591	617,232	913,823	64,769	978,592
43	4300 RADIOISOTOPE	961,361	1,000,180	1,961,541	185,554	2,147,095
44	4400 LABORATORY	3,795,172	5,128,066	8,923,238	8,146	8,931,384
49	4900 RESPIRATORY THERAPY	715,056	197,373	912,429	-1,875	910,554
50	5000 PHYSICAL THERAPY	1,308,999	228,464	1,537,463	-16,285	1,521,178
51	5100 OCCUPATIONAL THERAPY	285,858	35,336	321,194		321,194
52	5200 SPEECH PATHOLOGY	594,061	100,119	694,180	-1,146	693,034
53	5300 ELECTROCARDIOLOGY	981,625	335,416	1,317,041	-636	1,316,405
54	5400 ELECTROENCEPHALOGRAPHY	327,695	629,468	957,163	-675	956,488
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,131,463	3,131,463		3,131,463
55.01	5501 IMPLANTABLE DEVICES CHARGED TO PATIENTS		3,285,236	3,285,236		3,285,236
56	5600 DRUGS CHARGED TO PATIENTS				6,536,861	6,536,861
58	5800 ASC (NON-DISTINCT PART)	1,342,099	975,668	2,317,767	-15,866	2,301,901
58.01	3120 CARDIAC CATHETERIZATION LABORATORY	196,844	335,294	532,138		532,138
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	403,468	40,428	443,896		443,896
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	6,199,631	893,845	7,093,476	250,100	7,343,576
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC - CASEY	325,602	102,387	427,989	14,678	442,667
63.51	6311 RURAL HEALTH CLINIC - SULLIVAN	268,195	109,764	377,959	16,558	394,517
63.52	6312 RURAL HEALTH CLINIC - NEOGA	448,105	103,058	551,163	28,940	580,103
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	2,362,857	741,432	3,104,289	-15,207	3,089,082
	SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE	1,127,717	929,332	2,057,049	-183,062	1,873,987
95	SUBTOTALS	61,571,747	73,319,766	134,891,513	-659,154	134,232,359
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	21,658,465	4,316,979	25,975,444	818,124	26,793,568
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7950 WELLNESS	102,432	83,247	185,679		185,679
100.02	7951 LIFELINE	31,445	125,656	157,101		157,101
100.03	7952 OCCUPATIONAL HEALTH	362,987	156,290	519,277	-145,418	373,859
100.04	7953 EAP	24	2	26	-13,552	-13,526
100.05	7954 MISCELLANEOUS NONREIMBURSABLE	576,323	553,516	1,129,839		1,129,839
100.06	7955 RETAIL PHARMACY					
101	TOTAL	84,303,423	78,555,456	162,858,879	-0-	162,858,879

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0189
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 10/15/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,952,337	1,634,600
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-74,144	8,483,254
5	0500 EMPLOYEE BENEFITS	-283,628	14,788,675
6	0600 ADMINISTRATIVE & GENERAL	-245,752	20,310,927
8	0800 OPERATION OF PLANT		3,443,199
9	0900 LAUNDRY & LINEN SERVICE		403,464
10	1000 HOUSEKEEPING	-437	1,278,171
11	1100 DIETARY	-15,199	941,698
12	1200 CAFETERIA	-671,251	513,016
14	1400 NURSING ADMINISTRATION		1,352,859
15	1500 CENTRAL SERVICES & SUPPLY		827,593
16	1600 PHARMACY		1,333,099
17	1700 MEDICAL RECORDS & LIBRARY	-84,289	1,841,462
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-7,569	7,513,123
27	2700 CORONARY CARE UNIT		1,257,425
31	3100 SUBPROVIDER	-1,188,641	1,187,310
33	3300 NURSERY		363,976
34	3400 SKILLED NURSING FACILITY		733,171
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		3,383,435
38	3800 RECOVERY ROOM		799,958
39	3900 DELIVERY ROOM & LABOR ROOM		600,952
40	4000 ANESTHESIOLOGY	-4,612,384	677,929
41	4100 RADIOLOGY-DIAGNOSTIC	-5,023	2,044,480
42	4200 RADIOLOGY-THERAPEUTIC	-574,542	1,072,036
42.01	3230 CAT SCAN	-2,150	976,442
43	4300 RADIOISOTOPE	-1,700	2,145,395
44	4400 LABORATORY	-640,890	8,290,494
49	4900 RESPIRATORY THERAPY	-140	910,414
50	5000 PHYSICAL THERAPY	-7,981	1,513,197
51	5100 OCCUPATIONAL THERAPY	-7,035	314,159
52	5200 SPEECH PATHOLOGY	-790,725	-97,691
53	5300 ELECTROCARDIOLOGY	-587,803	728,602
54	5400 ELECTROENCEPHALOGRAPHY	-448,986	507,502
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,131,463
55.01	5501 IMPLANTABLE DEVICES CHARGED TO PATIENTS		3,285,236
56	5600 DRUGS CHARGED TO PATIENTS		6,536,861
58	5800 ASC (NON-DISTINCT PART)		2,301,901
58.01	3120 CARDIAC CATHETERIZATION LABORATORY		532,138
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		443,896
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-3,730,535	3,613,041
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC - CASEY		442,667
63.51	6311 RURAL HEALTH CLINIC - SULLIVAN		394,517
63.52	6312 RURAL HEALTH CLINIC - NEOGA		580,103
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		3,089,082
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		1,873,987
95	SUBTOTALS	-15,933,141	118,299,218
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		26,793,568
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7950 WELLNESS		185,679
100.02	7951 LIFELINE		157,101
100.03	7952 OCCUPATIONAL HEALTH		373,859
100.04	7953 EAP		-13,526
100.05	7954 MISC. NONREIMBURSABLE		1,129,839
100.06	7955 RETAIL PHARMACY		
101	TOTAL	-15,933,141	146,925,738

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0189
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/15/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	CAT SCAN	3230	CAT SCAN
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.01	IMPLANTABLE DEVICES CHARGED TO PATIENTS	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
58.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC - CASEY	6310	RURAL HEALTH CLINIC #####
63.51	RURAL HEALTH CLINIC - SULLIVAN	6311	RURAL HEALTH CLINIC #####
63.52	RURAL HEALTH CLINIC - NEOGA	6312	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
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	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	WELLNESS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.02	LIFELINE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.03	OCCUPATIONAL HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.04	EAP	7953	OTHER NONREIMBURSABLE COST CENTERS
100.05	MISC. NONREIMBURSABLE	7954	OTHER NONREIMBURSABLE COST CENTERS
100.06	RETAIL PHARMACY	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140189

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

PREPARED 10/15/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 DRUGS CHARGED TOPATIENTS	A	DRUGS CHARGED TO PATIENTS	56		6, 536, 861
2					
3					
4					
5					
6 RADIOLOGY ADMIN EXPENSES	B	CAT SCAN	42. 01	49, 725	15, 044
7		RADIOISOTOPE	43	161, 177	24, 377
8 CAPITAL COSTS: EQUIP RENTAL/COPIERS	C	NEW CAP REL COSTS-MVBLE EQUIP	4		489, 559
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 CAPITAL COSTS: EQUIP RENTAL/COPIERS	C				
2					
3 INTEREST	D	NEW CAP REL COSTS-BLDG & FIXT	3		1, 348, 727
4		NEW CAP REL COSTS-MVBLE EQUIP	4		49, 680
5 DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		2, 238, 210
6		NEW CAP REL COSTS-MVBLE EQUIP	4		8, 018, 159
7 EMPLOYEE EAP BENEFIT/SERVICE	F	EMPLOYEE BENEFITS	5		13, 552
8 CAFETERIA	G	CAFETERIA	12	662, 284	521, 983
9 W&C-OB/GYN, NURS, L&D SPLIT	H	NURSERY	33	351, 843	
10		DELIVERY ROOM & LABOR ROOM	39	533, 944	
11 EMPLOYEE PHYSICALS	I	EMPLOYEE BENEFITS	5		143, 946
12 PHYSICIAN PROF LIABILITY EXPENSE	J	SUBPROVIDER	31		14, 000
13		ANESTHESIOLOGY	40		434, 000
14		RADIOLOGY-THERAPEUTIC	42		21, 000
15		LABORATORY	44		14, 000
16		EMERGENCY	61		255, 500
17		RURAL HEALTH CLINIC - CASEY	63. 50		15, 750
18		RURAL HEALTH CLINIC - SULLIVAN	63. 51		17, 500
19		RURAL HEALTH CLINIC - NEOGA	63. 52		29, 750
20		PHYSICIANS' PRIVATE OFFICES	98		859, 250
36 TOTAL RECLASSIFICATIONS				1, 758, 973	21, 060, 848

(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:
140189

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

PREPARED 10/15/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7	NO 7			
1 DRUGS CHARGED TOPATIENTS	A	PHARMACY	16			6,527,102	
2		OPERATING ROOM	37			434	
3		RECOVERY ROOM	38			3,036	
4		ANESTHESIOLOGY	40			3,790	
5		ASC (NON-DISTINCT PART)	58			2,499	
6 RADIOLOGY ADMIN EXPENSES	B	RADIOLOGY-DIAGNOSTIC	41		210,902	39,421	
7							
8 CAPITAL COSTS: EQUIP RENTAL/COPIERS	C	EMPLOYEE BENEFITS	5			4,878	14
9		ADMINISTRATIVE & GENERAL	6			31,181	14
10		OPERATION OF PLANT	8			48,623	14
11		DIETARY	11			1,530	14
12		CENTRAL SERVICES & SUPPLY	15			74,409	14
13		PHARMACY	16			8,151	14
14		MEDICAL RECORDS & LIBRARY	17			6,925	14
15		ADULTS & PEDIATRICS	25			9,427	14
16		CORONARY CARE UNIT	27			137	14
17		SUBPROVIDER	31			918	14
18		SKILLED NURSING FACILITY	34			138	14
19		OPERATING ROOM	37			9,092	14
20		RECOVERY ROOM	38			1,261	14
21		RADIOLOGY-DIAGNOSTIC	41			1,624	14
22		RADIOLOGY-THERAPEUTIC	42			2,336	14
23		LABORATORY	44			5,854	14
24		RESPIRATORY THERAPY	49			1,875	14
25		PHYSICAL THERAPY	50			16,285	14
26		SPEECH PATHOLOGY	52			1,146	14
27		ELECTROCARDIOLOGY	53			636	14
28		ELECTROENCEPHALOGRAPHY	54			675	14
29		ASC (NON-DISTINCT PART)	58			13,367	14
30		EMERGENCY	61			5,400	14
31		RURAL HEALTH CLINIC - CASEY	63.50			1,072	14
32		RURAL HEALTH CLINIC - SULLIVAN	63.51			942	14
33		RURAL HEALTH CLINIC - NEOGA	63.52			810	14
34		HOME HEALTH AGENCY	71			15,207	14
35		HOSPICE	93			183,062	14
1							
1 CAPITAL COSTS: EQUIP RENTAL/COPIERS	C	PHYSICIANS' PRIVATE OFFICES	98			41,126	14
2		OCCUPATIONAL HEALTH	100.03			1,472	14
3 INTEREST	D	ADMINISTRATIVE & GENERAL	6			1,398,407	11
4							11
5 DEPRECIATION	E	ADMINISTRATIVE & GENERAL	6			10,256,369	9
6							9
7 EMPLOYEE EAP BENEFIT/SERVICE	F	EAP	100.04			13,552	
8 CAFETERIA	G	DIETARY	11		662,284	521,983	
9 W&C-OB/GYN, NURS, L&D SPLIT	H	ADULTS & PEDIATRICS	25		885,787		
10							
11 EMPLOYEE PHYSICALS	I	OCCUPATIONAL HEALTH	100.03			143,946	
12 PHYSICIAN PROF LIABILITY EXPENSE	J	ADMINISTRATIVE & GENERAL	6			1,660,750	
13							
14							
15							
16							
17							
18							
19							
20							
36 TOTAL RECLASSIFICATIONS					1,758,973	21,060,848	

(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:
140189

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

PREPARED 10/15/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DRUGS CHARGED TOPATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	6,536,861	PHARMACY	16	6,527,102	
2.00			0	OPERATING ROOM	37	434	
3.00			0	RECOVERY ROOM	38	3,036	
4.00			0	ANESTHESIOLOGY	40	3,790	
5.00			0	ASC (NON-DISTINCT PART)	58	2,499	
TOTAL RECLASSIFICATIONS FOR CODE A			6,536,861				6,536,861

RECLASS CODE: B
EXPLANATION : RADIOLOGY ADMIN EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAT SCAN	42.01	64,769	RADIOLOGY-DIAGNOSTIC	41	250,323	
2.00	RADIOISOTOPE	43	185,554			0	
TOTAL RECLASSIFICATIONS FOR CODE B			250,323				250,323

RECLASS CODE: C
EXPLANATION : CAPITAL COSTS: EQUIP RENTAL/COPIERS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	489,559	EMPLOYEE BENEFITS	5	4,878	
2.00			0	ADMINISTRATIVE & GENERAL	6	31,181	
3.00			0	OPERATION OF PLANT	8	48,623	
4.00			0	DIETARY	11	1,530	
5.00			0	CENTRAL SERVICES & SUPPLY	15	74,409	
6.00			0	PHARMACY	16	8,151	
7.00			0	MEDICAL RECORDS & LIBRARY	17	6,925	
8.00			0	ADULTS & PEDIATRICS	25	9,427	
9.00			0	CORONARY CARE UNIT	27	137	
10.00			0	SUBPROVIDER	31	918	
11.00			0	SKILLED NURSING FACILITY	34	138	
12.00			0	OPERATING ROOM	37	9,092	
13.00			0	RECOVERY ROOM	38	1,261	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	1,624	
15.00			0	RADIOLOGY-THERAPEUTIC	42	2,336	
16.00			0	LABORATORY	44	5,854	
17.00			0	RESPIRATORY THERAPY	49	1,875	
18.00			0	PHYSICAL THERAPY	50	16,285	
19.00			0	SPEECH PATHOLOGY	52	1,146	
20.00			0	ELECTROCARDIOLOGY	53	636	
21.00			0	ELECTROENCEPHALOGRAPHY	54	675	
22.00			0	ASC (NON-DISTINCT PART)	58	13,367	
23.00			0	EMERGENCY	61	5,400	
24.00			0	RURAL HEALTH CLINIC - CASEY	63.50	1,072	
25.00			0	RURAL HEALTH CLINIC - SULLIVAN	63.51	942	
26.00			0	RURAL HEALTH CLINIC - NEOGA	63.52	810	
27.00			0	HOME HEALTH AGENCY	71	15,207	
28.00			0	HOSPICE	93	183,062	
29.00			0	PHYSICIANS' PRIVATE OFFICES	98	41,126	
30.00			0	OCCUPATIONAL HEALTH	100.03	1,472	
TOTAL RECLASSIFICATIONS FOR CODE C			489,559				489,559

RECLASS CODE: D
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,348,727	ADMINISTRATIVE & GENERAL	6	1,398,407	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	49,680			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,398,407				1,398,407

RECLASS CODE: E
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,238,210	ADMINISTRATIVE & GENERAL	6	10,256,369	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,018,159			0	
TOTAL RECLASSIFICATIONS FOR CODE E			10,256,369				10,256,369

RECLASSIFICATIONS

PROVIDER NO:
140189

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

PREPARED 10/15/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : EMPLOYEE EAP BENEFIT/SERVICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	13,552	EAP	100.04	13,552	
TOTAL RECLASSIFICATIONS FOR CODE F			13,552				13,552

RECLASS CODE: G
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,184,267	DIETARY	11	1,184,267	
TOTAL RECLASSIFICATIONS FOR CODE G			1,184,267				1,184,267

RECLASS CODE: H
EXPLANATION : W&C-OB/GYN, NURS, L&D SPLIT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	351,843	ADULTS & PEDIATRICS	25	885,787	
2.00	DELIVERY ROOM & LABOR ROOM	39	533,944			0	
TOTAL RECLASSIFICATIONS FOR CODE H			885,787				885,787

RECLASS CODE: I
EXPLANATION : EMPLOYEE PHYSICALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	143,946	OCCUPATIONAL HEALTH	100.03	143,946	
TOTAL RECLASSIFICATIONS FOR CODE I			143,946				143,946

RECLASS CODE: J
EXPLANATION : PHYSICIAN PROFESSIONAL LIABILITY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SUBPROVIDER	31	14,000	ADMINISTRATIVE & GENERAL	6	1,660,750	
2.00	ANESTHESIOLOGY	40	434,000			0	
3.00	RADIOLOGY-THERAPEUTIC	42	21,000			0	
4.00	LABORATORY	44	14,000			0	
5.00	EMERGENCY	61	255,500			0	
6.00	RURAL HEALTH CLINIC - CASEY	63.50	15,750			0	
7.00	RURAL HEALTH CLINIC - SULLIVAN	63.51	17,500			0	
8.00	RURAL HEALTH CLINIC - NEOGA	63.52	29,750			0	
9.00	PHYSICIANS' PRIVATE OFFICES	98	859,250			0	
TOTAL RECLASSIFICATIONS FOR CODE J			1,660,750				1,660,750

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	2,826,301					2,826,301	
2 LAND IMPROVEMENTS	3,903,061	169,693		169,693		4,072,754	
3 BUILDINGS & FIXTURE	58,750,993	1,249,416		1,249,416		60,000,409	
4 BUILDING IMPROVEMENT	192,985	34,655		34,655		227,640	
5 FIXED EQUIPMENT	13,254,932	425,883		425,883		13,680,815	
6 MOVABLE EQUIPMENT	67,975,405	5,874,996		5,874,996	1,067,502	72,782,899	
7 SUBTOTAL	146,903,677	7,754,643		7,754,643	1,067,502	153,590,818	
8 RECONCILING ITEMS							
9 TOTAL	146,903,677	7,754,643		7,754,643	1,067,502	153,590,818	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	70,917,387		70,917,387	.469098				
4	NEW CAP REL COSTS-MV	82,673,431	2,412,543	80,260,888	.530902				
5	TOTAL	153,590,818	2,412,543	151,178,275	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	2,238,210		-603,610				1,634,600
4	NEW CAP REL COSTS-MV	8,018,159		-24,464			489,559	8,483,254
5	TOTAL	10,256,369		-628,074			489,559	10,117,854

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-9,827,112				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-671,251	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-84,289	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-303	HOUSEKEEPING		10	
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		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 INVESTMENT INCOME	B	-1,622,694	NEW CAP REL COSTS-BLDG &		3	11
38 INVESTMENT INCOME	B	-74,144	NEW CAP REL COSTS-MVBLE E		4	11
39 A&G OTHER INCOME	B	-221,110	ADMINISTRATIVE & GENERAL		6	
40 DIETARY OUTREACH REVENUE	B	-15,199	DIETARY		11	
41 CUSTODIAL SERVICES OTR REV	B	-134	HOUSEKEEPING		10	
42 W&C OTHER REV (BABY CLASSES)	B	-7,569	ADULTS & PEDIATRICS		25	
43 XRAY OTHER REVENUE	B	-5,023	RADIOLOGY-DIAGNOSTIC		41	
44 RESPIRATORY THPY OTHER REV	B	-140	RESPIRATORY THERAPY		49	
45 PHYSICAL THERAPY OTHER REV	B	-7,981	PHYSICAL THERAPY		50	
46 OCCUPATIONAL THPY OTR REV	B	-7,035	OCCUPATIONAL THERAPY		51	
47 SPEECH/AUDIO OTHER REV	B	-790,725	SPEECH PATHOLOGY		52	
48 CARDIOLOGY OTHER REV	B	-67,179	ELECTROCARDIOLOGY		53	
49 EMERGENCY (EMS) OTHER REV	B	-165,041	EMERGENCY		61	
49.01 AHA/IHA LOBBYING FEES	A	-24,642	ADMINISTRATIVE & GENERAL		6	
49.02 CRNA S&W (EMPLOYEES & LOCUM TENENS)	A	-1,728,299	ANESTHESIOLOGY		40	
49.03 CRNA (BENEFIT EXP)	A	-283,628	EMPLOYEE BENEFITS		5	
49.04 NON-ALLOWABLE INTEREST EXPENSE	A	-329,643	NEW CAP REL COSTS-BLDG &		3	11
50 TOTAL (SUM OF LINES 1 THRU 49)		-15,933,141				

(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:
14-0189

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

PREPARED 10/15/2010
WORKSHEET A-8-2
GROUP 1

LINE NO.	WKSHT A	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	31	PHYSCH PHYSICIANS	1,188,641	1,188,641		138,700			
2	40	ANESTHESIA PHYSICIANS	2,996,193	2,773,034	223,159	167,500	962	77,469	3,873
3	42	MEDICAL ONCOLOGY	574,542	574,542		217,600			
4	42	1 CT SCANNING	2,150	2,150		217,600			
5	43	RADIO SOTOPE	1,700	1,700		217,600			
6	44	PATHOLOGIST	692,719	611,486	81,233	208,000	494	49,400	2,470
7	53	EKG/METS/PACEMAKER	520,624	520,624		159,800			
8	54	NEURO/SLEEP LAB	448,986	448,986		159,800			
9	61	EMERGENCY	3,660,522	3,478,153	182,369	159,800	1,040	79,900	3,995
10									
11									
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28									
29									
30									
101		TOTAL	10,086,077	9,599,316	486,761		2,496	206,769	10,338

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0189
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 10/15/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 31	PHYSCH PHYSICIANS	17,661		14,000				1,188,641
2 40	ANESTHESIA PHYSICIANS	31,064	2,314	434,000	32,325	112,108	111,051	2,884,085
3 42	MEDICAL ONCOLOGY	1,234		21,000				574,542
4 42 1	CT SCANNING							2,150
5 43	RADIO SOTOPE							1,700
6 44	PATHOLOGIST	6,712	787	14,000	1,642	51,829	29,404	640,890
7 53	EKG/METS/PACEMAKER	665						520,624
8 54	NEURO/SLEEP LAB							448,986
9 61	EMERGENCY	48,151	2,399	255,500	12,729	95,028	87,341	3,565,494
10								
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30								
101	TOTAL	105,487	5,500	738,500	46,696	258,965	227,796	9,827,112

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL 5a.00	ADMINISTRATIVE OPERATION OF E & GENERAL PLANT	
	0	3	4	5		6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,634,600	1,634,600					
005 NEW CAP REL COSTS-MVBLE E	8,483,254		8,483,254				
006 EMPLOYEE BENEFITS	14,788,675	13,583	449	14,802,707			
008 ADMIN STRATIVE & GENERAL	20,310,927	180,224	2,645,521	1,797,355	24,934,027	24,934,027	
009 OPERATION OF PLANT	3,443,199	127,632	188,939	158,132	3,917,902	800,725	4,718,627
010 LAUNDRY & LINEN SERVICE	403,464	4,634		4,639	412,737	84,354	16,651
011 HOUSEKEEPING	1,278,171	26,778	13,533	170,662	1,489,144	304,345	96,222
012 DIETARY	941,698	28,641	51,426	94,721	1,116,486	228,183	102,917
014 CAFETERIA	513,016	17,336	16,241	117,040	663,633	135,631	62,292
015 NURSING ADMINISTRATION	1,352,859	506	11,456	211,255	1,576,076	322,112	1,819
016 CENTRAL SERVICES & SUPPLY	827,593	27,834	156,278	67,715	1,079,420	220,608	100,016
017 PHARMACY	1,333,099	11,497	147,051	195,897	1,687,544	344,893	41,314
025 MEDICAL RECORDS & LIBRARY	1,841,462	15,062	41,209	231,066	2,128,799	435,075	54,124
027 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	7,513,123	144,518	326,853	1,145,965	9,130,459	1,866,047	519,303
031 CORONARY CARE UNIT	1,257,425	19,338	69,094	195,698	1,541,555	315,057	69,489
033 SUBPROVIDER	1,187,310	38,035	17,746	379,533	1,622,624	331,625	136,673
034 NURSERY	363,976	2,692	10,477	62,178	439,323	89,787	9,674
037 SKILLED NURSING FACILITY	733,171	23,497	9,466	118,806	884,940	180,860	84,431
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	3,383,435	105,414	615,678	469,888	4,574,415	934,901	378,788
039 RECOVERY ROOM	799,958	6,864	55,390	117,740	979,952	200,279	24,663
040 DELIVERY ROOM & LABOR ROO	600,952	6,139	39,891	94,360	741,342	151,513	22,060
041 ANESTHESIOLOGY	677,929	2,819	91,344	769,435	1,541,527	315,051	10,129
042 RADIOLOGY-DIAGNOSTIC	2,044,480	59,062	1,012,632	284,958	3,401,132	695,110	212,230
042 RADIOLOGY-THERAPEUTIC	1,072,036	29,854	407,369	221,055	1,730,314	353,635	107,275
042 01 CAT SCAN	976,442	6,658	694,529	52,414	1,730,043	353,579	23,926
043 RADIOISOTOPE	2,145,395	17,414	653,456	169,894	2,986,159	610,299	62,575
044 LABORATORY	8,290,494	34,483	338,686	670,690	9,334,353	1,907,718	123,911
049 RESPIRATORY THERAPY	910,414	6,741	37,813	126,366	1,081,334	220,999	24,224
050 PHYSICAL THERAPY	1,513,197	33,716	28,527	231,329	1,806,769	369,260	121,151
051 OCCUPATIONAL THERAPY	314,159		1,984	50,517	366,660	74,937	
052 SPEECH PATHOLOGY	-97,691	11,004	21,994	104,984	40,291	8,235	39,542
053 ELECTROCARDIOLOGY	728,602	25,015	136,217	173,475	1,063,309	217,315	89,887
054 ELECTROENCEPHALOGRAPHY	507,502	5,419	40,143	57,911	610,975	124,869	19,473
055 MEDICAL SUPPLIES CHARGED	3,131,463				3,131,463	639,996	
055 01 IMPLANTABLE DEVICES CHARG	3,285,236				3,285,236	671,423	
056 DRUGS CHARGED TO PATIENTS	6,536,861				6,536,861	1,335,978	
058 ASC (NON-DIAGNOSTIC PART)	2,301,901	47,224	181,179	237,178	2,767,482	565,607	169,693
058 01 CARDIAC CATHETERIZATION L	532,138	12,401	20,053	34,787	599,379	122,499	44,560
059 PSYCHIATRIC/PSYCHOLOGICAL	443,896		372	71,306	515,574	105,371	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,613,041	34,200	93,321	1,095,611	4,836,173	988,398	122,892
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - CAS	442,667	62,151	11,753	57,541	574,112	117,335	223,331
063 51 RURAL HEALTH CLINIC - SUL	394,517	30,286	1,008	47,396	473,207	96,712	108,828
063 52 RURAL HEALTH CLINIC - NEO	580,103	12,353	1,956	79,190	673,602	137,668	44,387
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	3,089,082		3,121	417,569	3,509,772	717,313	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,873,987		536	199,292	2,073,815	423,838	
095 SUBTOTALS	118,299,218	1,231,024	8,194,691	10,785,548	113,589,920	18,119,140	3,268,450
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP		7,378			7,378	1,508	26,513
098 PHYSICIANS' PRIVATE OFFIC	26,793,568	362,717	147,805	3,827,503	31,131,593	6,362,491	1,303,359
100 OTHER NONREIMBURSABLE COS							
100 01 WELLNESS	185,679		792	18,102	204,573	41,810	
100 02 LIFELINE	157,101	537		5,557	163,195	33,353	1,929
100 03 OCCUPATIONAL HEALTH	373,859	10,708	5,483	64,148	454,198	92,827	38,476
100 04 EAP	-13,526	4,128	77		-9,321		14,832
100 05 MI SC. NONREIMBURSABLE	1,129,839	12,300	134,406	101,849	1,378,394	281,711	44,199
100 06 RETAIL PHARMACY		5,808			5,808	1,187	20,869
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	146,925,738	1,634,600	8,483,254	14,802,707	146,925,738	24,934,027	4,718,627

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	513,742							
011 HOUSEKEEPING		1,889,711						
012 DIETARY	2,732		1,450,318					
014 CAFETERIA		94,953		956,509				
015 NURSING ADMINISTRATION		3,119		21,863	1,924,989			
016 CENTRAL SERVICES & SUPPLY	13,435	24,951		13,118		1,451,548		
017 PHARMACY		20,793		18,584			2,113,128	
025 MEDICAL RECORDS & LIBRARY		7,971		41,540				
027 INPAT ROUTINE SRVC CNTRS								
031 ADULTS & PEDIATRICS	167,012	42,972	1,091,366	168,345	824,698			
033 CORONARY CARE UNIT	16,506	92,181	57,143	20,770	98,974			
034 SUBPROVIDER	8,455	85,250	179,881	24,049	99,876			
037 NURSERY	5,311	2,426		7,652	34,669			
038 SKILLED NURSING FACILITY	9,205	40,199	75,689	12,025	57,159			
039 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM	65,991	207,234	23,553	56,844	272,388			
041 RECOVERY ROOM	11,622	69,309		12,025	57,753			
042 DELIVERY ROOM & LABOR ROO	13,487	6,931		10,932	50,208			
043 ANESTHESIOLOGY		1,733		20,770				
044 RADIOLOGY-DIAGNOSTIC	51,264	35,348		31,701				
045 RADIOLOGY-THERAPEUTIC	5,973	25,644		14,211				
046 01 CAT SCAN		12,822		6,559				
047 RADIOISOTOPE	94	31,536		16,397				
048 LABORATORY	69	50,942		91,825				
049 RESPIRATORY THERAPY		18,020		16,397				
050 PHYSICAL THERAPY	7,570	36,734		15,304				
051 OCCUPATIONAL THERAPY		19,753		5,466				
052 SPEECH PATHOLOGY		10,743		10,932				
053 ELECTROCARDIOLOGY	6,158	54,754		15,304				
054 ELECTROENCEPHALOGRAPHY	1,140	16,288		8,745				
055 MEDICAL SUPPLIES CHARGED						1,451,548		
056 01 IMPLANTABLE DEVICES CHARG								2,113,128
057 DRUGS CHARGED TO PATIENTS								
058 ASC (NON-DIAGNOSTIC PART)	34,606	204,115		28,422	138,717			
059 01 CARDIAC CATHETERIZATION L	1,900	19,753		3,279				
061 PSYCHIATRIC/PSYCHOLOGICAL		2,772		12,025				
062 OUTPAT SERVICE COST CNTRS								
063 EMERGENCY	90,357	270,998	22,686	65,589	290,547			
064 OBSERVATION BEDS (NON-DIS								
065 OTHER OUTPATIENT SERVICE								
066 50 RURAL HEALTH CLINIC - CAS								
067 51 RURAL HEALTH CLINIC - SUL								
068 52 RURAL HEALTH CLINIC - NEO								
069 OTHER REIMBURS COST CNTRS								
070 HOME HEALTH AGENCY		23,565						
071 SPEC PURPOSE COST CENTERS								
093 HOSPICE		1,733						
095 SUBTOTALS	512,887	1,535,542	1,450,318	770,673	1,924,989	1,451,548	2,113,128	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP								
100 PHYSICIANS' PRIVATE OFFIC		326,098		151,948				
101 OTHER NONREIMBURSABLE COS				10,932				
102 01 WELLNESS		347		3,279				
103 02 LIFELINE		2,426						
104 03 OCCUPATIONAL HEALTH	855	2,079		8,745				
105 04 EAP								
106 05 MI SC. NONREIMBURSABLE		23,219		10,932				
107 06 RETAIL PHARMACY								
108 CROSS FOOT ADJUSTMENT								
109 NEGATIVE COST CENTER								
103 TOTAL	513,742	1,889,711	1,450,318	956,509	1,924,989	1,451,548	2,113,128	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	2,667,509			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	160,867	13,971,069		13,971,069
027 CORONARY CARE UNIT	21,404	2,233,079		2,233,079
031 SUBPROVIDER	25,541	2,513,974		2,513,974
033 NURSERY	8,992	597,834		597,834
034 SKILLED NURSING FACILITY	8,009	1,352,517		1,352,517
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	145,402	6,659,516		6,659,516
038 RECOVERY ROOM	31,119	1,386,722		1,386,722
039 DELIVERY ROOM & LABOR ROO	31,287	1,027,760		1,027,760
040 ANESTHESIOLOGY	60,851	1,950,061		1,950,061
041 RADIOLOGY-DIAGNOSTIC	139,182	4,565,967		4,565,967
042 RADIOLOGY-THERAPEUTIC	47,919	2,284,971		2,284,971
042 01 CAT SCAN	232,588	2,359,517		2,359,517
043 RADIOISOTOPE	203,294	3,910,354		3,910,354
044 LABORATORY	385,451	11,894,269		11,894,269
049 RESPIRATORY THERAPY	51,814	1,412,788		1,412,788
050 PHYSICAL THERAPY	51,175	2,407,963		2,407,963
051 OCCUPATIONAL THERAPY	8,452	475,268		475,268
052 SPEECH PATHOLOGY	12,414	122,157		122,157
053 ELECTROCARDIOLOGY	34,274	1,481,001		1,481,001
054 ELECTROENCEPHALOGRAPHY	34,953	816,443		816,443
055 MEDICAL SUPPLIES CHARGED	106,046	5,329,053		5,329,053
055 01 IMPLANTABLE DEVICES CHARG	106,386	4,063,045		4,063,045
056 DRUGS CHARGED TO PATIENTS	324,402	10,310,369		10,310,369
058 ASC (NON-DIAGNOSTIC PART)	168,445	4,077,087		4,077,087
058 01 CARDIAC CATHETERIZATION L	9,441	800,811		800,811
059 PSYCHIATRIC/PSYCHOLOGICAL	1,643	637,385		637,385
061 OUTPAT SERVICE COST CNTRS				
061 EMERGENCY	240,709	6,928,349		6,928,349
062 OBSERVATION BEDS (NON-DIS				
063 OTHER OUTPATIENT SERVICE				
063 50 RURAL HEALTH CLINIC - CAS	3,881	918,659		918,659
063 51 RURAL HEALTH CLINIC - SUL	3,307	682,054		682,054
063 52 RURAL HEALTH CLINIC - NEO	8,261	863,918		863,918
071 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		4,250,650		4,250,650
093 SPEC PURPOSE COST CENTERS				
093 HOSPICE		2,499,386		2,499,386
095 SUBTOTALS	2,667,509	104,783,996		104,783,996
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		35,399		35,399
098 PHYSICIANS' PRIVATE OFFICE		39,275,489		39,275,489
100 OTHER NONREIMBURSABLE COS		10,932		10,932
100 01 WELLNESS		250,009		250,009
100 02 LIFELINE		200,903		200,903
100 03 OCCUPATIONAL HEALTH		597,180		597,180
100 04 EAP		5,511		5,511
100 05 MI SC. NONREIMBURSABLE		1,738,455		1,738,455
100 06 RETAIL PHARMACY		27,864		27,864
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	2,667,509	146,925,738		146,925,738

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	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		13,583	449	14,032	14,032		
006 ADMINISTRATIVE & GENERAL		180,224	2,645,521	2,825,745	1,709	2,827,454	
008 OPERATION OF PLANT		127,632	188,939	316,571	150	90,801	407,522
009 LAUNDRY & LINEN SERVICE		4,634		4,634	4	9,566	1,438
010 HOUSEKEEPING		26,778	13,533	40,311	162	34,512	8,310
011 DIETARY		28,641	51,426	80,067	90	25,876	8,888
012 CAFETERIA		17,336	16,241	33,577	111	15,380	5,380
014 NURSING ADMINISTRATION		506	11,456	11,962	201	36,527	157
015 CENTRAL SERVICES & SUPPLY		27,834	156,278	184,112	64	25,017	8,638
016 PHARMACY		11,497	147,051	158,548	186	39,111	3,568
017 MEDICAL RECORDS & LIBRARY		15,062	41,209	56,271	220	49,337	4,674
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		144,518	326,853	471,371	1,089	211,608	44,849
027 CORONARY CARE UNIT		19,338	69,094	88,432	186	35,727	6,001
031 SUBPROVIDER		38,035	17,746	55,781	361	37,606	11,804
033 NURSERY		2,692	10,477	13,169	59	10,182	835
034 SKILLED NURSING FACILITY		23,497	9,466	32,963	113	20,509	7,292
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		105,414	615,678	721,092	447	106,017	32,714
038 RECOVERY ROOM		6,864	55,390	62,254	112	22,711	2,130
039 DELIVERY ROOM & LABOR ROO		6,139	39,891	46,030	90	17,181	1,905
040 ANESTHESIOLOGY		2,819	91,344	94,163	731	35,726	875
041 RADIOLOGY-DIAGNOSTIC		59,062	1,012,632	1,071,694	271	78,825	18,329
042 RADIOLOGY-THERAPEUTIC		29,854	407,369	437,223	210	40,102	9,265
042 01 CAT SCAN		6,658	694,529	701,187	50	40,095	2,066
043 RADIOISOTOPE		17,414	653,456	670,870	162	69,207	5,404
044 LABORATORY		34,483	338,686	373,169	638	216,333	10,701
049 RESPIRATORY THERAPY		6,741	37,813	44,554	120	25,061	2,092
050 PHYSICAL THERAPY		33,716	28,527	62,243	220	41,874	10,463
051 OCCUPATIONAL THERAPY			1,984	1,984	48	8,498	
052 SPEECH PATHOLOGY		11,004	21,994	32,998	100	934	3,415
053 ELECTROCARDIOLOGY		25,015	136,217	161,232	165	24,643	7,763
054 ELECTROENCEPHALOGRAPHY		5,419	40,143	45,562	55	14,160	1,682
055 MEDICAL SUPPLIES CHARGED						72,575	
055 01 IMPLANTABLE DEVICES CHARG						76,139	
056 DRUGS CHARGED TO PATIENTS						151,498	
058 ASC (NON-DIAGNOSTIC PART)		47,224	181,179	228,403	225	64,139	14,655
058 01 CARDIAC CATHETERIZATION L		12,401	20,053	32,454	33	13,891	3,848
059 PSYCHIATRIC/PSYCHOLOGICAL			372	372	68	11,949	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		34,200	93,321	127,521	1,042	112,083	10,613
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC - CAS		62,151	11,753	73,904	55	13,306	19,288
063 51 RURAL HEALTH CLINIC - SUL		30,286	1,008	31,294	45	10,967	9,399
063 52 RURAL HEALTH CLINIC - NEO		12,353	1,956	14,309	75	15,611	3,833
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY			3,121	3,121	397	81,342	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			536	536	189	48,063	
095 SUBTOTALS		1,231,024	8,194,691	9,425,715	10,253	2,054,689	282,274
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		7,378		7,378		171	2,290
098 PHYSICIANS' PRIVATE OFFIC		362,717	147,805	510,522	3,599	721,464	112,568
100 OTHER NONREIMBURSABLE COS							
100 01 WELLNESS			792	792	17	4,741	
100 02 LIFELINE		537		537	5	3,782	167
100 03 OCCUPATIONAL HEALTH		10,708	5,483	16,191	61	10,526	3,323
100 04 EAP		4,128	77	4,205			1,281
100 05 MIS. NONREIMBURSABLE		12,300	134,406	146,706	97	31,946	3,817
100 06 RETAIL PHARMACY		5,808		5,808		135	1,802
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,634,600	8,483,254	10,117,854	14,032	2,827,454	407,522

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	S RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	374,621					
005 NEW CAP REL COSTS-MVB		7,229,688				
006 EMPLOYEE BENEFITS	3,113	383	83,762,801			
008 ADMINISTRATIVE & GENERAL	41,304	2,254,592	10,170,522	-24,934,027	122,001,032	
009 OPERATION OF PLANT	29,251	161,020	894,808		3,917,902	300,953
010 LAUNDRY & LINEN SERVICE	1,062		26,248		412,737	1,062
011 HOUSEKEEPING	6,137	11,533	965,707		1,489,144	6,137
012 DIETARY	6,564	43,827	535,986		1,116,486	6,564
014 CAFETERIA	3,973	13,841	662,284		663,633	3,973
015 NURSING ADMINISTRATION	116	9,763	1,195,408		1,576,076	116
016 CENTRAL SERVICES & SUPPLY	6,379	133,185	383,174		1,079,420	6,379
017 PHARMACY	2,635	125,321	1,108,506		1,687,544	2,635
025 MEDICAL RECORDS & LIBRARY	3,452	35,120	1,307,510		2,128,799	3,452
027 ADULTS & PEDIATRICS	33,121	278,554	6,484,564		9,130,459	33,121
031 CORONARY CARE UNIT	4,432	58,884	1,107,375		1,541,555	4,432
033 SUBPROVIDER	8,717	15,124	2,147,627		1,622,624	8,717
034 NURSERY	617	8,929	351,843		439,323	617
037 SKILLED NURSING FACILITY	5,385	8,067	672,275		884,940	5,385
038 ANCILLARY SERVICE CENTER						
039 OPERATING ROOM	24,159	524,700	2,658,912		4,574,415	24,159
040 RECOVERY ROOM	1,573	47,205	666,244		979,952	1,573
041 DELIVERY ROOM & LABOR	1,407	33,996	533,944		741,342	1,407
042 ANESTHESIOLOGY	646	77,846	4,353,926		1,541,527	646
043 RADIOLOGY-DIAGNOSTIC	13,536	862,996	1,612,463		3,401,132	13,536
044 RADIOLOGY-THERAPEUTIC	6,842	347,172	1,250,863		1,730,314	6,842
045 CAT SCAN	1,526	591,899	296,591		1,730,043	1,526
046 RADIOISOTOPE	3,991	556,895	961,361		2,986,159	3,991
047 LABORATORY	7,903	288,639	3,795,172		9,334,353	7,903
048 RESPIRATORY THERAPY	1,545	32,225	715,056		1,081,334	1,545
049 PHYSICAL THERAPY	7,727	24,312	1,308,999		1,806,769	7,727
050 OCCUPATIONAL THERAPY		1,691	285,858		366,660	
051 SPEECH PATHOLOGY	2,522	18,744	594,061		40,291	2,522
052 ELECTROCARDIOLOGY	5,733	116,088	981,625		1,063,309	5,733
053 ELECTROENCEPHALOGRAPHY	1,242	34,211	327,695		610,975	1,242
054 MEDICAL SUPPLIES CHARACTERIZED					3,131,463	
055 IMPLANTABLE DEVICES CHARACTERIZED					3,285,236	
056 DRUGS CHARGED TO PATIENT					6,536,861	
058 ASC (NON-DISTINCT PAR)	10,823	154,406	1,342,099		2,767,482	10,823
059 CARDIAC CATHETERIZATION	2,842	17,090	196,844		599,379	2,842
061 PSYCHIATRIC/PSYCHOLOGICAL		317	403,492		515,574	
062 OUTPAT SERVICE COST CENTER						
063 EMERGENCY	7,838	79,531	6,199,631		4,836,173	7,838
064 OBSERVATION BEDS (NON-OTHER OUTPATIENT SERVICE)						
065 50 RURAL HEALTH CLINIC -	14,244	10,016	325,602		574,112	14,244
066 51 RURAL HEALTH CLINIC -	6,941	859	268,195		473,207	6,941
067 52 RURAL HEALTH CLINIC -	2,831	1,667	448,105		673,602	2,831
071 OTHER REIMBURSABLE COST CENTER		2,660	2,362,857		3,509,772	
093 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CENTER		457	1,127,717		2,073,815	
096 HOSPICE						
098 SUBTOTALS	282,129	6,983,765	61,031,149	-24,934,027	88,655,893	208,461
099 NONREIMBURSABLE COST CENTER						
100 GIFT, FLOWER, COFFEE	1,691				7,378	1,691
101 PHYSICIANS' PRIVATE OFFICE	83,128	125,964	21,658,465		31,131,593	83,128
102 OTHER NONREIMBURSABLE						
103 01 WELLNESS		675	102,432		204,573	
104 02 LIFELINE	123		31,445		163,195	123
105 03 OCCUPATIONAL HEALTH	2,454	4,673	362,987		454,198	2,454
106 04 EAP	946	66		9,321		946
107 05 MISCELLANEOUS NONREIMBURSABLE	2,819	114,545	576,323		1,378,394	2,819
108 06 RETAIL PHARMACY	1,331				5,808	1,331
109 CROSS FOOT ADJUSTMENT						
110 NEGATIVE COST CENTER						
111 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,634,600	8,483,254	14,802,707		24,934,027	4,718,627
112 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.363343		.176722		.204376	
113 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.173391				15.678950
114 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
115 COST TO BE ALLOCATED (WRKSHT B, PART III)			14,032		2,827,454	407,522
116 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000168		.023176	1.354105

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(MEALS SERVED)	S(DIRECT)SING HRS	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	708,832							
010 HOUSEKEEPING		5,453						
011 DIETARY	3,769		127,156					
012 CAFETERIA		274		875				
014 NURSING ADMINISTRATION		9		20	673,789			
015 CENTRAL SERVICES & SUPPLY	18,537	72				100		
016 PHARMACY		60		17				100
017 MEDICAL RECORDS & LIBRARY		23		38				
025 INPATIENT ROUTINE SERVICE								
027 ADULTS & PEDIATRICS	230,436	124	95,685	154	288,662			
031 CORONARY CARE UNIT	22,774	266	5,010	19	34,643			
033 SUBPROVIDER	11,666	246	15,771	22	34,959			
034 NURSERY	7,328	7		7	12,135			
037 SKILLED NURSING FACILITY	12,700	116	6,636	11	20,007			
038 ANCILLARY SERVICE COST CENTER								
039 OPERATING ROOM	91,050	598	2,065	52	95,342			
040 RECOVERY ROOM	16,035	200		11	20,215			
041 DELIVERY ROOM & LABOR	18,609	20		10	17,574			
042 ANESTHESIOLOGY		5		19				
043 RADIOLOGY-DIAGNOSTIC	70,731	102		29				
044 RADIOLOGY-THERAPEUTIC	8,241	74		13				
049 CAT SCAN		37		6				
050 RADIOISOTOPE	130	91		15				
051 LABORATORY	95	147		84				
052 RESPIRATORY THERAPY		52		15				
053 PHYSICAL THERAPY	10,444	106		14				
054 OCCUPATIONAL THERAPY		57		5				
055 SPEECH PATHOLOGY		31		10				
056 ELECTROCARDIOLOGY	8,497	158		14				
058 ELECTROENCEPHALOGRAPHY	1,573	47		8				
059 MEDICAL SUPPLIES CHARACTER						100		
061 IMPLANTABLE DEVICES CENTER								
062 DRUGS CHARGED TO PATIENT								100
063 ASC (NON-DISTINCT PART)	47,747	589		26	48,554			
066 CARDIAC CATHETERIZATION	2,621	57		3				
067 PSYCHIATRIC/PSYCHOLOGICAL		8		11				
068 OUTPATIENT SERVICE COST CENTER								
071 EMERGENCY	124,670	782	1,989	60	101,698			
072 OBSERVATION BEDS (NON-EMERGENCY)								
073 OTHER OUTPATIENT SERVICE								
075 RURAL HEALTH CLINIC -								
076 RURAL HEALTH CLINIC -								
077 RURAL HEALTH CLINIC -								
078 OTHER REIMBURSABLE COST CENTER								
081 HOME HEALTH AGENCY		68						
082 SPECIFIC PURPOSE COST CENTER								
093 HOSPICE		5						
095 SUBTOTALS	707,653	4,431	127,156	705	673,789	100		100
096 NONREIMBURSABLE COST CENTER								
098 GIFT, FLOWER, COFFEE								
100 PHYSICIANS' PRIVATE OFFICE		941		139				
101 OTHER NONREIMBURSABLE				10				
102 WELLNESS		1		3				
103 LI FELINE		7						
104 OCCUPATIONAL HEALTH	1,179	6		8				
105 EAP								
106 MISC. NONREIMBURSABLE		67		10				
107 RETAIL PHARMACY								
108 CROSS FOOT ADJUSTMENT								
109 NEGATIVE COST CENTER								
110 COST TO BE ALLOCATED (WRKSHT B, PART I)	513,742	1,889,711	1,450,318	956,509	1,924,989	1,451,548		2,113,128
111 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.724773	346.545204		1,093.153143		14,515.480000		21,131.280000
112 COST TO BE ALLOCATED (WRKSHT B, PART II)			11.405816		2.856961			
113 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
114 COST TO BE ALLOCATED (WRKSHT B, PART III)	15,642	83,295	115,004	58,633	50,324	220,144		203,469
115 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.022067	15.275078		67.009143		2,201.440000		2,034.690000
116 COST TO BE ALLOCATED (WRKSHT B, PART IV)			.904432		.074688			

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	17
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENE	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATIO	
016 CENTRAL SERVICES & SU	
017 PHARMACY	
025 MEDICAL RECORDS & LIB	341,039,562
027 INPAT ROUTINE SRVC CN	
031 ADULTS & PEDIATRICS	20,565,974
033 CORONARY CARE UNIT	2,736,408
034 SUBPROVIDER	3,265,265
037 NURSERY	1,149,524
038 SKILLED NURSING FACIL	1,023,847
039 ANCILLARY SRVC COST C	
040 OPERATING ROOM	18,588,857
041 RECOVERY ROOM	3,978,391
042 DELIVERY ROOM & LABOR	3,999,846
043 ANESTHESIOLOGY	7,779,463
044 RADIOLOGY-DIAGNOSTIC	17,793,689
045 RADIOLOGY-THERAPEUTIC	6,126,175
046 01 CAT SCAN	29,735,067
047 RADIOISOTOPE	25,990,086
048 LABORATORY	49,290,859
049 RESPIRATORY THERAPY	6,624,088
050 PHYSICAL THERAPY	6,542,468
051 OCCUPATIONAL THERAPY	1,080,570
052 SPEECH PATHOLOGY	1,587,056
053 ELECTROCARDIOLOGY	4,381,793
054 ELECTROENCEPHALOGRAPH	4,468,600
055 MEDICAL SUPPLIES CHAR	13,557,421
056 01 IMPLANTABLE DEVICES C	13,600,893
057 DRUGS CHARGED TO PATI	41,473,039
058 ASC (NON-DISTINCT PAR	21,534,732
059 01 CARDIAC CATHETERIZATI	1,207,001
061 PSYCHIATRIC/PSYCHOLOG	210,092
062 OUTPAT SERVICE COST C	
063 EMERGENCY	30,773,305
064 OBSERVATION BEDS (NON	
065 063 OTHER OUTPATIENT SERV	
066 50 RURAL HEALTH CLINIC -	496,106
067 51 RURAL HEALTH CLINIC -	422,807
068 52 RURAL HEALTH CLINIC -	1,056,140
069 OTHER REIMBURS COST C	
071 HOME HEALTH AGENCY	
093 SPEC PURPOSE COST CEN	
095 HOSPICE	
096 SUBTOTALS	341,039,562
097 NONREIMBURS COST CENT	
098 GIFT, FLOWER, COFFEE	
100 PHYSICIANS' PRIVATE O	
101 OTHER NONREIMBURSABLE	
102 01 WELLNESS	
103 02 LIFELINE	
104 03 OCCUPATIONAL HEALTH	
105 04 EAP	
106 05 MIS. NONREIMBURSABLE	
107 06 RETAIL PHARMACY	
108 CROSS FOOT ADJUSTMENT	
NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	2,667,509
(PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
(WRKSHT B, PT I)	.007822
105 COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
(WRKSHT B, PT II)	
107 COST TO BE ALLOCATED	113,399
(PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
(WRKSHT B, PT III)	.000333

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	17,173,846		17,173,846			
27	CORONARY CARE UNIT	2,736,408		2,736,408			
31	SUBPROVIDER	3,265,265		3,265,265			
33	NURSERY	1,149,524		1,149,524			
34	SKILLED NURSING FACILITY	1,023,847		1,023,847			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,396,527	10,192,330	18,588,857	.358253	.358253	.358253
38	RECOVERY ROOM	1,338,113	2,640,278	3,978,391	.348564	.348564	.348564
39	DELIVERY ROOM & LABOR ROO	3,628,712	371,134	3,999,846	.256950	.256950	.256950
40	ANESTHESIOLOGY	2,435,382	5,344,081	7,779,463	.250668	.250668	.264943
41	RADIOLOGY-DIAGNOSTIC	2,930,846	14,862,843	17,793,689	.256606	.256606	.256606
42	RADIOLOGY-THERAPEUTIC	140,365	5,985,810	6,126,175	.372985	.372985	.372985
42	01 CAT SCAN	6,066,031	23,669,036	29,735,067	.079351	.079351	.079351
43	RADIOISOTOPE	3,468,045	22,522,041	25,990,086	.150456	.150456	.150456
44	LABORATORY	10,498,005	38,792,854	49,290,859	.241308	.241308	.241904
49	RESPIRATORY THERAPY	5,445,746	1,178,342	6,624,088	.213280	.213280	.213280
50	PHYSICAL THERAPY	949,800	5,592,668	6,542,468	.368051	.368051	.368051
51	OCCUPATIONAL THERAPY	392,255	688,315	1,080,570	.439831	.439831	.439831
52	SPEECH PATHOLOGY	139,528	1,447,528	1,587,056	.076971	.076971	.076971
53	ELECTROCARDIOLOGY	1,095,577	3,286,216	4,381,793	.337990	.337990	.337990
54	ELECTROENCEPHALOGRAPHY	38,494	4,430,106	4,468,600	.182707	.182707	.182707
55	MEDICAL SUPPLIES CHARGED	5,295,892	8,261,529	13,557,421	.393073	.393073	.393073
55	01 IMPLANTABLE DEVICES CHARG	8,976,306	4,624,587	13,600,893	.298734	.298734	.298734
56	DRUGS CHARGED TO PATIENTS	18,729,279	22,743,760	41,473,039	.248604	.248604	.248604
58	ASC (NON-DISTINCT PART)	279,229	21,255,503	21,534,732	.189326	.189326	.189326
58	01 CARDIAC CATHETERIZATION L	142,137	1,064,864	1,207,001	.663472	.663472	.663472
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS		210,092	210,092	3.033838	3.033838	3.033838
61	EMERGENCY	6,711,380	24,061,925	30,773,305	.225142	.225142	.227980
62	OBSERVATION BEDS (NON-DIS		3,392,128	3,392,128	.510190	.510190	.510190
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS		496,106	496,106	1.851739	1.851739	1.851739
63	51 RURAL HEALTH CLINIC - SUL		422,807	422,807	1.613157	1.613157	1.613157
63	52 RURAL HEALTH CLINIC - NEO OTHER REIMBURS COST CNTRS		1,056,140	1,056,140	.817996	.817996	.817996
101	SUBTOTAL	112,446,539	228,593,023	341,039,562			
102	LESS OBSERVATION BEDS						
103	TOTAL	112,446,539	228,593,023	341,039,562			

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	6,659,516	890,076	5,769,440			6,659,516
38	OPERATING ROOM	1,386,722	94,188	1,292,534			1,386,722
39	DELIVERY ROOM & LABOR ROO	1,027,760	69,238	958,522			1,027,760
40	ANESTHESIOLOGY	1,950,061	135,435	1,814,626			1,950,061
41	RADIOLOGY-DIAGNOSTIC	4,565,967	1,180,106	3,385,861			4,565,967
42	RADIOLOGY-THERAPEUTIC	2,284,971	491,023	1,793,948			2,284,971
42	01 CAT SCAN	2,359,517	754,267	1,605,250			2,359,517
43	RADIOISOTOPE	3,910,354	756,696	3,153,658			3,910,354
44	LABORATORY	11,894,269	624,962	11,269,307			11,894,269
49	RESPIRATORY THERAPY	1,412,788	75,832	1,336,956			1,412,788
50	PHYSICAL THERAPY	2,407,963	119,766	2,288,197			2,407,963
51	OCCUPATIONAL THERAPY	475,268	12,096	463,172			475,268
52	SPEECH PATHOLOGY	122,157	39,119	83,038			122,157
53	ELECTROCARDIOLOGY	1,481,001	198,801	1,282,200			1,481,001
54	ELECTROENCEPHALOGRAPHY	816,443	64,236	752,207			816,443
55	MEDICAL SUPPLIES CHARGED	5,329,053	297,234	5,031,819			5,329,053
55	01 IMPLANTABLE DEVICES CHARG	4,063,045	80,668	3,982,377			4,063,045
56	DRUGS CHARGED TO PATIENTS	10,310,369	368,778	9,941,591			10,310,369
58	ASC (NON-DISTINCT PART)	4,077,087	330,012	3,747,075			4,077,087
58	01 CARDIAC CATHETERIZATION L	800,811	51,758	749,053			800,811
59	PSYCHIATRIC/PSYCHOLOGICAL	637,385	13,318	624,067			637,385
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,928,349	289,619	6,638,730			6,928,349
62	OBSERVATION BEDS (NON-DIS	1,730,629	106,674	1,623,955			1,730,629
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS	918,659	106,718	811,941			918,659
63	51 RURAL HEALTH CLINIC - SUL	682,054	51,846	630,208			682,054
63	52 RURAL HEALTH CLINIC - NEO	863,918	34,180	829,738			863,918
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	79,096,116	7,236,646	71,859,470			79,096,116
102	LESS OBSERVATION BEDS	1,730,629	106,674	1,623,955			1,730,629
103	TOTAL	77,365,487	7,129,972	70,235,515			77,365,487

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	18,588,857	.358253	.358253
38	OPERATING ROOM	3,978,391	.348564	.348564
39	RECOVERY ROOM	3,999,846	.256950	.256950
40	DELIVERY ROOM & LABOR ROO	7,779,463	.250668	.250668
41	ANESTHESIOLOGY	17,793,689	.256606	.256606
42	RADIOLOGY-DIAGNOSTIC	6,126,175	.372985	.372985
42	RADIOLOGY-THERAPEUTIC	29,735,067	.079351	.079351
43	01 CAT SCAN	25,990,086	.150456	.150456
44	RADIOISOTOPE	49,290,859	.241308	.241308
49	LABORATORY	6,624,088	.213280	.213280
50	RESPIRATORY THERAPY	6,542,468	.368051	.368051
51	PHYSICAL THERAPY	1,080,570	.439831	.439831
52	OCCUPATIONAL THERAPY	1,587,056	.076971	.076971
53	SPEECH PATHOLOGY	4,381,793	.337990	.337990
54	ELECTROCARDIOLOGY	4,468,600	.182707	.182707
55	ELECTROENCEPHALOGRAPHY	13,557,421	.393073	.393073
55	01 MEDICAL SUPPLIES CHARGED	13,600,893	.298734	.298734
56	IMPLANTABLE DEVICES CHARG	41,473,039	.248604	.248604
58	DRUGS CHARGED TO PATIENTS	21,534,732	.189326	.189326
58	ASC (NON-DISTINCT PART)	1,207,001	.663472	.663472
59	01 CARDIAC CATHETERIZATION L	210,092	3.033838	3.033838
	PSYCHIATRIC/PSYCHOLOGICAL			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	30,773,305	.225142	.225142
62	OBSERVATION BEDS (NON-DIS	3,392,128	.510190	.510190
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC - CAS	496,106	1.851739	1.851739
63	51 RURAL HEALTH CLINIC - SUL	422,807	1.613157	1.613157
63	52 RURAL HEALTH CLINIC - NEO	1,056,140	.817996	.817996
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	315,690,672		
102	LESS OBSERVATION BEDS	3,392,128		
103	TOTAL	312,298,544		

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	6,659,516	890,076	5,769,440			6,659,516
38	OPERATING ROOM	1,386,722	94,188	1,292,534			1,386,722
39	RECOVERY ROOM	1,027,760	69,238	958,522			1,027,760
40	DELIVERY ROOM & LABOR ROO	1,950,061	135,435	1,814,626			1,950,061
41	ANESTHESIOLOGY	4,565,967	1,180,106	3,385,861			4,565,967
42	RADIOLOGY-DIAGNOSTIC	2,284,971	491,023	1,793,948			2,284,971
42	RADIOLOGY-THERAPEUTIC	2,359,517	754,267	1,605,250			2,359,517
43	01 CAT SCAN	3,910,354	756,696	3,153,658			3,910,354
44	RADIOISOTOPE	11,894,269	624,962	11,269,307			11,894,269
49	LABORATORY	1,412,788	75,832	1,336,956			1,412,788
50	RESPIRATORY THERAPY	2,407,963	119,766	2,288,197			2,407,963
51	PHYSICAL THERAPY	475,268	12,096	463,172			475,268
52	OCCUPATIONAL THERAPY	122,157	39,119	83,038			122,157
53	SPEECH PATHOLOGY	1,481,001	198,801	1,282,200			1,481,001
54	ELECTROCARDIOLOGY	816,443	64,236	752,207			816,443
55	ELECTROENCEPHALOGRAPHY	5,329,053	297,234	5,031,819			5,329,053
55	01 MEDICAL SUPPLIES CHARGED	4,063,045	80,668	3,982,377			4,063,045
56	IMPLANTABLE DEVICES CHARG	10,310,369	368,778	9,941,591			10,310,369
58	DRUGS CHARGED TO PATIENTS	4,077,087	330,012	3,747,075			4,077,087
58	ASC (NON-DISTINCT PART)	800,811	51,758	749,053			800,811
59	01 CARDIAC CATHETERIZATION L	637,385	13,318	624,067			637,385
59	PSYCHIATRIC/PSYCHOLOGICAL						
61	OUTPAT SERVICE COST CNTRS	6,928,349	289,619	6,638,730			6,928,349
62	EMERGENCY	1,730,629	106,674	1,623,955			1,730,629
63	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE	918,659	106,718	811,941			918,659
63	50 RURAL HEALTH CLINIC - CAS	682,054	51,846	630,208			682,054
63	51 RURAL HEALTH CLINIC - SUL	863,918	34,180	829,738			863,918
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	79,096,116	7,236,646	71,859,470			79,096,116
102	LESS OBSERVATION BEDS	1,730,629	106,674	1,623,955			1,730,629
103	TOTAL	77,365,487	7,129,972	70,235,515			77,365,487

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	18,588,857	.358253	.358253
38	OPERATING ROOM	3,978,391	.348564	.348564
39	RECOVERY ROOM	3,999,846	.256950	.256950
40	DELIVERY ROOM & LABOR ROO	7,779,463	.250668	.250668
41	ANESTHESIOLOGY	17,793,689	.256606	.256606
42	RADIOLOGY-DIAGNOSTIC	6,126,175	.372985	.372985
42	RADIOLOGY-THERAPEUTIC	29,735,067	.079351	.079351
43	01 CAT SCAN	25,990,086	.150456	.150456
44	RADIOISOTOPE	49,290,859	.241308	.241308
49	LABORATORY	6,624,088	.213280	.213280
50	RESPIRATORY THERAPY	6,542,468	.368051	.368051
51	PHYSICAL THERAPY	1,080,570	.439831	.439831
52	OCCUPATIONAL THERAPY	1,587,056	.076971	.076971
53	SPEECH PATHOLOGY	4,381,793	.337990	.337990
54	ELECTROCARDIOLOGY	4,468,600	.182707	.182707
55	ELECTROENCEPHALOGRAPHY	13,557,421	.393073	.393073
55	01 MEDICAL SUPPLIES CHARGED	13,600,893	.298734	.298734
56	IMPLANTABLE DEVICES CHARG	41,473,039	.248604	.248604
58	DRUGS CHARGED TO PATIENTS	21,534,732	.189326	.189326
58	ASC (NON-DISTINCT PART)	1,207,001	.663472	.663472
59	01 CARDIAC CATHETERIZATION L	210,092	3.033838	3.033838
	PSYCHIATRIC/PSYCHOLOGICAL			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	30,773,305	.225142	.225142
62	OBSERVATION BEDS (NON-DIS	3,392,128	.510190	.510190
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC - CAS	496,106	1.851739	1.851739
63	51 RURAL HEALTH CLINIC - SUL	422,807	1.613157	1.613157
63	52 RURAL HEALTH CLINIC - NEO	1,056,140	.817996	.817996
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	315,690,672		
102	LESS OBSERVATION BEDS	3,392,128		
103	TOTAL	312,298,544		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				861,166		861,166
27	CORONARY CARE UNIT				144,214		144,214
31	SUBPROVIDER				129,003		129,003
33	NURSERY				26,272		26,272
101	TOTAL				1,160,655		1,160,655

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					21,175	
27	CORONARY CARE UNIT					1,857	
31	SUBPROVIDER					3,396	
33	NURSERY					1,093	
34	SKILLED NURSING FACILITY					1,903	
101	TOTAL					29,424	

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

PROVIDER NO:	PERIOD:	PREPARED 10/15/2010
14-0189	FROM 7/ 1/2009	WORKSHEET D
	TO 6/30/2010	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	10,927	
27	CORONARY CARE UNIT	1,096	
31	SUBPROVIDER	1,088	
33	NURSERY		
34	SKILLED NURSING FACILITY	1,653	
101	TOTAL	14,764	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 IMPLANTABLE DEVICES CHARG						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			18,588,857			4,343,778	
38	RECOVERY ROOM			3,978,391			479,454	
39	DELIVERY ROOM & LABOR ROO			3,999,846			16,982	
40	ANESTHESIOLOGY			7,779,463			997,003	
41	RADIOLOGY-DIAGNOSTIC			17,793,689			1,689,269	
42	RADIOLOGY-THERAPEUTIC			6,126,175			50,726	
42	01 CAT SCAN			29,735,067			3,517,038	
43	RADIOISOTOPE			25,990,086			1,892,311	
44	LABORATORY			49,290,859			5,849,751	
49	RESPIRATORY THERAPY			6,624,088			3,108,993	
50	PHYSICAL THERAPY			6,542,468			347,719	
51	OCCUPATIONAL THERAPY			1,080,570			131,208	
52	SPEECH PATHOLOGY			1,587,056			68,294	
53	ELECTROCARDIOLOGY			4,381,793			546,030	
54	ELECTROENCEPHALOGRAPHY			4,468,600			14,272	
55	MEDICAL SUPPLIES CHARGED			13,557,421			2,459,430	
55	01 IMPLANTABLE DEVICES CHARG			13,600,893			4,475,379	
56	DRUGS CHARGED TO PATIENTS			41,473,039			10,627,772	
58	ASC (NON-DISTINCT PART)			21,534,732				
58	01 CARDIAC CATHETERIZATION L			1,207,001			73,957	
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			210,092				
61	EMERGENCY			30,773,305			2,077,367	
62	OBSERVATION BEDS (NON-DIS			3,392,128				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC - CAS							
63	51 RURAL HEALTH CLINIC - SUL							
63	52 RURAL HEALTH CLINIC - NEO							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			313,715,619			42,766,733	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,601,523					
38	RECOVERY ROOM	492,426					
39	DELIVERY ROOM & LABOR ROO	468					
40	ANESTHESIOLOGY	809,928					
41	RADIOLOGY-DIAGNOSTIC	1,585,339					
42	RADIOLOGY-THERAPEUTIC	1,095,925					
42	01 CAT SCAN	3,258,636					
43	RADIOISOTOPE	3,142,268					
44	LABORATORY	640,743					
49	RESPIRATORY THERAPY	223,388					
50	PHYSICAL THERAPY	42,102					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	88,259					
53	ELECTROCARDIOLOGY	656,666					
54	ELECTROENCEPHALOGRAPHY	527,872					
55	MEDICAL SUPPLIES CHARGED	945,477					
55	01 IMPLANTABLE DEVICES CHARG	819,992					
56	DRUGS CHARGED TO PATIENTS	5,309,999					
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L	133,841					
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,092,956					
62	OBSERVATION BEDS (NON-DIS	623,830					
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	27,091,638					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.358253	.358253			
38 RECOVERY ROOM	.348564	.348564			
39 DELIVERY ROOM & LABOR ROOM	.256950	.256950			
40 ANESTHESIOLOGY	.250668	.250668			
41 RADIOLOGY-DIAGNOSTIC	.256606	.256606			
42 RADIOLOGY-THERAPEUTIC	.372985	.372985			
01 42 CAT SCAN	.079351	.079351			
43 RADIOISOTOPE	.150456	.150456			
44 LABORATORY	.241308	.241308			
49 RESPIRATORY THERAPY	.213280	.213280			
50 PHYSICAL THERAPY	.368051	.368051			
51 OCCUPATIONAL THERAPY	.439831	.439831			
52 SPEECH PATHOLOGY	.076971	.076971			
53 ELECTROCARDIOLOGY	.337990	.337990			
54 ELECTROENCEPHALOGRAPHY	.182707	.182707			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.393073	.393073			
55 01 IMPLANTABLE DEVICES CHARGED TO PATIENTS	.298734	.298734			
56 DRUGS CHARGED TO PATIENTS	.248604	.248604			
58 ASC (NON-DISTINCT PART)	.189326	.189326			
58 01 CARDIAC CATHETERIZATION LABORATORY	.663472	.663472			
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3.033838	3.033838			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.225142	.225142			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.510190	.510190			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC - CASEY					
63 51 RURAL HEALTH CLINIC - SULLIVAN					
63 52 RURAL HEALTH CLINIC - NEOGA					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center	Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		4,601,523		4,192,400	
38	RECOVERY ROOM		492,426		442,602	
39	DELIVERY ROOM & LABOR ROOM		468		936	
40	ANESTHESIOLOGY		809,928		749,673	
41	RADIOLOGY-DIAGNOSTIC		1,585,339		1,526,256	
42	RADIOLOGY-THERAPEUTIC		1,095,925		903,070	
01 42	CAT SCAN		3,258,636		3,453,303	
43	RADIOISOTOPE		3,142,268		3,305,789	
44	LABORATORY		640,743		487,572	
49	RESPIRATORY THERAPY		223,388		214,692	
50	PHYSICAL THERAPY		42,102		29,700	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY		88,259		74,727	
53	ELECTROCARDIOLOGY		656,666		801,463	
54	ELECTROENCEPHALOGRAPHY		527,872		506,647	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		945,477		950,298	
55 01	IMPLANTABLE DEVICES CHARGED TO PATIENTS		819,992		965,074	
56	DRUGS CHARGED TO PATIENTS		5,309,999		4,497,110	
58	ASC (NON-DISTINCT PART)					
58 01	CARDIAC CATHETERIZATION LABORATORY		133,841		296,717	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		2,092,956		2,003,233	
62	OBSERVATION BEDS (NON-DISTINCT PART)		623,830		558,417	
63	OTHER OUTPATIENT SERVICE COST CENTER					
63 50	RURAL HEALTH CLINIC - CASEY					
63 51	RURAL HEALTH CLINIC - SULLIVAN					
63 52	RURAL HEALTH CLINIC - NEOGA					
101	SUBTOTAL		27,091,638		25,959,679	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		27,091,638		25,959,679	

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

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
42	01 CAT SCAN										
43	RADIOISOTOPE										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	01 IMPLANTABLE DEVICES CHARG										
56	DRUGS CHARGED TO PATIENTS										
58	ASC (NON-DISTINCT PART)										
58	01 CARDIAC CATHETERIZATION L										
59	PSYCHIATRIC/PSYCHOLOGICAL										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	OTHER OUTPATIENT SERVICE										
63	50 RURAL HEALTH CLINIC - CAS										
63	51 RURAL HEALTH CLINIC - SUL										
63	52 RURAL HEALTH CLINIC - NEO										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			18,588,857			2,770	
38	OPERATING ROOM			3,978,391				
39	RECOVERY ROOM			3,999,846				
40	DELIVERY ROOM & LABOR ROO			7,779,463				
41	ANESTHESIOLOGY			17,793,689			12,220	
42	RADIOLOGY-DIAGNOSTIC			6,126,175				
42	RADIOLOGY-THERAPEUTIC			29,735,067			41,855	
43	01 CAT SCAN			25,990,086			19,441	
44	RADIOISOTOPE			49,290,859			269,497	
49	LABORATORY			6,624,088			76,128	
50	RESPIRATORY THERAPY			6,542,468			2,292	
51	PHYSICAL THERAPY			1,080,570			1,635	
52	OCCUPATIONAL THERAPY			1,587,056			122	
53	SPEECH PATHOLOGY			4,381,793			5,418	
54	ELECTROCARDIOLOGY			4,468,600			1,339	
55	ELECTROENCEPHALOGRAPHY			13,557,421			589	
55	MEDICAL SUPPLIES CHARGED			13,600,893				
56	01 IMPLANTABLE DEVICES CHARG			41,473,039			387,535	
58	DRUGS CHARGED TO PATIENTS			21,534,732				
58	ASC (NON-DISTINCT PART)			1,207,001				
59	01 CARDIAC CATHETERIZATION L			210,092				
61	PSYCHIATRIC/PSYCHOLOGICAL							
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			30,773,305			151,012	
62	OBSERVATION BEDS (NON-DIS			3,392,128				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC - CAS							
63	51 RURAL HEALTH CLINIC - SUL							
63	52 RURAL HEALTH CLINIC - NEO							
101	OTHER REIMBURS COST CNTRS							
	TOTAL			313,715,619			971,853	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 IMPLANTABLE DEVICES CHARG						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION L						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC - CAS						
63	51 RURAL HEALTH CLINIC - SUL						
63	52 RURAL HEALTH CLINIC - NEO						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS											
37	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
42	RADIOLOGY-THERAPEUTIC											
42	01 CAT SCAN											
43	RADIOISOTOPE											
44	LABORATORY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
55	01 IMPLANTABLE DEVICES CHARG											
56	DRUGS CHARGED TO PATIENTS											
58	ASC (NON-DISTINCT PART)											
58	01 CARDIAC CATHETERIZATION L											
59	PSYCHIATRIC/PSYCHOLOGICAL											
	OUTPAT SERVICE COST CNTRS											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
63	OTHER OUTPATIENT SERVICE											
63	50 RURAL HEALTH CLINIC - CAS											
63	51 RURAL HEALTH CLINIC - SUL											
63	52 RURAL HEALTH CLINIC - NEO											
	OTHER REIMBURS COST CNTRS											
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			18,588,857			8,765	
38	OPERATING ROOM			3,978,391				
39	RECOVERY ROOM			3,999,846				
40	DELIVERY ROOM & LABOR ROO			7,779,463				
41	ANESTHESIOLOGY			17,793,689			19,975	
42	RADIOLOGY-DIAGNOSTIC			6,126,175				
42	RADIOLOGY-THERAPEUTIC			29,735,067			35,498	
43	01 CAT SCAN			25,990,086			13,744	
44	RADIOISOTOPE			49,290,859			151,567	
49	LABORATORY			6,624,088			173,077	
50	RESPIRATORY THERAPY			6,542,468			302,773	
51	PHYSICAL THERAPY			1,080,570			160,885	
52	OCCUPATIONAL THERAPY			1,587,056			4,732	
53	SPEECH PATHOLOGY			4,381,793			3,604	
54	ELECTROCARDIOLOGY			4,468,600				
55	ELECTROENCEPHALOGRAPHY			13,557,421			88,350	
55	MEDICAL SUPPLIES CHARGED			13,600,893				
56	01 IMPLANTABLE DEVICES CHARG			41,473,039			607,171	
58	DRUGS CHARGED TO PATIENTS			21,534,732				
58	ASC (NON-DISTINCT PART)			1,207,001				
59	01 CARDIAC CATHETERIZATION L			210,092				
61	PSYCHIATRIC/PSYCHOLOGICAL							
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			30,773,305				
62	OBSERVATION BEDS (NON-DIS			3,392,128				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC - CAS							
63	51 RURAL HEALTH CLINIC - SUL							
63	52 RURAL HEALTH CLINIC - NEO							
101	OTHER REIMBURS COST CNTRS							
	TOTAL			313,715,619			1,570,141	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG CHARGES	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						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
42	01	CAT SCAN						
43		RADIOISOTOPE						
44		LABORATORY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
55	01	IMPLANTABLE DEVICES CHARG						
56		DRUGS CHARGED TO PATIENTS						
58		ASC (NON-DISTINCT PART)						
58	01	CARDIAC CATHETERIZATION L						
59		PSYCHIATRIC/PSYCHOLOGICAL						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
63		OTHER OUTPATIENT SERVICE						
63	50	RURAL HEALTH CLINIC - CAS						
63	51	RURAL HEALTH CLINIC - SUL						
63	52	RURAL HEALTH CLINIC - NEO						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,623
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	659.79
85	OBSERVATION BED COST	1,730,629

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	13,971,069		1,730,629	
87	NEW CAPITAL-RELATED COST	861,166	.061639	1,730,629	106,674
88	NON PHYSICIAN ANESTHETIST	13,971,069		1,730,629	
89	MEDICAL EDUCATION	13,971,069		1,730,629	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		9,966,693	
27	CORONARY CARE UNIT		1,606,316	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.358253	4,343,778	1,556,171
38	RECOVERY ROOM	.348564	479,454	167,120
39	DELIVERY ROOM & LABOR ROOM	.256950	16,982	4,364
40	ANESTHESIOLOGY	.264943	997,003	264,149
41	RADIOLOGY-DIAGNOSTIC	.256606	1,689,269	433,477
42	RADIOLOGY-THERAPEUTIC	.372985	50,726	18,920
42	01 CAT SCAN	.079351	3,517,038	279,080
43	RADIOISOTOPE	.150456	1,892,311	284,710
44	LABORATORY	.241904	5,849,751	1,415,078
49	RESPIRATORY THERAPY	.213280	3,108,993	663,086
50	PHYSICAL THERAPY	.368051	347,719	127,978
51	OCCUPATIONAL THERAPY	.439831	131,208	57,709
52	SPEECH PATHOLOGY	.076971	68,294	5,257
53	ELECTROCARDIOLOGY	.337990	546,030	184,553
54	ELECTROENCEPHALOGRAPHY	.182707	14,272	2,608
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.393073	2,459,430	966,736
55	01 IMPLANTABLE DEVICES CHARGED TO PATIENTS	.298734	4,475,379	1,336,948
56	DRUGS CHARGED TO PATIENTS	.248604	10,627,772	2,642,107
58	ASC (NON-DISTINCT PART)	.189326		
58	01 CARDIAC CATHETERIZATION LABORATORY	.663472	73,957	49,068
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3.033838		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.227980	2,077,367	473,598
62	OBSERVATION BEDS (NON-DISTINCT PART)	.510190		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC - CASEY			
63	51 RURAL HEALTH CLINIC - SULLIVAN			
63	52 RURAL HEALTH CLINIC - NEOGA			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		42,766,733	10,932,717
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		42,766,733	

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			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		1,040,704	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.358253	2,770	992
38	RECOVERY ROOM	.348564		
39	DELIVERY ROOM & LABOR ROOM	.256950		
40	ANESTHESIOLOGY	.264943		
41	RADIOLOGY-DIAGNOSTIC	.256606	12,220	3,136
42	RADIOLOGY-THERAPEUTIC	.372985		
42	01 CAT SCAN	.079351	41,855	3,321
43	RADIOISOTOPE	.150456	19,441	2,925
44	LABORATORY	.241904	269,497	65,192
49	RESPIRATORY THERAPY	.213280	76,128	16,237
50	PHYSICAL THERAPY	.368051	2,292	844
51	OCCUPATIONAL THERAPY	.439831	1,635	719
52	SPEECH PATHOLOGY	.076971	122	9
53	ELECTROCARDIOLOGY	.337990	5,418	1,831
54	ELECTROENCEPHALOGRAPHY	.182707	1,339	245
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.393073	589	232
55	01 IMPLANTABLE DEVICES CHARGED TO PATIENTS	.298734		
56	DRUGS CHARGED TO PATIENTS	.248604	387,535	96,343
58	ASC (NON-DISTINCT PART)	.189326		
58	01 CARDIAC CATHETERIZATION LABORATORY	.663472		
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3.033838		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.227980	151,012	34,428
62	OBSERVATION BEDS (NON-DISTINCT PART)	.510190		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC - CASEY			
63	51 RURAL HEALTH CLINIC - SULLIVAN			
63	52 RURAL HEALTH CLINIC - NEOGA			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		971,853	226,454
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		971,853	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,121,752	
27	CORONARY CARE UNIT		268,333	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.358253	839,360	300,703
38	RECOVERY ROOM	.348564	167,740	58,468
39	DELIVERY ROOM & LABOR ROOM	.256950	2,070,074	531,906
40	ANESTHESIOLOGY	.250668	301,644	75,612
41	RADIOLOGY-DIAGNOSTIC	.256606	314,851	80,793
42	RADIOLOGY-THERAPEUTIC	.372985	6,420	2,395
42	01 CAT SCAN	.079351	599,247	47,551
43	RADIOISOTOPE	.150456	289,518	43,560
44	LABORATORY	.241308	1,481,754	357,559
49	RESPIRATORY THERAPY	.213280	556,196	118,625
50	PHYSICAL THERAPY	.368051	37,013	13,623
51	OCCUPATIONAL THERAPY	.439831	12,441	5,472
52	SPEECH PATHOLOGY	.076971	33,350	2,567
53	ELECTROCARDIOLOGY	.337990	88,157	29,796
54	ELECTROENCEPHALOGRAPHY	.182707	7,242	1,323
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.393073	1,439,800	565,947
55	01 IMPLANTABLE DEVICES CHARGED TO PATIENTS	.298734		
56	DRUGS CHARGED TO PATIENTS	.248604	2,683,790	667,201
58	ASC (NON-DISTINCT PART)	.189326	21,236	4,021
58	01 CARDIAC CATHETERIZATION LABORATORY	.663472	15,746	10,447
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	3.033838		
61	EMERGENCY	.225142	993,660	223,715
62	OBSERVATION BEDS (NON-DISTINCT PART)	.510190		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC - CASEY	1.851739		
63	51 RURAL HEALTH CLINIC - SULLIVAN	1.613157		
63	52 RURAL HEALTH CLINIC - NEOGA	.817996		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		11,959,239	3,141,284
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		11,959,239	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		16,094,326		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01		672,284		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		672,284		NONE
4 TOTAL INTERIM PAYMENTS		16,766,610		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		59,614		10,339,122
7 TOTAL MEDICARE PROGRAM LIABILITY		16,826,224		10,339,122

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		683,827		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		683,827		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		99,531		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		783,358		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	783,358
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	683,827
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	99,531
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

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

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

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

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

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	13,480,873			
2	TEMPORARY INVESTMENTS	3,239,947			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	37,325,859			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-12,362,000			
7	INVENTORY	2,972,937			
8	PREPAID EXPENSES	2,522,929			
9	OTHER CURRENT ASSETS	3,697,320			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	50,877,865			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	64,632,311			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
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	64,632,311			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	110,308,893			
26	TOTAL OTHER ASSETS	110,308,893			
27	TOTAL ASSETS	225,819,069			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,067,609			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,051,664			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	21,752,103			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	27,871,376			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	41,715,272			
42 TOTAL LONG-TERM LIABILITIES	41,715,272			
43 TOTAL LIABILITIES	69,586,648			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	156,232,421			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	156,232,421			
52 TOTAL LIABILITIES AND FUND BALANCES	225,819,069			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		149,788,082		
2 NET INCOME (LOSS)		-148,449,356		
3 TOTAL		1,338,726		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		1,338,726		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM		7,965,186		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		7,965,186		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-6,626,460		

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

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	658,863	174,520	298,251	24,552	228,902	1,385,088
HHA REIMBURSABLE SERVICES						
6	1,146,742					1,146,742
7	305,484					305,484
8	91,110					91,110
9	22,612					22,612
10	37,744					37,744
11	100,302					100,302
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,362,857	174,520	298,251	24,552	228,902	3,089,082

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		1,385,088		1,385,088
HHA REIMBURSABLE SERVICES				
6		1,146,742		1,146,742
7		305,484		305,484
8		91,110		91,110
9		22,612		22,612
10		37,744		37,744
11		100,302		100,302
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		3,089,082		3,089,082

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5	1,385,088					1,385,088	1,385,088
HHA REIMBURSABLE SERVICES							
6	1,146,742					1,146,742	932,127
7	305,484					305,484	248,312
8	91,110					91,110	74,059
9	22,612					22,612	18,380
10	37,744					37,744	30,680
11	100,302					100,302	81,530
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,089,082					3,089,082	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6	2,078,869						
7	553,796						
8	165,169						
9	40,992						
10	68,424						
11	181,832						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,089,082						
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					-1,385,088	1,703,994
6	SKILLED NURSING CARE					1,146,742	
7	PHYSICAL THERAPY					305,484	
8	OCCUPATIONAL THERAPY					91,110	
9	SPEECH PATHOLOGY					22,612	
10	MEDICAL SOCIAL SERVICES					37,744	
11	HOME HEALTH AIDE					100,302	
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)						
						-1,385,088	1,703,994
25	COST TO BE ALLOCATED					1,385,088	
26	UNIT COST MULTIPLIER					.812848	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL			3,121	417,569	420,690	85,979
2 SKILLED NURSING CARE	2,078,869				2,078,869	424,870
3 PHYSICAL THERAPY	553,796				553,796	113,183
4 OCCUPATIONAL THERAPY	165,169				165,169	33,757
5 SPEECH PATHOLOGY	40,992				40,992	8,378
6 MEDICAL SOCIAL SERVICES	68,424				68,424	13,984
7 HOME HEALTH AIDE	181,832				181,832	37,162
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)	3,089,082		3,121	417,569	3,509,772	717,313
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	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL			23,565			
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)			23,565			
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	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				530,234		530,234
2 SKILLED NURSING CARE				2,503,739		2,503,739
3 PHYSICAL THERAPY				666,979		666,979
4 OCCUPATIONAL THERAPY				198,926		198,926
5 SPEECH PATHOLOGY				49,370		49,370
6 MEDICAL SOCIAL SERVICES				82,408		82,408
7 HOME HEALTH AIDE				218,994		218,994
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)				4,250,650		4,250,650
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	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	356,833	2,860,572
3 PHYSICAL THERAPY	95,058	762,037
4 OCCUPATIONAL THERAPY	28,351	227,277
5 SPEECH PATHOLOGY	7,036	56,406
6 MEDICAL SOCIAL SERVICES	11,745	94,153
7 HOME HEALTH AIDE	31,211	250,205
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)	530,234	4,250,650
21 UNIT COST MULTIPLIER	0.142520	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL		2,660	2,362,857		420,690	
2 SKILLED NURSING CARE					2,078,869	
3 PHYSICAL THERAPY					553,796	
4 OCCUPATIONAL THERAPY					165,169	
5 SPEECH PATHOLOGY					40,992	
6 MEDICAL SOCIAL SERVICES					68,424	
7 HOME HEALTH AIDE					181,832	
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)		2,660	2,362,857		3,509,772	
21 COST TO BE ALLOCATED		3,121	417,569		717,313	
22 UNIT COST MULTIPLIER		1.173308	0.176722		0.204376	

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		68				
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)		68				
21 COST TO BE ALLOCATED		23,565				
22 UNIT COST MULTIPLIER		346.544118				

HHA 1

PHARMACY MEDICAL RECO
 RDS & LIBRAR
 (COSTED R (GROSS
 EQUIS.) CHARGES)
 16 17

HHA COST CENTER

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

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM (FROM PART I))	(FROM PART II)				PART A
1 SKILLED NURSING	2	2,860,572	2	2,860,572	17,248	165.85	6,081	
2 PHYSICAL THERAPY	3	762,037	2	762,037	5,565	136.93	2,499	
3 OCCUPATIONAL THERAPY	4	227,277	2	227,277	1,459	155.78	674	
4 SPEECH PATHOLOGY	5	56,406	2	56,406	263	214.47	111	
5 MEDICAL SOCIAL SERVICES	6	94,153	2	94,153	239	393.95	91	
6 HOME HEALTH AIDE SERVICE	7	250,205	2	250,205	3,798	65.88	1,062	
7 TOTAL		4,250,650	2	4,250,650	28,572		10,518	

PROGRAM VISITS	PART B		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	5,587	1,008,534	1,935,138
2 PHYSICAL THERAPY	1,512	342,188	549,226
3 OCCUPATIONAL THERAPY	319	104,996	154,690
4 SPEECH PATHOLOGY	75	23,806	39,891
5 MEDICAL SOCIAL SERVICES	78	35,849	66,577
6 HOME HEALTH AIDE SERVICES	1,858	69,965	192,370
7 TOTAL	9,429	1,585,338	2,937,892

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	PART A 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							

PROGRAM VISITS	PART B		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	1,008,534	1,935,138
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			

PROVIDER NO:	PERIOD:	PREPARED 10/15/2010
14-0189	FROM 7/ 1/2009	WORKSHEET H-6
HHA NO:	TO 6/30/2010	PARTS I II & III
14-7594		HHA 1

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

-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
-----PART B-----		-----PART B-----		
NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	SUBJECT TO DEDUCT & COINSUR	
7	8	9	11	12

14 TOTAL

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	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						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

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

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
17.02 PER BENE COST LIMITATION (FRM FI)		
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	.368051			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.439831			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.076971			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.393073			COL 2, LN 15
4.01 IMPLANTABLE DEVICES CHARGED TO PATI	55.01	.298734			
5 DRUGS CHARGED TO PATIENTS	56	.248604			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 -----		PROG VISITS ON OR AFTER 1/1/1999
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM COSTS PRIOR 1/1/1998	
	1	2	3	4	5
1 PHYSICAL THERAPY		136.93	2.01	3.01	
2 OCCUPATIONAL THERAPY		155.78			
3 SPEECH PATHOLOGY		214.47			
4 TOTAL (SUM OF LINES 1-3)					

TITLE XVII I HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1, 287, 783		1, 575, 144
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.59			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1, 287, 783		1, 575, 144
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM	.01 .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1, 287, 783		1, 575, 144

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2009	10/15/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
14-1599		

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	215,638			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	910,378			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	1,479			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY	522			
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,128,017			

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/1/2009	10/15/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
14-1599		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	745,970	961,608		961,608
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		910,378		910,378
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		1,479		1,479
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY		522		522
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	745,970	1,873,987		1,873,987

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2009	10/15/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
14-1599		

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		961,608
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		910,378
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		1,479
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		522
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)		1,873,987

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2009	10/15/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-1
14-1599		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		125,478		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			169,463	
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)		125,478	169,463	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/1/2009	10/15/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-1
14-1599		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE				90,160
7 INPATIENT - GENERAL CARE	636,092		104,823	
8 INPATIENT - RESPIRE CARE VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		1,479		
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY		522		
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)	636,092	2,001	104,823	90,160

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	215,638
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	910,378
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	1,479
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	522
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)	1,128,017

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2009	10/15/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1599		PART I

HOSPICE 1

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

GENERAL SERVICE COST CENTERS			
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL	961,608		
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE	910,378		
8 INPATIENT - RESPIRE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE			
10.20 NURSING CARE-CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY	1,479		
12 OCCUPATIONAL THERAPY			
13 SPEECH/LANGUAGE PATHOLOGY	522		
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)	1,873,987		

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			961,608	961,608
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			910,378	959,499
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY			1,479	1,559
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY			522	550
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)			912,379	961,608

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	1,869,877
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	3,038
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	1,072
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,873,987

HOSPICE 1

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

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 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 INPATIENT CARE SERVICE		-961,608	912,379
8 INPATIENT - GENERAL CARE			910,378
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			
12 NURSING CARE			
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			1,479
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			522
17 MEDICAL SOCIAL SERVICES			
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			961,608
45 UNIT COST MULTIPLIER	.000000		1.053957

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				
2.00 INPATIENT - GENERAL CARE	7	1,869,877		536	199,292
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10				
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	3,038			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13	1,072			
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				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
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)		1,873,987		536	199,292
30.00 UNIT COST MULTIPLIER					

SUBTOTAL ADMINISTRATIVE & GENERAL OPERATIONS OF PLANT LAUNDRY & LINEN SERVICE

HOSPICE COST CENTER	5A	6	8	9
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	2,069,705	422,998		
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	3,038	621		
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY	1,072	219		
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)	2,073,815	423,838		
30.00 UNIT COST MULTIPLIER				

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)	RECONCILIATION 6A
	3	4	5	
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE		536	199,292	
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)		536	199,292	
30.00 TOTAL COST TO BE ALLOCATED		536	199,292	
31.00 UNIT COST MULTIPLIER	.000000	1.000000	1.000000	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)
	6	8	9	10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	2,069,705			1,733
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	3,038			
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY	1,072			
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				

HOSPICE 1

PHARMACY MEDICAL RECORDS
& LIBRARY

HOSPICE COST CENTER

(COSTED (GROSS CHARGES)
REQUIS.)
16 17

1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28)		
30.00 TOTAL COST TO BE ALLOCATED		
31.00 UNIT COST MULTIPLIER	.000000	.000000

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)				2,499,386
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)				
6 UNDUPLICATED MEDI CAID DAYS				
7 AGGREGATE MEDI CAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER		
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997		
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	55.92	
	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	.00	
	(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	.00	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS		
PART II - HOLD HARMLESS METHOD			
1	NEW CAPITAL		
2	OLD CAPITAL		
3	TOTAL CAPITAL		
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000	
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE		
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT		
7	REDUCED OLD CAPITAL AMOUNT		
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL		
9	SUBTOTAL		
10	PAYMENT UNDER HOLD HARMLESS		
PART III - PAYMENT UNDER REASONABLE COST			
1	PROGRAM INPATIENT ROUTINE CAPITAL COST		
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST		
3	TOTAL INPATIENT PROGRAM CAPITAL COST		
4	CAPITAL COST PAYMENT FACTOR		
5	TOTAL INPATIENT PROGRAM CAPITAL COST		
PART IV - COMPUTATION OF EXCEPTION PAYMENTS			
1	PROGRAM INPATIENT CAPITAL COSTS		
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY		
	CIRCUMSTANCES		
3	NET PROGRAM INPATIENT CAPITAL COSTS		
4	APPLICABLE EXCEPTION PERCENTAGE	.00	
5	CAPITAL COST FOR COMPARISON TO PAYMENTS		
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00	
	CIRCUMSTANCES		
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL		
	FOR EXTRAORDINARY CIRCUMSTANCES		
8	CAPITAL MINIMUM PAYMENT LEVEL		
9	CURRENT YEAR CAPITAL PAYMENTS		
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT		
	LEVEL TO CAPITAL PAYMENTS		
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT		
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL		
	TO CAPITAL PAYMENTS		
13	CURRENT YEAR EXCEPTION PAYMENT		
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD		
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT		
16	CURRENT YEAR OPERATING AND CAPITAL COSTS		
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT		
	(SEE INSTRUCTIONS)		

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2009	10/15/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET M-2
14-3978		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	209	4,200	
2	PHYSICIAN ASSISTANTS	.70	3,723	1,470
3	NURSE PRACTITIONERS	.70	497	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.40	4,429	2,940
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.40	4,429	
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)	324,504		
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)	324,504		
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)	118,163		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	475,992		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	594,155		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	594,155		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	594,155		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	918,659		

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2009	10/15/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET M-2
14-3998		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.26	882	4,200	1,092
2	PHYSICIAN ASSISTANTS	1.00	2,282	2,100	2,100
3	NURSE PRACTITIONERS			2,100	
4	SUBTOTAL (SUM OF LINES 1-3)	1.26	3,164		3,192
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.26	3,164		
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)	293,641			
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)	293,641			
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)	100,876			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	287,537			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	388,413			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	388,413			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	388,413			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	682,054			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0189	FROM 7/ 1/2009	10/15/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET M-2
14-3435		

RHC 3

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.36	524	4,200	1,512
2	PHYSICIAN ASSISTANTS	1.00	4,430	2,100	2,100
3	NURSE PRACTITIONERS	.41	697	2,100	861
4	SUBTOTAL (SUM OF LINES 1-3)	1.77	5,651		4,473
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.77	5,651		
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)	481,893			
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)	481,893			
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)	98,210			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	283,815			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	382,025			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	382,025			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	382,025			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	863,918			

TITLE XVII RHC 2

* FOR DETERMINATION OF RATE FOR RHC/FQHC SERVICES	UCATION PASS THROUGH COST.
1 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	682,054
2 COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3 TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	682,054
4 TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	3,192
5 PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6 TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	3,192
7 ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	213.68

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8 PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84	77.76
9 RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	76.84	77.76
10 CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		500
11 PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		38,880
12 PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		
13 PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)		
14 LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)		
15 GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)		
16 TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		38,880
16.01 PRIMARY PAYER AMOUNT		60
17 LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		7,218
18 NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		31,602
19 REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		25,282
20 PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		
21 TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		25,282
22 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
22.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
23 OTHER ADJUSTMENTS (SPECIFY)		
24 NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		25,282
25 INTERIM PAYMENTS		24,608
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		674
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2		

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

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

