

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		14-1307		FROM 5/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/ 8/2010 TIME 10:46

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:
 PINCKNEYVILLE COMMUNITY HOSPITAL 14-1307
 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2009 AND ENDING 4/30/2010 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	5	
1	HOSPITAL	0	-107,261	277,272	0	0
3	SWING BED - SNF	0	43,624	0	0	0
9	RHC	0	0	21,501	0	0
100	TOTAL	0	-63,637	298,773	0	0

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

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

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 101 NORTH WALNUT STREET
 1.01 CITY: PINCKNEYVILLE STATE: IL ZIP CODE: 62274 COUNTY: PERRY
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			830	1700	830	1700	830	1700	830	1700	830	1700	900	1200

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

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

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

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.

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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		140,087	140,087	-132,490	7,597
3.01	0301 NEW CAP REL COSTS-NEW BLDG				92,386	92,386
3.02	0302 NEW CAP REL COSTS-PT BLDG				9,452	9,452
3.03	0303 NEW CAP REL COSTS-RHC BLDG				64,420	64,420
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		594,199	594,199	35,962	630,161
5	0500 EMPLOYEE BENEFITS	30,990	2,367,819	2,398,809		2,398,809
6.06	0611 NONPATIENT TELEPHONES		90,617	90,617		90,617
6.08	0630 PURCHASING, RECEIVING AND STORES	34,795	450	35,245		35,245
6.09	0640 ADMIN TTING	98,092	9,431	107,523		107,523
6.10	0650 CASHIERING/ACCOUNTS RECEIVABLE	337,729	85,576	423,305		423,305
6.11	0660 OTHER ADMIN STRATIVE AND GENERAL	506,926	1,023,537	1,530,463	-46,290	1,484,173
7	0700 MAINTENANCE & REPAIRS	188,303	348,179	536,482		536,482
9	0900 LAUNDRY & LINEN SERVICE	59,070	12,501	71,571		71,571
10	1000 HOUSEKEEPING	250,786	30,127	280,913		280,913
11	1100 DIETARY	269,608	116,343	385,951	-283,331	102,620
12	1200 CAFETERIA				283,331	283,331
14	1400 NURSING ADMINISTRATION	406,841	22,737	429,578		429,578
15	1500 CENTRAL SERVICES & SUPPLY	19,457	3,905	23,362		23,362
16	1600 PHARMACY	291,057	2,000,393	2,291,450		2,291,450
17	1700 MEDICAL RECORDS & LIBRARY	330,440	53,112	383,552		383,552
18	1800 SOCIAL SERVICE	52,029	2,229	54,258		54,258
20	2000 NONPHYSICIAN ANESTHETISTS		278,523	278,523		278,523
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	995,688	76,808	1,072,496	210,218	1,282,714
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	168,715	130,181	298,896		298,896
40	4000 ANESTHESIOLOGY		5,754	5,754		5,754
41	4100 RADIOLOGY-DIAGNOSTIC	506,205	368,347	874,552		874,552
41.01	4101 ONCOLOGY	207,560	349,501	557,061		557,061
43	4300 RADIOISOTOPE	29,143	101,264	130,407		130,407
44	4400 LABORATORY	416,327	460,309	876,636	5,652	882,288
49	4900 RESPIRATORY THERAPY	251,633	92,887	344,520		344,520
49.01	4901 CARDIAC REHAB	8,053		8,053		8,053
50	5000 PHYSICAL THERAPY	555,023	27,475	582,498		582,498
53	5300 ELECTROCARDIOLOGY	6,194	3,167	9,361		9,361
54	5400 ELECTROENCEPHALOGRAPHY	475	2,538	3,013		3,013
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	11,286	3,059	14,345		14,345
61	6100 EMERGENCY	403,738	930,928	1,334,666	228	1,334,894
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RURAL HEALTH CLINIC	1,428,177	114,899	1,543,076	-216,427	1,326,649
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		45,943	45,943	-28,550	17,393
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	7,864,340	9,892,825	17,757,165	-5,439	17,751,726
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	8,191		8,191	329	8,520
98.01	9801 FITNESS CENTER	57,045	2,251	59,296		59,296
98.02	9802 RETAIL PHARMACY	13,345	-654	12,691		12,691
98.03	9803 LEASED SPACE					
98.04	9804 VACANT SPACE					
98.05	9805 MEALS ON WHEELS					
98.06	9806 15 N MAIN BUILDING				5,110	5,110
101	TOTAL	7,942,921	9,894,422	17,837,343	-0-	17,837,343

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-1307

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 9/8/2010
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	-1,940	5,657
3.01	0301 NEW CAP REL COSTS-NEW BLDG	-26,610	65,776
3.02	0302 NEW CAP REL COSTS-PT BLDG		9,452
3.03	0303 NEW CAP REL COSTS-RHC BLDG		64,420
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		630,161
5	0500 EMPLOYEE BENEFITS	-436,240	1,962,569
6.06	0611 NONPATIENT TELEPHONES		90,617
6.08	0630 PURCHASING, RECEIVING AND STORES		35,245
6.09	0640 ADMINISTRATION	-1,389	106,134
6.10	0650 CASHIERING/ACCOUNTS RECEIVABLE		423,305
6.11	0660 OTHER ADMINISTRATIVE AND GENERAL	-107,433	1,376,740
7	0700 MAINTENANCE & REPAIRS	-28,671	507,811
9	0900 LAUNDRY & LINEN SERVICE		71,571
10	1000 HOUSEKEEPING		280,913
11	1100 DIETARY	-47,816	54,804
12	1200 CAFETERIA		283,331
14	1400 NURSING ADMINISTRATION		429,578
15	1500 CENTRAL SERVICES & SUPPLY	-22	23,340
16	1600 PHARMACY	-26,992	2,264,458
17	1700 MEDICAL RECORDS & LIBRARY	-571	382,981
18	1800 SOCIAL SERVICE	-1,856	52,402
20	2000 NONPHYSICIAN ANESTHETISTS		278,523
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-210,219	1,072,495
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-27	298,869
40	4000 ANESTHESIOLOGY		5,754
41	4100 RADIOLOGY-DIAGNOSTIC	-6,425	868,127
41.01	4101 ONCOLOGY	-328,130	228,931
43	4300 RADIOISOTOPE		130,407
44	4400 LABORATORY	-982	881,306
49	4900 RESPIRATORY THERAPY	-1,017	343,503
49.01	4901 CARDIAC REHAB		8,053
50	5000 PHYSICAL THERAPY	-70,360	512,138
53	5300 ELECTROCARDIOLOGY	-2,575	6,786
54	5400 ELECTROENCEPHALOGRAPHY		3,013
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		14,345
61	6100 EMERGENCY	-451,698	883,196
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RURAL HEALTH CLINIC	-2,433	1,324,216
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-17,393	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,770,799	15,980,927
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		8,520
98.01	9801 FITNESS CENTER		59,296
98.02	9802 RETAIL PHARMACY		12,691
98.03	9803 LEASED SPACE		
98.04	9804 VACANT SPACE		
98.05	9805 MEALS ON WHEELS		
98.06	9806 15 N MAIN BUILDING		5,110
101	TOTAL	-1,770,799	16,066,544

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NEW BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-PT BLDG	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-RHC BLDG	0303	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.06	NONPATIENT TELEPHONES	0611	NONPATIENT TELEPHONES
6.08	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.09	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.10	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.11	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ONCOLOGY	4101	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	CARDIAC REHAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FITNESS CENTER	9801	PHYSICIANS' PRIVATE OFFICES
98.02	RETAIL PHARMACY	9802	PHYSICIANS' PRIVATE OFFICES
98.03	LEASED SPACE	9803	PHYSICIANS' PRIVATE OFFICES
98.04	VACANT SPACE	9804	PHYSICIANS' PRIVATE OFFICES
98.05	MEALS ON WHEELS	9805	PHYSICIANS' PRIVATE OFFICES
98.06	15 N MAIN BUILDING	9806	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141307

PERIOD:
FROM 5/ 1/2009
TO 4/30/2010

PREPARED 9/ 8/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,940
2		NEW CAP REL COSTS-NEW BLDG	3.01		26,610
3 CAFETERIA	B	CAFETERIA	12	197,922	85,409
4 PHYSICIAN SALARY & BENEFITS	C	ADULTS & PEDIATRICS	25	172,717	37,501
5		EMERGENCY	61	187	41
6 DEPRECIATION	D	NEW CAP REL COSTS-NEW BLDG	3.01		62,122
7		NEW CAP REL COSTS-PT BLDG	3.02		8,927
8		NEW CAP REL COSTS-RHC BLDG	3.03		60,842
9		15 N MAIN BUILDING	98.06		2,853
10 RHC LAB EXPENSE	E	LABORATORY	44	1,360	4,292
11 PROPERTY INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		314
12		NEW CAP REL COSTS-NEW BLDG	3.01		3,654
13		NEW CAP REL COSTS-PT BLDG	3.02		525
14		NEW CAP REL COSTS-RHC BLDG	3.03		3,578
15		NEW CAP REL COSTS-MVBLE EQUIP	4		35,962
16 SURGEON CLINIC	G	PHYSICIANS' PRIVATE OFFICES	98	329	
17 15 N MAIN BUILDING	H	15 N MAIN BUILDING	98.06		2,257
36 TOTAL RECLASSIFICATIONS				372,515	336,827

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

PROVIDER NO:
141307

PERIOD:
FROM 5/ 1/2009
TO 4/30/2010

PREPARED 9/ 8/2010
WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10
		LINE NO	SALARY	OTHER	
1 INTEREST EXPENSE	A INTEREST EXPENSE	88		28,550	11
2					11
3 CAFETERIA	B DIETARY	11	197,922	85,409	
4 PHYSICIAN SALARY & BENEFITS	C RURAL HEALTH CLINIC	63.50	172,904	37,542	
5					
6 DEPRECIATION	D NEW CAP REL COSTS-BLDG & FIXT	3		134,744	9
7					9
8					9
9					
10 RHC LAB EXPENSE	E RURAL HEALTH CLINIC	63.50	1,360	4,292	
11 PROPERTY INSURANCE	F OTHER ADMINISTRATIVE AND GENERAL	6.11		44,033	12
12					12
13					12
14					12
15					12
16 SURGEON CLINIC	G RURAL HEALTH CLINIC	63.50	329		
17 15 N MAIN BUILDING	H OTHER ADMINISTRATIVE AND GENERAL	6.11		2,257	
36 TOTAL RECLASSIFICATIONS			372,515	336,827	

(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:
141307

PERIOD:
FROM 5/ 1/2009
TO 4/30/2010

PREPARED 9/ 8/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,940	INTEREST EXPENSE	88	28,550	
2.00	NEW CAP REL COSTS-NEW BLDG	3.01	26,610			0	
TOTAL RECLASSIFICATIONS FOR CODE A			28,550			28,550	

RECLASS CODE: B
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	283,331	DIETARY	11	283,331	
TOTAL RECLASSIFICATIONS FOR CODE B			283,331			283,331	

RECLASS CODE: C
EXPLANATION : PHYSICIAN SALARY & BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	210,218	RURAL HEALTH CLINIC	63.50	210,446	
2.00	EMERGENCY	61	228			0	
TOTAL RECLASSIFICATIONS FOR CODE C			210,446			210,446	

RECLASS CODE: D
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-NEW BLDG	3.01	62,122	NEW CAP REL COSTS-BLDG & FIXT	3	134,744	
2.00	NEW CAP REL COSTS-PT BLDG	3.02	8,927			0	
3.00	NEW CAP REL COSTS-RHC BLDG	3.03	60,842			0	
4.00	15 N MAIN BUILDING	98.06	2,853			0	
TOTAL RECLASSIFICATIONS FOR CODE D			134,744			134,744	

RECLASS CODE: E
EXPLANATION : RHC LAB EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	5,652	RURAL HEALTH CLINIC	63.50	5,652	
TOTAL RECLASSIFICATIONS FOR CODE E			5,652			5,652	

RECLASS CODE: F
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	314	OTHER ADMINISTRATIVE AND GENER	6.11	44,033	
2.00	NEW CAP REL COSTS-NEW BLDG	3.01	3,654			0	
3.00	NEW CAP REL COSTS-PT BLDG	3.02	525			0	
4.00	NEW CAP REL COSTS-RHC BLDG	3.03	3,578			0	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	35,962			0	
TOTAL RECLASSIFICATIONS FOR CODE F			44,033			44,033	

RECLASS CODE: G
EXPLANATION : SURGEON CLINIC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	329	RURAL HEALTH CLINIC	63.50	329	
TOTAL RECLASSIFICATIONS FOR CODE G			329			329	

RECLASS CODE: H
EXPLANATION : 15 N MAIN BUILDING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	15 N MAIN BUILDING	98.06	2,257	OTHER ADMINISTRATIVE AND GENER	6.11	2,257	
TOTAL RECLASSIFICATIONS FOR CODE H			2,257			2,257	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
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		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	581,385	9,000			9,000		590,385	
2	LAND IMPROVEMENTS	246,028						246,028	
3	BUILDINGS & FIXTURE	5,640,728	14,887			14,887		5,655,615	
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	5,706,378	277,524			277,524	182,906	5,800,996	
7	SUBTOTAL	12,174,519	301,411			301,411	182,906	12,293,024	
8	RECONCILING ITEMS								
9	TOTAL	12,174,519	301,411			301,411	182,906	12,293,024	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	BASIS/CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-1,940	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-26,610	NEW CAP REL COSTS-NEW BLD	3.01	11
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-26,992	PHARMACY	16	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	B	-2,625	OTHER ADMINI STRATIVE AND	6.11	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-993,568			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATI ON TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-46,945	DIETARY	11	
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	-569	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDI NG MACHI NES	B	-491	OTHER ADMINI STRATIVE AND	6.11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDI CARE 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 UTILI ZATI ON REVI EW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATI ON-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATI ON-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATI ON-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATI ON-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSI STANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 INTEREST EXPENSE	A	-17,393	INTEREST EXPENSE	88	
38 MISCELLANEOUS INCOME	B	2,098	OTHER ADMINI STRATIVE AND	6.11	
39					
40 RHC RENT	B	-2,220	RURAL HEALTH CLINIC	63.50	
41 IMAGI NG REBATE	B	-375	RADIOLOGY-DIAGNOSTIC	41	
42 CENTRAL SUPPLY REBATE	B	-22	CENTRAL SERVICES & SUPPLY	15	
43 DIETARY REBATE	B	-866	DIETARY	11	
44 MOBILE PET SCAN PAD RENTAL	B	-6,050	RADIOLOGY-DIAGNOSTIC	41	
45 PATIENT TELEPHONE SALARY EXPENSE	A	-1,389	ADMINI TTI NG	6.09	
46 PATIENT TELEPHONE BENEFITS EXPENSE	A	-419	EMPLOYEE BENEFITS	5	
47 ALCOHOLIC BEVERAGES	A	-32	OTHER ADMINI STRATIVE AND	6.11	
48 NON-ALLOW LOBBY DUES	A	-8,713	OTHER ADMINI STRATIVE AND	6.11	
49 NON-ALLOW LOBBY DUES	A	-5	DIETARY	11	
49.01 NON-ALLOW LOBBY DUES	A	-2	MEDICAL RECORDS & LIBRARY	17	
49.02 NON-ALLOW LOBBY DUES	A	-27	OPERATING ROOM	37	
49.03 NON-ALLOW LOBBY DUES	A	-17	RESPIRATORY THERAPY	49	
49.04 NON-ALLOW LOBBY DUES	A	-54	EMERGENCY	61	
49.05 NON-ALLOW LOBBY DUES	A	-213	RURAL HEALTH CLINIC	63.50	
49.06 GIFTS & DONATIONS	A	-27,183	OTHER ADMINI STRATIVE AND	6.11	
49.07 PROMOTIONAL ITEMS	A	-4,562	OTHER ADMINI STRATIVE AND	6.11	
49.08 OTHER ENTERTAINMENT	A	-6,617	OTHER ADMINI STRATIVE AND	6.11	
49.09 NON-ALLOW ADVERTISING	A	-41,189	OTHER ADMINI STRATIVE AND	6.11	
49.10 NON-ALLOW ADVERTISING SALARIES	A	-5,292	OTHER ADMINI STRATIVE AND	6.11	
49.11 NON-ALLOW PROPERTY TAXES	A	-77	OTHER ADMINI STRATIVE AND	6.11	
49.12 COMMUNITY EDUCATION SALARY	A	-10,309	OTHER ADMINI STRATIVE AND	6.11	
49.13 COMMUNITY EDUCATION OTHER EXP	A	-2,241	OTHER ADMINI STRATIVE AND	6.11	
49.14 CHAMBER OF COMMERCE DUES	A	-200	OTHER ADMINI STRATIVE AND	6.11	
49.15 OUTSIDE PT SERVICE SALARIES	A	-56,256	PHYSICAL THERAPY	50	
49.16 OUTSIDE PT SERVICE OTHER EXP	A	-14,104	PHYSICAL THERAPY	50	
49.17 OUTSIDE SOCIAL SERVICE SALARIES	A	-1,856	SOCIAL SERVICE	18	
49.18 HEALTH FAIR LAB SALARIES	A	-35	LABORATORY	44	
49.19 HEALTH FAIR LAB EXP	A	-947	LABORATORY	44	
49.20 SELF-INSURANCE (HEALTH)	A	-435,821	EMPLOYEE BENEFITS	5	
49.21 VACANT SPACE UTILITY EXPENSES	A	-28,671	MAINTENANCE & REPAIRS	7	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,770,799			

(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:
14-1307

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 9/8/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 41	1 ONCOLOGY FEES	328,130	328,130					
2 44	LABORATORY FEES	18,948		18,948				
3 49	RESPIRATORY THERAPY FEES	1,000	1,000					
4 53	EKG FEES	2,575	2,575					
5 61	EMERGENCY ROOM FEES	860,848	451,417	409,431				
6 61	ER SALARIES	227	227					
7 25	A&P SALARIES - FOZARD	78,231	78,231					
8 25	A&P SALARIES - REYES	110,737	110,737					
9 25	A&P SALARIES - BILAL	16,781	16,781					
10 25	A&P SALARIES - GHANI	4,470	4,470					
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,421,947	993,568	428,379				

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
3.01	NEW CAP REL COSTS-NEW BLDG	4	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-PT BLDG	5	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-RHC BLDG	6	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	7	DEPRECIATI	ION VALUE	ENTERED
5	EMPLOYEE BENEFITS	8	GROSS	SALARIES	ENTERED
6.06	NONPATIENT TELEPHONES	10	# OF	PHONES	ENTERED
6.08	PURCHASING, RECEIVING AND STORES	11	COST OF	SUPPLIES	ENTERED
6.09	ADMINISTRATIVE	12	GROSS I/P	CHARGES	ENTERED
6.10	CASHIERING/ACCOUNTS RECEIVABLE	13	GROSS	CHARGES	ENTERED
6.11	OTHER ADMINISTRATIVE AND GENERAL	-14	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	15	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	17	HOURS OF	SERVICE	ENTERED
10	HOUSEKEEPING	18	HOURS OF	SERVICE	ENTERED
11	DIETARY	19	MEALS	SERVED	ENTERED
12	CAFETERIA	20	FTE'S		ENTERED
14	NURSING ADMINISTRATION	22	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	23	COSTED	REQUI S.	ENTERED
16	PHARMACY	24	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	25	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	26	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	28	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-NEW BLD 3.01	NEW CAP REL C OSTS-PT BLDG 3.02	NEW CAP REL C OSTS-RHC BLD 3.03	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENEFITS 5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	5,657	5,657					
003 02 NEW CAP REL COSTS-NEW BLD	65,776		65,776				
003 02 NEW CAP REL COSTS-PT BLDG	9,452			9,452			
003 03 NEW CAP REL COSTS-RHC BLD	64,420				64,420		
004 NEW CAP REL COSTS-MVBLE E	630,161					630,161	
005 EMPLOYEE BENEFITS	1,962,569						1,962,569
006 06 NONPATIENT TELEPHONES	90,617						
006 08 PURCHASING, RECEIVING AND	35,245	116					8,714
006 09 ADMINISTRATION	106,134	59				978	24,224
006 10 CASHIERING/ACCOUNTS RECEI	423,305	140					84,577
006 11 OTHER ADMINISTRATIVE AND	1,376,740	1,336	21,413		32,210	224,633	123,042
007 MAINTENANCE & REPAIRS	507,811	658	5,931			900	47,157
009 LAUNDRY & LINEN SERVICE	71,571		1,347			2,134	14,793
010 HOUSEKEEPING	280,913	97	305			1,532	62,804
011 DIETARY	54,804		6,224			762	17,952
012 CAFETERIA	283,331		5,096			2,104	49,565
014 NURSING ADMINISTRATION	429,578	158	4,066				101,885
015 CENTRAL SERVICES & SUPPLY	23,340	128					4,873
016 PHARMACY	2,264,458		2,060			51,932	72,889
017 MEDICAL RECORDS & LIBRARY	382,981	132				11,488	82,752
018 SOCIAL SERVICE	52,402	34					12,565
020 NONPHYSICIAN ANESTHETISTS	278,523						
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	1,072,495		10,667			45,359	292,602
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	298,869	209				52,933	42,251
040 ANESTHESIOLOGY	5,754					8,187	
041 RADIOLOGY-DIAGNOSTIC	868,127	495				150,994	126,768
041 01 ONCOLOGY	228,931		2,853			1,879	51,979
043 RADIOISOTOPE	130,407	72					7,298
044 LABORATORY	881,306	254				39,305	104,592
049 RESPIRATORY THERAPY	343,503		1,393			5,634	63,016
049 01 CARDIAC REHAB	8,053		1,551			502	2,017
050 PHYSICAL THERAPY	512,138		997	9,452		9,360	124,906
053 ELECTROCARDIOLOGY	6,786					2,249	1,551
054 ELECTROENCEPHALOGRAPHY	3,013						119
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	14,345						2,826
061 EMERGENCY	883,196	194				2,818	101,155
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	1,324,216				32,210	13,808	313,935
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	15,980,927	4,082	63,903	9,452	64,420	629,491	1,942,807
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		29					
098 PHYSICIANS' PRIVATE OFFIC	8,520		1,873				2,134
098 01 FITNESS CENTER	59,296					670	14,286
098 02 RETAIL PHARMACY	12,691						3,342
098 03 LEASED SPACE		369					
098 04 VACANT SPACE		1,177					
098 05 MEALS ON WHEELS							
098 06 15 N MAIN BUILDING	5,110						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	16,066,544	5,657	65,776	9,452	64,420	630,161	1,962,569

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.06	6.08	6.09	6.10	6a.10	6.11	7
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-NEW BLD							
003 03 NEW CAP REL COSTS-PT BLDG							
004 03 NEW CAP REL COSTS-RHC BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 06 NONPATIENT TELEPHONES	90,617						
006 08 PURCHASING, RECEIVING AND	1,285	45,360					
006 09 ADMITTING	1,928	519	133,842				
006 10 CASHIERING/ACCOUNTS RECEI	5,784	256		514,062			
006 11 OTHER ADMINISTRATIVE AND	14,139	2,495			1,796,008	1,796,008	
007 MAINTENANCE & REPAIRS	1,928	818			565,203	71,133	636,336
009 LAUNDRY & LINEN SERVICE		222			90,067	11,335	7,372
010 HOUSEKEEPING	1,928	1,643			349,222	43,951	10,302
011 DIETARY	2,571	739			83,052	10,452	34,059
012 CAFETERIA	643				340,739	42,883	27,883
014 NURSING ADMINISTRATION	2,571	398			538,656	67,792	36,346
015 CENTRAL SERVICES & SUPPLY		204			28,545	3,593	11,392
016 PHARMACY	1,928	735			2,394,002	301,301	11,274
017 MEDICAL RECORDS & LIBRARY	4,499	358			482,210	60,688	11,774
018 SOCIAL SERVICE	1,285	19			66,305	8,345	3,049
020 NONPHYSICIAN ANESTHETISTS					278,523	35,053	
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	3,856	3,396	46,606	26,050	1,501,031	188,911	58,368
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,928	3,607	5,264	21,141	426,202	53,639	18,620
040 ANESTHESIOLOGY		261	2,517	9,375	26,094	3,284	
041 RADIOLOGY-DIAGNOSTIC	7,069	2,801	12,221	98,106	1,266,581	159,404	44,164
041 01 ONCOLOGY	1,285	1,027	11	6,011	293,976	36,998	15,610
043 RADIOISOTOPE		3,468	542	10,409	152,196	19,154	6,439
044 LABORATORY	3,856	14,670	18,920	92,995	1,155,898	145,474	22,680
049 RESPIRATORY THERAPY	5,141	754	6,553	13,906	439,900	55,363	7,621
049 01 CARDIAC REHAB				428	12,551	1,580	8,489
050 PHYSICAL THERAPY	6,427	301	14,581	32,566	710,728	89,448	108,314
053 ELECTROCARDIOLOGY		33	833	3,944	15,396	1,938	
054 ELECTROENCEPHALOGRAPHY		72	8	68	3,280	413	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS			24,839	146,481	171,320	21,561	
OUTPAT SERVICE COST CNTRS							
060 CLINIC		168		425	17,764	2,236	
061 EMERGENCY	6,427	2,901	947	25,105	1,022,743	128,716	17,345
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	13,496	3,454		26,839	1,727,958	217,470	129,442
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	89,974	45,319	133,842	513,849	15,956,150	1,782,115	590,543
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					29	4	2,628
098 PHYSICIANS' PRIVATE OFFIC				203	12,730	1,602	10,249
098 01 FITNESS CENTER	643	41			74,936	9,431	
098 02 RETAIL PHARMACY				10	16,043	2,019	
098 03 LEASED SPACE					369	46	32,916
098 04 VACANT SPACE					1,177	148	
098 05 MEALS ON WHEELS							
098 06 15 N MAIN BUILDING					5,110	643	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	90,617	45,360	133,842	514,062	16,066,544	1,796,008	636,336

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	11	12	14	15	16
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CAP REL COSTS-NEW BLD								
003 03 NEW CAP REL COSTS-PT BLDG								
004 03 NEW CAP REL COSTS-RHC BLD								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 06 NONPATIENT TELEPHONES								
006 08 PURCHASING, RECEIVING AND								
006 09 ADMINISTRATION								
006 10 CASHIERING/ACCOUNTS RECEI								
006 11 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS								
009 LAUNDRY & LINEN SERVICE	108,774							
010 HOUSEKEEPING	14,745	418,220						
011 DIETARY	4,500	8,169	140,232					
012 CAFETERIA		22,610	110,553		544,668			
014 NURSING ADMINISTRATION		16,192			33,708	692,694		
015 CENTRAL SERVICES & SUPPLY		7,877			3,951	8,145	63,503	
016 PHARMACY		9,044			19,292	39,553	1,221	2,775,687
017 MEDICAL RECORDS & LIBRARY		4,960			48,082	98,638	597	
018 SOCIAL SERVICE					5,254	10,769	37	
020 NONPHYSICIAN ANESTHETISTS								
025 INPAT ROUTINE SRVC CNTRS								
ADULTS & PEDIATRICS	61,546	106,780	27,002		105,622	216,734	5,666	
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	2,826	24,507	1,208		15,299	31,413	6,015	
040 ANESTHESIOLOGY							432	
041 RADIOLOGY-DIAGNOSTIC	6,712	14,733			43,543	89,391	4,674	
041 01 ONCOLOGY		18,234	1,469		14,584	29,936	1,717	
043 RADIOISOTOPE					2,312	4,711	5,786	
044 LABORATORY	184	11,378			43,333	88,951	24,465	
049 RESPIRATORY THERAPY	230	15,463			20,048	5,880	1,258	
049 01 CARDIAC REHAB		2,334			588	1,215		
050 PHYSICAL THERAPY	4,408	42,449			46,864		505	
053 ELECTROCARDIOLOGY					841	1,700	55	
054 ELECTROENCEPHALOGRAPHY					42	79	119	
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								2,775,687
OUTPAT SERVICE COST CNTRS								
060 CLINIC					630	1,310	285	
061 EMERGENCY	8,478	29,758			31,312	64,269	4,840	
062 OBSERVATION BEDS (NON-DIS								
063 50 RURAL HEALTH CLINIC		83,732			100,242		5,758	
SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	103,629	418,220	140,232		535,547	692,694	63,430	2,775,687
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 FITNESS CENTER	5,145				7,776		73	
098 02 RETAIL PHARMACY					1,345			
098 03 LEASED SPACE								
098 04 VACANT SPACE								
098 05 MEALS ON WHEELS								
098 06 15 N MAIN BUILDING								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	108,774	418,220	140,232		544,668	692,694	63,503	2,775,687

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	20	25		27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS-BLDG &						
003 02 NEW CAP REL COSTS-NEW BLD						
003 03 NEW CAP REL COSTS-PT BLDG						
004 03 NEW CAP REL COSTS-RHC BLD						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 06 NONPATIENT TELEPHONES						
006 08 PURCHASING, RECEIVING AND						
006 09 ADMINISTRATION						
006 10 CASHIERING/ACCOUNTS RECEI						
006 11 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	706,949					
018 SOCIAL SERVICE		93,759				
020 NONPHYSICIAN ANESTHETISTS			313,576			
025 INPAT ROUTINE SRVC CNTRS						
ADULTS & PEDIATRICS	103,863	79,597		2,455,120		2,455,120
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	69,582			649,311		649,311
040 ANESTHESIOLOGY			313,576	343,386		343,386
041 RADIOLOGY-DIAGNOSTIC	137,803			1,767,005		1,767,005
041 01 ONCOLOGY		11,755		424,279		424,279
043 RADIOISOTOPE				190,598		190,598
044 LABORATORY				1,492,363		1,492,363
049 RESPIRATORY THERAPY	163,683			709,446		709,446
049 01 CARDIAC REHAB				26,757		26,757
050 PHYSICAL THERAPY				1,002,716		1,002,716
053 ELECTROCARDIOLOGY				19,930		19,930
054 ELECTROENCEPHALOGRAPHY				3,933		3,933
055 MEDICAL SUPPLIES CHARGED						
056 DRUGS CHARGED TO PATIENTS				2,968,568		2,968,568
OUTPAT SERVICE COST CNTRS						
060 CLINIC				22,225		22,225
061 EMERGENCY	232,018			1,539,479		1,539,479
062 OBSERVATION BEDS (NON-DIS						
063 50 RURAL HEALTH CLINIC		93		2,264,695		2,264,695
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	706,949	91,445	313,576	15,879,811		15,879,811
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				2,661		2,661
098 PHYSICIANS' PRIVATE OFFIC				24,581		24,581
098 01 FITNESS CENTER				97,361		97,361
098 02 RETAIL PHARMACY				19,407		19,407
098 03 LEASED SPACE		2,314		35,645		35,645
098 04 VACANT SPACE				1,325		1,325
098 05 MEALS ON WHEELS						
098 06 15 N MAIN BUILDING				5,753		5,753
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	706,949	93,759	313,576	16,066,544		16,066,544

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP REL C	SUBTOTAL				
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-NEW BLD	OSTS-PT BLDG	OSTS-RHC BLD	OSTS-MVBLE E	
	0	3	3.01	3.02	3.03	4	4a
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-PT BLDG							
003 03 NEW CAP REL COSTS-RHC BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 06 NONPATIENT TELEPHONES							
006 08 PURCHASING, RECEIVING AND		116					116
006 09 ADMINISTRATION		59				978	1,037
006 10 CASHIERING/ACCOUNTS RECEI		140					140
006 11 OTHER ADMINISTRATIVE AND		1,336	21,413		32,210	224,633	279,592
007 MAINTENANCE & REPAIRS		658	5,931			900	7,489
009 LAUNDRY & LINEN SERVICE			1,347			2,134	3,481
010 HOUSEKEEPING		97	305			1,532	1,934
011 DIETARY			6,224			762	6,986
012 CAFETERIA			5,096			2,104	7,200
014 NURSING ADMINISTRATION		158	4,066				4,224
015 CENTRAL SERVICES & SUPPLY		128					128
016 PHARMACY			2,060			51,932	53,992
017 MEDICAL RECORDS & LIBRARY		132				11,488	11,620
018 SOCIAL SERVICE		34					34
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS			10,667			45,359	56,026
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		209				52,933	53,142
040 ANESTHESIOLOGY						8,187	8,187
041 RADIOLOGY-DIAGNOSTIC		495				150,994	151,489
041 01 ONCOLOGY			2,853			1,879	4,732
043 RADIOISOTOPE		72					72
044 LABORATORY		254				39,305	39,559
049 RESPIRATORY THERAPY			1,393			5,634	7,027
049 01 CARDIAC REHAB			1,551			502	2,053
050 PHYSICAL THERAPY			997	9,452		9,360	19,809
053 ELECTROCARDIOLOGY						2,249	2,249
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY		194				2,818	3,012
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC					32,210	13,808	46,018
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		4,082	63,903	9,452	64,420	629,491	771,348
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		29					29
098 PHYSICIANS' PRIVATE OFFIC			1,873				1,873
098 01 FITNESS CENTER						670	670
098 02 RETAIL PHARMACY							
098 03 LEASED SPACE		369					369
098 04 VACANT SPACE		1,177					1,177
098 05 MEALS ON WHEELS							
098 06 15 N MAIN BUILDING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		5,657	65,776	9,452	64,420	630,161	775,466

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVED	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
		5	6.06	6.08	6.09	6.10	6.11	7
	GENERAL SERVICE COST CNTR							
	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BLD							
003	02 NEW CAP REL COSTS-PT BLDG							
003	03 NEW CAP REL COSTS-RHC BLD							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	06 NONPATIENT TELEPHONES							
006	08 PURCHASING, RECEIVING AND			116				
006	09 ADMINISTRATION			1	1,038			
006	10 CASHIERING/ACCOUNTS RECEIVED			1		141		
006	11 OTHER ADMINISTRATIVE AND			6			279,598	
007	MAINTENANCE & REPAIRS			2			11,074	18,565
009	LAUNDRY & LINEN SERVICE			1			1,765	215
010	HOUSEKEEPING			4			6,842	301
011	DIETARY			2			1,627	994
012	CAFETERIA						6,676	813
014	NURSING ADMINISTRATION			1			10,554	1,060
015	CENTRAL SERVICES & SUPPLY			1			559	332
016	PHARMACY			2			46,901	329
017	MEDICAL RECORDS & LIBRARY			1			9,448	343
018	SOCIAL SERVICE						1,299	89
020	NONPHYSICIAN ANESTHETISTS						5,457	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS			9	361	7	29,410	1,703
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM			9	41	6	8,351	543
040	ANESTHESIOLOGY			1	20	3	511	
041	RADIOLOGY-DIAGNOSTIC			7	95	26	24,816	1,288
041	01 ONCOLOGY			3		2	5,760	455
043	RADIOISOTOPE			9	4	3	2,982	188
044	LABORATORY			37	147	25	22,648	662
049	RESPIRATORY THERAPY			2	51	4	8,619	222
049	01 CARDIAC REHAB						246	248
050	PHYSICAL THERAPY			1	113	9	13,925	3,160
053	ELECTROCARDIOLOGY				6	1	302	
054	ELECTROENCEPHALOGRAPHY						64	
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS				193	41	3,357	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC						348	
061	EMERGENCY			7	7	7	20,039	506
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC			9		7	33,856	3,778
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS			116	1,038	141	277,436	17,229
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						1	77
098	PHYSICIANS' PRIVATE OFFICE						249	299
098	01 FITNESS CENTER						1,468	
098	02 RETAIL PHARMACY						314	
098	03 LEASED SPACE						7	960
098	04 VACANT SPACE						23	
098	05 MEALS ON WHEELS							
098	06 15 N MAIN BUILDING						100	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL			116	1,038	141	279,598	18,565

ALLOCATION OF NEW CAPITAL RELATED COSTS

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							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-PT BLDG							
003 03 NEW CAP REL COSTS-RHC BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 06 NONPATIENT TELEPHONES							
006 08 PURCHASING, RECEIVING AND							
006 09 ADMINISTRATION							
006 10 CASHIERING/ACCOUNTS RECEI							
006 11 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE	5,462						
010 HOUSEKEEPING	740	9,821					
011 DIETARY	226	192	10,027				
012 CAFETERIA		531	7,905	23,125			
014 NURSING ADMINISTRATION		380		1,431	17,650		
015 CENTRAL SERVICES & SUPPLY		185		168	208	1,581	
016 PHARMACY		212		819	1,008	30	103,293
017 MEDICAL RECORDS & LIBRARY		116		2,041	2,513	15	
018 SOCIAL SERVICE				223	274	1	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	3,091	2,509	1,931	4,484	5,523	141	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	142	575	86	650	800	150	
040 ANESTHESIOLOGY						11	
041 RADIOLOGY-DIAGNOSTIC	337	346		1,849	2,278	116	
041 01 ONCOLOGY		428	105	619	763	43	
043 RADIOISOTOPE				98	120	144	
044 LABORATORY	9	267		1,840	2,266	610	
049 RESPIRATORY THERAPY	12	363		851	150	31	
049 01 CARDIAC REHAB		55		25	31		
050 PHYSICAL THERAPY	221	997		1,990		13	
053 ELECTROCARDIOLOGY				36	43	1	
054 ELECTROENCEPHALOGRAPHY				2	2	3	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							103,293
OUTPAT SERVICE COST CNTRS							
060 CLINIC				27	33	7	
061 EMERGENCY	426	699		1,329	1,638	120	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC		1,966		4,256		143	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,204	9,821	10,027	22,738	17,650	1,579	103,293
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FITNESS CENTER	258			330		2	
098 02 RETAIL PHARMACY				57			
098 03 LEASED SPACE							
098 04 VACANT SPACE							
098 05 MEALS ON WHEELS							
098 06 15 N MAIN BUILDING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,462	9,821	10,027	23,125	17,650	1,581	103,293

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1307

FROM 5/ 1/2009

WORKSHEET B

TO 4/30/2010

PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	20	25	26	27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS-BLDG &						
003 02 NEW CAP REL COSTS-PT BLDG						
003 03 NEW CAP REL COSTS-RHC BLD						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 06 NONPATIENT TELEPHONES						
006 08 PURCHASING, RECEIVING AND						
006 09 ADMINISTRATION						
006 10 CASHIERING/ACCOUNTS RECEI						
006 11 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	26,097					
018 SOCIAL SERVICE		1,920				
020 NONPHYSICIAN ANESTHETISTS			5,457			
025 INPAT ROUTINE SRVC CNTRS						
ADULTS & PEDIATRICS	3,834	1,630		110,659		110,659
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	2,569			67,064		67,064
040 ANESTHESIOLOGY				8,733		8,733
041 RADIOLOGY-DIAGNOSTIC	5,087			187,734		187,734
041 01 ONCOLOGY		241		13,151		13,151
043 RADIOISOTOPE				3,620		3,620
044 LABORATORY				68,070		68,070
049 RESPIRATORY THERAPY	6,042			23,374		23,374
049 01 CARDIAC REHAB				2,658		2,658
050 PHYSICAL THERAPY				40,238		40,238
053 ELECTROCARDIOLOGY				2,638		2,638
054 ELECTROENCEPHALOGRAPHY				71		71
055 MEDICAL SUPPLIES CHARGED						
056 DRUGS CHARGED TO PATIENTS				106,884		106,884
OUTPAT SERVICE COST CNTRS						
060 CLINIC				415		415
061 EMERGENCY	8,565			36,355		36,355
062 OBSERVATION BEDS (NON-DIS						
063 50 RURAL HEALTH CLINIC		2		90,035		90,035
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	26,097	1,873		761,699		761,699
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				107		107
098 PHYSICIANS' PRIVATE OFFIC				2,421		2,421
098 01 FITNESS CENTER				2,728		2,728
098 02 RETAIL PHARMACY				371		371
098 03 LEASED SPACE		47		1,383		1,383
098 04 VACANT SPACE				1,200		1,200
098 05 MEALS ON WHEELS						
098 06 15 N MAIN BUILDING				100		100
101 CROSS FOOT ADJUSTMENTS			5,457	5,457		5,457
102 NEGATIVE COST CENTER						
103 TOTAL	26,097	1,920	5,457	775,466		775,466

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-NEW BLD (SQUARE)FEET	NEW CAP REL C OSTS-PT BLDG (SQUARE)FEET	NEW CAP REL C OSTS-RHC BLD (SQUARE)FEET	NEW CAP REL C OSTS-MVBLE (DEPRECIATI)ION VALUE	EMPLOYEE BENE (GROSS)LARI ES	SA)
	3	3.01	3.02	3.03	4	5	
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD	38,413						
003 02 NEW CAP REL COSTS-NEW		27,391					
003 03 NEW CAP REL COSTS-PT			7,828				
004 NEW CAP REL COSTS-RHC				19,702			
005 NEW CAP REL COSTS-MVB					594,614		
006 EMPLOYEE BENEFITS						7,836,823	
006 06 NONPATIENT TELEPHONES							
006 08 PURCHASING, RECEIVING	787						34,795
006 09 ADMINISTRATION	400				923		96,732
006 10 CASHIERING/ACCOUNTS R	950						337,729
006 11 OTHER ADMINISTRATIVE	9,073	8,917		9,851	211,962		491,325
007 MAINTENANCE & REPAIRS	4,468	2,470			849		188,303
009 LAUNDRY & LINEN SERVI		561			2,014		59,070
010 HOUSEKEEPING	657	127			1,446		250,786
011 DIETARY		2,592			719		71,686
012 CAFETERIA		2,122			1,985		197,922
014 NURSING ADMINISTRATION	1,073	1,693					406,841
015 CENTRAL SERVICES & SU	867						19,457
016 PHARMACY		858			49,003		291,057
017 MEDICAL RECORDS & LIB	896				10,840		330,440
018 SOCIAL SERVICE	232						50,173
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN			4,442			42,800	1,168,405
037 ADULTS & PEDIATRICS							
040 ANCILLARY SRVC COST C							
041 OPERATING ROOM	1,417				49,947		168,715
041 ANESTHESIOLOGY					7,725		
041 01 RADIOLOGY-DIAGNOSTIC	3,361				142,476		506,205
043 ONCOLOGY		1,188			1,773		207,560
044 RADIOISOTOPE	490						29,143
049 LABORATORY	1,726				37,088		417,652
049 01 RESPIRATORY THERAPY		580			5,316		251,633
050 CARDIAC REHAB		646			474		8,053
053 PHYSICAL THERAPY		415	7,828		8,832		498,767
054 ELECTROCARDIOLOGY					2,122		6,194
055 ELECTROENCEPHALOGRAPH							475
056 MEDICAL SUPPLIES CHAR							
060 DRUGS CHARGED TO PATI							
061 OUTPAT SERVICE COST C							
061 CLINIC							11,286
062 EMERGENCY	1,320				2,659		403,925
063 50 OBSERVATION BEDS (NON							
095 RURAL HEALTH CLINIC				9,851	13,029		1,253,584
096 SPEC PURPOSE COST CEN							
098 SUBTOTALS	27,717	26,611	7,828	19,702	593,982		7,757,913
098 NONREIMBURS COST CENT							
098 01 GIFT, FLOWER, COFFEE	200						
098 02 PHYSICIANS' PRIVATE O		780					8,520
098 03 FITNESS CENTER					632		57,045
098 04 RETAIL PHARMACY							13,345
098 05 LEASED SPACE	2,505						
098 06 VACANT SPACE	7,991						
101 MEALS ON WHEELS							
102 15 N MAIN BUILDING							
103 CROSS FOOT ADJUSTMENT							
104 NEGATIVE COST CENTER							
105 COST TO BE ALLOCATED	5,657	65,776	9,452	64,420	630,161		1,962,569
106 (WRKSHT B, PART I)							
107 UNIT COST MULTIPLIER	.147268		1.207460		1.059782		
108 (WRKSHT B, PT I)							
109 COST TO BE ALLOCATED		2.401373		3.269719			.250429
110 (WRKSHT B, PART II)							
111 UNIT COST MULTIPLIER							
112 (WRKSHT B, PT II)							
113 COST TO BE ALLOCATED							
114 (WRKSHT B, PART III)							
115 UNIT COST MULTIPLIER							
116 (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION	OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	
	(# OF PHONES)	(COST OF SUPPLIES)	(GROSS I/P CHARGES)	(GROSS CHARGES)		(ACCUM. COST)	(SQUARE FEET)
	6.06	6.08	6.09	6.10	6a.11	6.11	7
GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-NEW							
003 03 NEW CAP REL COSTS-PT							
004 03 NEW CAP REL COSTS-RHC							
005 NEW CAP REL COSTS-MVB							
006 06 EMPLOYEE BENEFITS							
006 08 NONPATIENT TELEPHONES	141						
006 09 PURCHASING, RECEIVING	2	823,773					
006 10 ADMINISTRATION	3	9,431	3,749,420				
006 11 CASHIERING/ACCOUNTS R	9	4,641		27,601,742			
007 OTHER ADMINISTRATIVE	22	45,310			-1,796,008	14,270,536	
009 MAINTENANCE & REPAIRS	3	14,854				565,203	48,427
010 LAUNDRY & LINEN SERVI		4,023				90,067	561
011 HOUSEKEEPING	3	29,837				349,222	784
012 DIETARY	4	13,428				83,052	2,592
014 CAFETERIA	1					340,739	2,122
015 NURSING ADMINISTRATION	4	7,236				538,656	2,766
016 CENTRAL SERVICES & SU		3,712				28,545	867
017 PHARMACY	3	13,348				2,394,002	858
018 MEDICAL RECORDS & LIB	7	6,496				482,210	896
020 SOCIAL SERVICE	2	353				66,305	232
025 NONPHYSICIAN ANESTHET						278,523	
037 INPAT ROUTINE SRVC CN	6	61,682	1,305,687	1,398,743		1,501,031	4,442
040 ADULTS & PEDIATRICS	3	65,509	147,458	1,135,166		426,202	1,417
041 ANESTHESIOLOGY		4,748	70,501	503,382		26,094	
041 01 RADIOLOGY-DIAGNOSTIC	11	50,860	342,357	5,267,704		1,266,581	3,361
043 ONCOLOGY	2	18,652	299	322,733		293,976	1,188
044 RADIOISOTOPE		62,979	15,179	558,899		152,196	490
049 LABORATORY	6	266,402	530,021	4,993,305		1,155,898	1,726
049 01 RESPIRATORY THERAPY	8	13,697	183,559	746,676		439,900	580
050 CARDIAC REHAB				22,978		12,551	646
053 PHYSICAL THERAPY	10	5,460	408,454	1,748,612		710,728	8,243
054 ELECTROCARDIOLOGY		592	23,334	211,782		15,396	
055 ELECTROENCEPHALOGRAPH		1,314	216	3,672		3,280	
056 MEDICAL SUPPLIES CHAR			695,815	7,864,756		171,320	
060 DRUGS CHARGED TO PATI							
061 OUTPAT SERVICE COST C							
061 CLINIC		3,059		22,797		17,764	
062 EMERGENCY	10	52,678	26,540	1,348,009		1,022,743	1,320
063 50 OBSERVATION BEDS (NON	21	62,720		1,441,090		1,727,958	9,851
095 RURAL HEALTH CLINIC	140	823,021	3,749,420	27,590,304	-1,796,008	14,160,142	44,942
096 SPEC PURPOSE COST CEN							
098 SUBTOTALS							
098 01 NONREIMBURS COST CENT						29	200
098 02 GIFT, FLOWER, COFFEE						12,730	780
098 03 PHYSICIANS' PRIVATE O				10,896		74,936	
098 01 FITNESS CENTER	1	752		542		16,043	
098 02 RETAIL PHARMACY						369	2,505
098 03 LEASED SPACE						1,177	
098 04 VACANT SPACE						5,110	
098 05 MEALS ON WHEELS							
101 15 N MAIN BUILDING							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER	90,617	45,360	133,842	514,062		1,796,008	636,336
104 COST TO BE ALLOCATED							
(WRKSHT B, PART I)							
105 UNIT COST MULTIPLIER	642.673759	.055064	.035697	.018624		.125854	13.140108
(WRKSHT B, PT I)							
106 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
107 UNIT COST MULTIPLIER		116	1,038	141		279,598	18,565
(WRKSHT B, PT II)							
108 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
109 UNIT COST MULTIPLIER		.000141	.000277	.000005		.019593	.383361
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(HOURS OF SERVICE)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(COSTED REQUIS.)
	9	10	11	12	14	15	16	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-NEW								
003 02 NEW CAP REL COSTS-PT								
003 03 NEW CAP REL COSTS-RHC								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 06 NONPATIENT TELEPHONES								
006 08 PURCHASING, RECEIVING								
006 09 ADMINITTING								
006 10 CASHIERING/ACCOUNTS R								
006 11 OTHER ADMINISTRATIVE								
007 MAINTENANCE & REPAIRS								
009 LAUNDRY & LINEN SERVICE	35,410							
010 HOUSEKEEPING	4,800	2,867						
011 DIETARY	1,465	56	42,482					
012 CAFETERIA		155	33,491	12,959				
014 NURSING ADMINISTRATION		111		802	167,039			
015 CENTRAL SERVICES & SUPPLY		54		94	1,964	6,915		
016 PHARMACY		62		459	9,538	133	1,977,209	
017 MEDICAL RECORDS & LIB		34		1,144	23,786	65		
018 SOCIAL SERVICE				125	2,597	4		
020 NONPHYSICIAN ANESTHET								
025 INPAT ROUTINE SRVC CN	20,035	732	8,180	2,513	52,264	617		
ADULTS & PEDIATRICS								
ANCILLARY SRVC COST C								
037 OPERATING ROOM	920	168	366	364	7,575	655		
040 ANESTHESIOLOGY						47		
041 RADIOLOGY-DIAGNOSTIC	2,185	101		1,036	21,556	509		
041 01 ONCOLOGY		125	445	347	7,219	187		
043 RADIOISOTOPE				55	1,136	630		
044 LABORATORY	60	78		1,031	21,450	2,664		
049 RESPIRATORY THERAPY	75	106		477	1,418	137		
049 01 CARDIAC REHAB		16		14	293			
050 PHYSICAL THERAPY	1,435	291		1,115		55		
053 ELECTROCARDIOLOGY				20	410	6		
054 ELECTROENCEPHALOGRAPH				1	19	13		
055 MEDICAL SUPPLIES CHAR								
056 DRUGS CHARGED TO PATI								1,977,209
OUTPAT SERVICE COST C								
060 CLINIC				15	316	31		
061 EMERGENCY	2,760	204		745	15,498	527		
062 OBSERVATION BEDS (NON								
063 50 RURAL HEALTH CLINIC		574		2,385		627		
SPEC PURPOSE COST CEN								
095 SUBTOTALS	33,735	2,867	42,482	12,742	167,039	6,907	1,977,209	
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE								
098 PHYSICIANS' PRIVATE O								
098 01 FITNESS CENTER	1,675			185		8		
098 02 RETAIL PHARMACY				32				
098 03 LEASED SPACE								
098 04 VACANT SPACE								
098 05 MEALS ON WHEELS								
098 06 15 N MAIN BUILDING								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	108,774	418,220	140,232	544,668	692,694	63,503	2,775,687	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		145.873736		42.030095		9.183369		
(WRKSHT B, PT I)	3.071844		3.300975		4.146900		1.403841	
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	5,462	9,821	10,027	23,125	17,650	1,581	103,293	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		3.425532		1.784474		.228633		
(WRKSHT B, PT III)	.154250		.236029		.105664		.052242	

COST ALLOCATION - STATISTICAL BASIS

14-1307

FROM 5/ 1/2009

WORKSHEET B-1

TO 4/30/2010

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)
	17	18	20
003 GENERAL SERVICE COST			
003 01 NEW CAP REL COSTS-BLD			
003 02 NEW CAP REL COSTS-NEW			
003 03 NEW CAP REL COSTS-PT			
004 NEW CAP REL COSTS-RHC			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
006 06 NONPATIENT TELEPHONES			
006 08 PURCHASING, RECEIVING			
006 09 ADMINISTRATION			
006 10 CASHIERING/ACCOUNTS R			
006 11 OTHER ADMINISTRATIVE			
007 MAINTENANCE & REPAIRS			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB	6,228		
018 SOCIAL SERVICE		2,026	
020 NONPHYSICIAN ANESTHET			100
025 INPAT ROUTINE SRVC CN			
ADULTS & PEDIATRICS	915	1,720	
037 ANCILLARY SRVC COST C			
OPERATING ROOM	613		
040 ANESTHESIOLOGY			100
041 RADIOLOGY-DIAGNOSTIC	1,214		
041 01 ONCOLOGY		254	
043 RADIOISOTOPE			
044 LABORATORY			
049 RESPIRATORY THERAPY	1,442		
049 01 CARDIAC REHAB			
050 PHYSICAL THERAPY			
053 ELECTROCARDIOLOGY			
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHAR			
056 DRUGS CHARGED TO PATI			
OUTPAT SERVICE COST C			
060 CLINIC			
061 EMERGENCY	2,044		
062 OBSERVATION BEDS (NON			
063 50 RURAL HEALTH CLINIC		2	
SPEC PURPOSE COST CEN			
095 SUBTOTALS	6,228	1,976	100
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O			
098 01 FITNESS CENTER			
098 02 RETAIL PHARMACY			
098 03 LEASED SPACE		50	
098 04 VACANT SPACE			
098 05 MEALS ON WHEELS			
098 06 15 N MAIN BUILDING			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	706,949	93,759	313,576
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		46.277887	
(WRKSHT B, PT I)	113.511400		3,135.760000
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	26,097	1,920	5,457
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		.947680	
(WRKSHT B, PT III)	4.190270		54.570000

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1307

FROM 5/ 1/2009

WORKSHEET C

TO 4/30/2010

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,455,120		2,455,120		
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	649,311		649,311		
40	ANESTHESIOLOGY	343,386		343,386		
41	RADIOLOGY-DIAGNOSTIC	1,767,005		1,767,005		
41 01	ONCOLOGY	424,279		424,279		
43	RADIOISOTOPE	190,598		190,598		
44	LABORATORY	1,492,363		1,492,363		
49	RESPIRATORY THERAPY	709,446		709,446		
49 01	CARDIAC REHAB	26,757		26,757		
50	PHYSICAL THERAPY	1,002,716		1,002,716		
53	ELECTROCARDIOLOGY	19,930		19,930		
54	ELECTROENCEPHALOGRAPHY	3,933		3,933		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,968,568		2,968,568		
60	CLINIC	22,225		22,225		
61	EMERGENCY	1,539,479		1,539,479		
62	OBSERVATION BEDS (NON-DIS	160,517		160,517		
63 50	RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	2,264,695		2,264,695		
101	SUBTOTAL	16,040,328		16,040,328		
102	LESS OBSERVATION BEDS	160,517		160,517		
103	TOTAL	15,879,811		15,879,811		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,305,687		1,305,687			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	147,458	987,709	1,135,167	.571996	.571996	
40	ANESTHESIOLOGY	70,501	432,881	503,382	.682158	.682158	
41	RADIOLOGY-DIAGNOSTIC	342,357	4,925,346	5,267,703	.335441	.335441	
41	01 ONCOLOGY	299	322,434	322,733	1.314644	1.314644	
43	RADIOISOTOPE	15,179	543,720	558,899	.341024	.341024	
44	LABORATORY	530,021	4,463,284	4,993,305	.298873	.298873	
49	RESPIRATORY THERAPY	183,559	563,117	746,676	.950139	.950139	
49	01 CARDIAC REHAB		22,978	22,978	1.164462	1.164462	
50	PHYSICAL THERAPY	408,454	1,340,158	1,748,612	.573435	.573435	
53	ELECTROCARDIOLOGY	23,334	188,448	211,782	.094106	.094106	
54	ELECTROENCEPHALOGRAPHY	216	3,456	3,672	1.071078	1.071078	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	695,815	7,168,941	7,864,756	.377452	.377452	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		22,797	22,797	.974909	.974909	
61	EMERGENCY	26,540	1,321,470	1,348,010	1.142038	1.142038	
62	OBSERVATION BEDS (NON-DIS		93,056	93,056	1.724951	1.724951	
63	50 RURAL HEALTH CLINIC		1,441,090	1,441,090	1.571515	1.571515	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	3,749,420	23,840,885	27,590,305			
102	LESS OBSERVATION BEDS						
103	TOTAL	3,749,420	23,840,885	27,590,305			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-1307

PERIOD:
FROM 5/ 1/2009
TO 4/30/2010

PREPARED 9/ 8/2010
WORKSHEET C
PART I

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	1,305,687		1,305,687			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	147,458	987,709	1,135,167	.571996	.571996	
40	ANESTHESIOLOGY	70,501	432,881	503,382	.682158	.682158	
41	RADIOLOGY-DIAGNOSTIC	342,357	4,925,346	5,267,703	.335441	.335441	
41 01	ONCOLOGY	299	322,434	322,733	1.314644	1.314644	
43	RADIOISOTOPE	15,179	543,720	558,899	.341024	.341024	
44	LABORATORY	530,021	4,463,284	4,993,305	.298873	.298873	
49	RESPIRATORY THERAPY	183,559	563,117	746,676	.950139	.950139	
49 01	CARDIAC REHAB		22,978	22,978	1.164462	1.164462	
50	PHYSICAL THERAPY	408,454	1,340,158	1,748,612	.573435	.573435	
53	ELECTROCARDIOLOGY	23,334	188,448	211,782	.094106	.094106	
54	ELECTROENCEPHALOGRAPHY	216	3,456	3,672	1.071078	1.071078	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	695,815	7,168,941	7,864,756	.377452	.377452	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		22,797	22,797	.974909	.974909	
61	EMERGENCY	26,540	1,321,470	1,348,010	1.142038	1.142038	
62	OBSERVATION BEDS (NON-DIS		93,056	93,056	1.724951	1.724951	
63 50	RURAL HEALTH CLINIC		1,441,090	1,441,090	1.571515	1.571515	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	3,749,420	23,840,885	27,590,305			
102	LESS OBSERVATION BEDS						
103	TOTAL	3,749,420	23,840,885	27,590,305			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	649,311	67,064	582,247			649,311
40	ANESTHESIOLOGY	343,386	8,733	334,653			343,386
41	RADIOLOGY-DIAGNOSTIC	1,767,005	187,734	1,579,271			1,767,005
41	01 ONCOLOGY	424,279	13,151	411,128			424,279
43	RADIOISOTOPE	190,598	3,620	186,978			190,598
44	LABORATORY	1,492,363	68,070	1,424,293			1,492,363
49	RESPIRATORY THERAPY	709,446	23,374	686,072			709,446
49	01 CARDIAC REHAB	26,757	2,658	24,099			26,757
50	PHYSICAL THERAPY	1,002,716	40,238	962,478			1,002,716
53	ELECTROCARDIOLOGY	19,930	2,638	17,292			19,930
54	ELECTROENCEPHALOGRAPHY	3,933	71	3,862			3,933
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	2,968,568	106,884	2,861,684			2,968,568
	OUTPAT SERVICE COST CNTRS						
	CLINIC	22,225	415	21,810			22,225
61	EMERGENCY	1,539,479	36,355	1,503,124			1,539,479
62	OBSERVATION BEDS (NON-DIS	160,517		160,517			160,517
63	50 RURAL HEALTH CLINIC	2,264,695	90,035	2,174,660			2,264,695
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	13,585,208	651,040	12,934,168			13,585,208
102	LESS OBSERVATION BEDS	160,517		160,517			160,517
103	TOTAL	13,424,691	651,040	12,773,651			13,424,691

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,135,167	.571996	.571996
40	ANESTHESIOLOGY	503,382	.682158	.682158
41	RADIOLOGY-DIAGNOSTIC	5,267,703	.335441	.335441
41	01 ONCOLOGY	322,733	1.314644	1.314644
43	RADIOISOTOPE	558,899	.341024	.341024
44	LABORATORY	4,993,305	.298873	.298873
49	RESPIRATORY THERAPY	746,676	.950139	.950139
49	01 CARDIAC REHAB	22,978	1.164462	1.164462
50	PHYSICAL THERAPY	1,748,612	.573435	.573435
53	ELECTROCARDIOLOGY	211,782	.094106	.094106
54	ELECTROENCEPHALOGRAPHY	3,672	1.071078	1.071078
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	7,864,756	.377452	.377452
	OUTPAT SERVICE COST CNTRS			
	CLINIC	22,797	.974909	.974909
60	EMERGENCY	1,348,010	1.142038	1.142038
62	OBSERVATION BEDS (NON-DIS	93,056	1.724951	1.724951
63	50 RURAL HEALTH CLINIC	1,441,090	1.571515	1.571515
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	26,284,618		
102	LESS OBSERVATION BEDS	93,056		
103	TOTAL	26,191,562		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	649,311	1,135,167			
40	ANESTHESIOLOGY	343,386	503,382			
41	RADIOLOGY-DIAGNOSTIC	1,767,005	5,267,703			
41	01 ONCOLOGY	424,279	322,733			
43	RADIOISOTOPE	190,598	558,899			
44	LABORATORY	1,492,363	4,993,305			
49	RESPIRATORY THERAPY	709,446	746,676			
49	01 CARDIAC REHAB	26,757	22,978			
50	PHYSICAL THERAPY	1,002,716	1,748,612			
53	ELECTROCARDIOLOGY	19,930	211,782			
54	ELECTROENCEPHALOGRAPHY	3,933	3,672			
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	2,968,568	7,864,756			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	22,225	22,797			
61	EMERGENCY	1,539,479	1,348,010			
62	OBSERVATION BEDS (NON-DIS	160,517	93,056			
63	50 RURAL HEALTH CLINIC	2,264,695	1,441,090			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	13,585,208	26,284,618			

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.571996	2,393	1,369
40	ANESTHESIOLOGY	.682158	689	470
41	RADIOLOGY-DIAGNOSTIC	.335441	42,607	14,292
41	01 ONCOLOGY	1.314644		
43	RADIOISOTOPE	.341024	1,677	572
44	LABORATORY	.298873	95,586	28,568
49	RESPIRATORY THERAPY	.950139	69,617	66,146
49	01 CARDIAC REHAB	1.164462		
50	PHYSICAL THERAPY	.573435	259,252	148,664
53	ELECTROCARDIOLOGY	.094106	2,604	245
54	ELECTROENCEPHALOGRAPHY	1.071078		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.377452	217,840	82,224
60	OUTPAT SERVICE COST CNTRS CLINIC	.974909		
61	EMERGENCY	1.142038		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.724951		
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
101	TOTAL		692,265	342,550
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		692,265	

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		1,617,426		3,287,923
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	102,621	10/ 9/2009	31,455
ADJUSTMENTS TO PROVIDER	.02		1/29/2010	7,055
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50	65,249	10/ 9/2009	
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	37,372		38,510
4 TOTAL INTERIM PAYMENTS		1,654,798		3,326,433
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)		107,261		277,272
7 TOTAL MEDICARE PROGRAM LIABILITY		1,547,537		3,603,705

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.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,298,372			
2 TEMPORARY INVESTMENTS	2,772,971		150,876	
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	1,875,790			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	194,210			
8 PREPAID EXPENSES	402,650			
9 OTHER CURRENT ASSETS	544,761			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	7,088,754		150,876	
FIXED ASSETS				
12 LAND	590,385			
12.01 LAND IMPROVEMENTS	246,028			
13.01 LESS ACCUMULATED DEPRECIATION	-216,486			
14 BUILDINGS	7,915,230			
14.01 LESS ACCUMULATED DEPRECIATION	-4,723,284			
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	5,800,994			
18.01 LESS ACCUMULATED DEPRECIATION	-4,555,905			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	5,056,962			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	3,305,158			
26 TOTAL OTHER ASSETS	3,305,158			
27 TOTAL ASSETS	15,450,874		150,876	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	136,151			
29 SALARIES, WAGES & FEES PAYABLE	628,416			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	160,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	560,175			
36 TOTAL CURRENT LIABILITIES	1,484,742			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	783,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	783,000			
43 TOTAL LIABILITIES	2,267,742			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	13,183,132			
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			150,876	
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	13,183,132		150,876	
52 TOTAL LIABILITIES AND FUND BALANCES	15,450,874		150,876	

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		12,611,124		
2 NET INCOME (LOSS)		570,366		
3 TOTAL		13,181,490		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM	1,640			
6 ROUNDING	2			
7				
8				
9				
10 TOTAL ADDITIONS		1,642		
11 SUBTOTAL		13,183,132		
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		13,183,132		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				152,516
2 NET INCOME (LOSS)				
3 TOTAL				152,516
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 ROUNDING				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				152,516
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM			1,640	
14				
15				
16				
17				
18 TOTAL DEDUCTIONS			1,640	
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				150,876

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,335,424		1,335,424
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,335,424		1,335,424
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,335,424		1,335,424
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE			
17 00 ANCILLARY SERVICES	2,482,374	21,780,263	24,262,637
18 00 OUTPATIENT SERVICES	47,425	2,362,642	2,410,067
18 50 RURAL HEALTH CLINIC		1,459,574	1,459,574
24 00 PHYSICIAN CLINIC		10,896	10,896
25 00 TOTAL PATIENT REVENUES	3,865,223	25,613,375	29,478,598

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		17,837,343	
ADD (SPECIFY)			
27 00 BAD DEBTS	638,311		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		638,311	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		18,475,654	

DESCRIPTION

1	TOTAL PATIENT REVENUES	29,478,598
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	11,057,546
3	NET PATIENT REVENUES	18,421,052
4	LESS: TOTAL OPERATING EXPENSES	18,475,654
5	NET INCOME FROM SERVICE TO PATIENTS	-54,602
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	20,457
7	INCOME FROM INVESTMENTS	155,264
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	28,255
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	46,945
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	569
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	491
22	RENTAL OF HOSPITAL SPACE	11,220
23	GOVERNMENTAL APPROPRIATIONS	254,788
24	MISCELLANEOUS INCOME	106,979
25	TOTAL OTHER INCOME	624,968
26	TOTAL	570,366
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	570,366

ALLOCATION OF OVERHEAD
TO RHC/FOHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1307	FROM 5/ 1/2009	9/ 8/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET M-2
14-3412		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	1.97	11,303	4,200	8,274
2	PHYSICIAN ASSISTANTS	1.68	5,856	2,100	3,528
3	NURSE PRACTITIONERS			2,100	
4	SUBTOTAL (SUM OF LINES 1-3)	3.65	17,159		11,802
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3.65	17,159		
9	PHYSICIAN SERVICES UNDER AGREEMENTS		71		
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FOHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	919,609			
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)	919,609			
13	RATIO OF RHC/FOHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	404,607			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	940,479			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	1,345,086			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	1,345,086			
19	OVERHEAD APPLICABLE TO RHC/FOHC SERVICES (LINE 13 X LINE 18)	1,345,086			
20	TOTAL ALLOWABLE COST OF RHC/FOHC SERVICES (SUM OF LINES 10 AND 19)	2,264,695			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1307	FROM 5/ 1/2009	9/ 8/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET M-2
14-3412		

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	17,159
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	17,159
9 PHYSICIAN SERVICES UNDER AGREEMENTS	71

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-1307
 COMPONENT NO: 14-3412
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/8/2010
 WORKSHEET M-4

TITLE XVIII

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	848,160	848,160	848,160	848,160
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000478	.003111		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	405	2,639		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	2,123	3,900		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	2,528	6,539		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	919,609	919,609	919,609	919,609
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	1,345,086	1,345,086	1,345,086	1,345,086
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.002749	.007111		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	3,698	9,565		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	6,226	16,104		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	59	384		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	105.53	41.94		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	40	211		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	4,221	8,849		
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		22,330		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		13,070		

