

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-1313	I	FROM 10/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/10/2011 TIME 16:16

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:  
 MASON DISTRICT HOSPITAL 14-1313

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

\_\_\_\_\_  
 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	53,084	-418,326		0
3	SWING BED - SNF	0	60,517	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
9	RHC	0	0	46,895		0
9 .01	RHC II	0	0	1,341		0
100	TOTAL	0	113,601	-370,090		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 AVAILBLE 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).
- 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 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). O

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS 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). Y 12/31/2010



HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,458	0	0
2 UNDUPLICATED CENSUS COUNT		157.00	7.00	33.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	1,458
2 UNDUPLICATED CENSUS COUNT	197.00

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
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.94		.94
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	2.00		2.00
6 DIRECTING NURSING SERVICE	7.14		7.14
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.70		.70
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?	2	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		
20.01	5003		

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	3,575	351	89	34
22 SKILLED NURSING VISIT CHARGES	731,622	72,272	18,283	7,001
23 PHYSICAL THERAPY VISITS	1,335	8	12	9
24 PHYSICAL THERAPY VISIT CHARGES	300,489	1,816	2,724	2,043
25 OCCUPATIONAL THERAPY VISITS	735	1	4	4
26 OCCUPATIONAL THERAPY VISIT CHARGES	166,367	227	908	908
27 SPEECH PATHOLOGY VISITS	16	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	3,614	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	458	0	1	0
32 HOME HEALTH AIDE VISIT CHARGES	51,426	0	113	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	6,119	360	106	47
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,253,518	74,315	22,028	9,952
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	296	0	35	4
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	8	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	8,382	2,009	807	1

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

PROVIDER NO: 14-1313  
 HHA NO: 14-7202  
 COUNTY:  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	4,049
22 SKILLED NURSING VISIT CHARGES	0	0	829,178
23 PHYSICAL THERAPY VISITS	0	0	1,364
24 PHYSICAL THERAPY VISIT CHARGES	0	0	307,072
25 OCCUPATIONAL THERAPY VISITS	0	0	744
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	168,410
27 SPEECH PATHOLOGY VISITS	0	0	16
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	3,614
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	459
32 HOME HEALTH AIDE VISIT CHARGES	0	0	51,539
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	6,632
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,359,813
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	335
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	8
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	11,199

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 615 PROMENADE BOX 530  
 1.01 CITY: HAVANA STATE: IL ZIP CODE: 62644-0530 COUNTY: MASON  
 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.)		

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 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. 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: 615 N PROMENADE  
 1.01 CITY: HAVANA STATE: IL ZIP CODE: 62644 COUNTY: MASON  
 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.)		

FACILITY HOURS OF OPERATIONS (1)

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

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1313  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/10/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		-8,855	-8,855	215,555	206,700
3.01	0301 NEW CAP REL COSTS-CLINIC BUILDING				66,550	66,550
3.02	0302 NEW CAP REL COSTS-NEW MED SURG				550,695	550,695
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		779,170	779,170	-381,995	397,175
5	0500 EMPLOYEE BENEFITS		2,662,223	2,662,223		2,662,223
6.01	0610 ADMINISTRATIVE & GENERAL	631,180	742,522	1,373,702		1,373,702
6.02	0661 ADMIN & GENERAL-HOSPITAL	430,383	337,394	767,777		767,777
7	0700 MAINTENANCE & REPAIRS	261,637	204,598	466,235		466,235
8	0800 OPERATION OF PLANT		226,460	226,460		226,460
8.01	0801 OPERATION OF PLANT-CLINIC		16,640	16,640		16,640
9	0900 LAUNDRY & LINEN SERVICE	24,448	13,784	38,232		38,232
10	1000 HOUSEKEEPING	221,654	69,023	290,677		290,677
11	1100 DIETARY	212,726	148,172	360,898		360,898
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	154,649	15,240	169,889		169,889
15	1500 CENTRAL SERVICES & SUPPLY	77,463	7,851	85,314		85,314
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	135,150	30,680	165,830		165,830
20	2000 NONPHYSICIAN ANESTHETISTS		324,019	324,019		324,019
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,020,617	183,703	1,204,320		1,204,320
26	2600 INTENSIVE CARE UNIT					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	192,385	46,147	238,532		238,532
40	4000 ANESTHESIOLOGY		5,503	5,503		5,503
41	4100 RADIOLOGY-DIAGNOSTIC	485,061	342,830	827,891		827,891
41.01	4101 RADIOLOGY-ULTRASOUND	61,308	40,309	101,617		101,617
44	4400 LABORATORY	587,368	554,963	1,142,331		1,142,331
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		61,539	61,539		61,539
48	4800 INTRAVENOUS THERAPY		13,665	13,665		13,665
50	5000 PHYSICAL THERAPY	525,839	192,446	718,285		718,285
53	5300 ELECTROCARDIOLOGY					
53.01	3160 CARDIOPULMONARY	326,063	201,347	527,410		527,410
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		355,074	355,074		355,074
56	5600 DRUGS CHARGED TO PATIENTS	258,988	545,175	804,163		804,163
59	3950 OP SENIOR HEALTH	175,294	136,132	311,426		311,426
59.01	3550 TELEMEDICINE-PSYCHIATRIC SERVICES		13,379	13,379		13,379
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	377,864	1,260,401	1,638,265	544,354	2,182,619
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 HAVANA MEDICAL ASSOC	2,130,564	417,869	2,548,433	-273,794	2,274,639
63.51	6311 MASON CITY MEDICAL ASSOC	189,000	34,197	223,197		223,197
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	658,631	75,702	734,333	-544,354	189,979
71	7100 HOME HEALTH AGENCY	534,501	126,935	661,436		661,436
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		450,805	450,805	-450,805	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	9,672,773	10,627,042	20,299,815	-273,794	20,026,021
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	12,749	604	13,353	273,794	287,147
100	7950 HOSPICE					
100.01	7951 FAMILY MEDICAL CENTER					
100.02	7952 MEALS ON WHEELS					
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	9,685,522	10,627,646	20,313,168	-0-	20,313,168

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1313	I FROM 10/ 1/2009	I 2/10/2011
I	I TO 9/30/2010	I 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	-22,909	183,791
3.01	0301 NEW CAP REL COSTS-CLINIC BUILDING		66,550
3.02	0302 NEW CAP REL COSTS-NEW MED SURG	-57,732	492,963
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		397,175
5	0500 EMPLOYEE BENEFITS	-62,193	2,600,030
6.01	0610 ADMINISTRATIVE & GENERAL	-38,544	1,335,158
6.02	0661 ADMIN & GENERAL-HOSPITAL	-4,005	763,772
7	0700 MAINTENANCE & REPAIRS		466,235
8	0800 OPERATION OF PLANT	-424	226,036
8.01	0801 OPERATION OF PLANT-CLINIC		16,640
9	0900 LAUNDRY & LINEN SERVICE		38,232
10	1000 HOUSEKEEPING		290,677
11	1100 DIETARY	-118,547	242,351
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		169,889
15	1500 CENTRAL SERVICES & SUPPLY		85,314
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-8,712	157,118
20	2000 NONPHYSICIAN ANESTHETISTS		324,019
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,204,320
26	2600 INTENSIVE CARE UNIT		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		238,532
40	4000 ANESTHESIOLOGY		5,503
41	4100 RADIOLOGY-DIAGNOSTIC	-28,642	799,249
41.01	4101 RADIOLOGY-ULTRASOUND		101,617
44	4400 LABORATORY	-3,635	1,138,696
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		61,539
48	4800 INTRAVENOUS THERAPY		13,665
50	5000 PHYSICAL THERAPY	-1,085	717,200
53	5300 ELECTROCARDIOLOGY		
53.01	3160 CARDIOPULMONARY	-88,586	438,824
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		355,074
56	5600 DRUGS CHARGED TO PATIENTS	-1,677	802,486
59	3950 OP SENIOR HEALTH	-67	311,359
59.01	3550 TELEMEDICINE-PSYCHIATRIC SERVICES		13,379
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-315,040	1,867,579
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 HAVANA MEDICAL ASSOC	-213	2,274,426
63.51	6311 MASON CITY MEDICAL ASSOC	-69	223,128
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		189,979
71	7100 HOME HEALTH AGENCY	-2,365	659,071
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-754,445	19,271,576
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		287,147
100	7950 HOSPICE		
100.01	7951 FAMILY MEDICAL CENTER		
100.02	7952 MEALS ON WHEELS		
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-754,445	19,558,723

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-CLINIC BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-NEW MED SURG	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE & GENERAL	0610	NONPATIENT TELEPHONES
6.02	ADMIN & GENERAL-HOSPITAL	0661	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT-CLINIC	0801	OPERATION OF PLANT
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	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIOLOGY-ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIOPULMONARY	3160	CARDIOPULMONARY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	OP SENIOR HEALTH	3950	
59.01	TELEMEDICINE-PSYCHIATRIC SERVICES	3550	OTHER ANCILLARY SERVICE COST CENTERS 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	HAVANA MEDICAL ASSOC	6310	RURAL HEALTH CLINIC #####
63.51	MASON CITY MEDICAL ASSOC	6311	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	HOSPICE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FAMILY MEDICAL CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MEALS ON WHEELS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMBURSABLE COST CENTERS	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
141313

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

PREPARED 2/10/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 INTEREST	A	NEW CAP REL COSTS-BLDG & FIXT	3		128,063
2		NEW CAP REL COSTS-NEW MED SURG	3.02		322,742
3 EMS SALARY TO ER	B	EMERGENCY	61	544,354	
4 CLINIC DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		87,492
5		NEW CAP REL COSTS-CLINIC BUILDING	3.01		66,550
6		NEW CAP REL COSTS-NEW MED SURG	3.02		227,953
7 RHC PHYSICIAN	D	PHYSICIANS' PRIVATE OFFICES	98	273,794	
36 TOTAL RECLASSIFICATIONS				818,148	832,800

(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:  
141313

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

PREPARED 2/10/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 INTEREST	A	INTEREST EXPENSE	88		450,805	11
2						11
3 EMS SALARY TO ER	B	AMBULANCE SERVICES	65	544,354		
4 CLINIC DEPRECIATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4		381,995	9
5						9
6						9
7 RHC PHYSICIAN	D	HAVANA MEDICAL ASSOC	63.50	273,794		
36 TOTAL RECLASSIFICATIONS				818,148	832,800	

(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:  
141313

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

PREPARED 2/10/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	128,063	INTEREST EXPENSE	88	450,805	
2.00	NEW CAP REL COSTS-NEW MED SURG	3.02	322,742			0	
TOTAL RECLASSIFICATIONS FOR CODE A			450,805			450,805	

RECLASS CODE: B  
EXPLANATION : EMS SALARY TO ER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	544,354	AMBULANCE SERVICES	65	544,354	
TOTAL RECLASSIFICATIONS FOR CODE B			544,354			544,354	

RECLASS CODE: C  
EXPLANATION : CLINIC DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	87,492	NEW CAP REL COSTS-MVBLE EQUIP	4	381,995	
2.00	NEW CAP REL COSTS-CLINIC BUI LD	3.01	66,550			0	
3.00	NEW CAP REL COSTS-NEW MED SURG	3.02	227,953			0	
TOTAL RECLASSIFICATIONS FOR CODE C			381,995			381,995	

RECLASS CODE: D  
EXPLANATION : RHC PHYSICIAN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	273,794	HAVANA MEDICAL ASSOC	63.50	273,794	
TOTAL RECLASSIFICATIONS FOR CODE D			273,794			273,794	

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	1,000,876	94,079		94,079	898,666	196,289	
2 LAND IMPROVEMENTS	559,643					559,643	
3 BUILDINGS & FIXTURE	11,592,695	1,102,472		1,102,472		12,695,167	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	2,137,436	334,337		334,337		2,471,773	
6 MOVABLE EQUIPMENT	6,650,574	138,333		138,333		6,788,907	
7 SUBTOTAL	21,941,224	1,669,221		1,669,221	898,666	22,711,779	
8 RECONCILING ITEMS							
9 TOTAL	21,941,224	1,669,221		1,669,221	898,666	22,711,779	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	15,922,872		15,922,872	.701084				
3 01	NEW CAP REL COSTS-CL								
3 02	NEW CAP REL COSTS-NE								
4	NEW CAP REL COSTS-MV	6,788,907		6,788,907	.298916				
5	TOTAL	22,711,779		22,711,779	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	87,492	-478	105,632		-9,750	895	183,791
3 01	NEW CAP REL COSTS-CL	66,550						66,550
3 02	NEW CAP REL COSTS-NE	226,751		266,212				492,963
4	NEW CAP REL COSTS-MV	397,175						397,175
5	TOTAL	777,968	-478	371,844		-9,750	895	1,140,479

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

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL					-9,750	895	-8,855
3 01	NEW CAP REL COSTS-CL							
3 02	NEW CAP REL COSTS-NE							
4	NEW CAP REL COSTS-MV	779,170						779,170
5	TOTAL	779,170				-9,750	895	770,315

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-1313

PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
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	-381,263			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	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			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 MEDICAL RECORD FEES-OTHER OP	B		MEDICAL RECORDS & LIBRARY	17	
37.01 CAFETERIA SALES - OTHER OP	B	-118,004	DIETARY	11	
37.02 DIETARY CONSULT - OTHER OP	B	-543	DIETARY	11	
37.03 SALE OF NON-PAT SUPP - OTHER OP	B	1,625	ADMINISTRATIVE & GENERAL	6.01	
37.04 PHARMACIST REIMBURSE - OTHER OP	B	-1,677	DRUGS CHARGED TO PATIENTS	56	
37.05 PROF BUILDING RENT - OTHER OP	B	-478	NEW CAP REL COSTS-BLDG &	3	10
37.06 MISCELLANEOUS -OTHER OP	B	-2,161	ADMINISTRATIVE & GENERAL	6.01	
37.07 COMMUNITY ED FEES - OTHER OP	B	-200	ADMINISTRATIVE & GENERAL	6.01	
37.08 LAB OUTREACH REV - OTHER OP	B	-691	LABORATORY	44	
38 HMA MED REC FEES - OTHER OP	B	-2,060	MEDICAL RECORDS & LIBRARY	17	
39 INTEREST INCOME - NON OPER	B	-22,431	NEW CAP REL COSTS-BLDG &	3	11
40 INTEREST INCOME - NON OPER	B	-56,530	NEW CAP REL COSTS-NEW MED	3.02	11
41 TELEPHONE OFFSET - OPERATIONS	A	-424	OPERATION OF PLANT	8	
42 TELEPHONE OFFSET - SALARIES	A	-141	ADMINISTRATIVE & GENERAL	6.01	
43 TELEPHONE OFFSET - BENEFITS	A	-33	EMPLOYEE BENEFITS	5	
44 MEDICAR - EXPENSES	A	-9,640	ADMINISTRATIVE & GENERAL	6.01	
45 MEDICAR BENEFITS	A	-1,428	EMPLOYEE BENEFITS	5	
46 LOBBYING DUES	A	-7,315	ADMINISTRATIVE & GENERAL	6.01	
47 ADVERTISING	A	-20,712	ADMINISTRATIVE & GENERAL	6.01	
47.01 PHYSICAL THERAPY - OTHER EXP	A	-1,085	PHYSICAL THERAPY	50	
47.02 HOME HEALTH AGENCY	A	-2,365	HOME HEALTH AGENCY	71	
47.03 ADMINISTRATIVE & GENERAL	A	-4,005	ADMIN & GENERAL-HOSPITAL	6.02	
47.04 OP SENIOR HEALTH	A	-67	OP SENIOR HEALTH	59	
47.05 HAVANA MEDICAL ASSOCIATES	A	-213	HAVANA MEDICAL ASSOC	63.50	
47.06 MASON CITY MEDICAL ASSOCIATES	A	-69	MASON CITY MEDICAL ASSOC	63.51	
48 TELEVISIONS	A	-1,202	NEW CAP REL COSTS-NEW MED	3.02	9
49 SLEEP LAB TECHNOLOGIST	A	-53,949	CARDIOPULMONARY	53.01	
49.01 SLEEP LAB TECHNOLOGIST	A	-12,431	EMPLOYEE BENEFITS	5	
49.02 UNFUNDED POST-EMPLOYMENT BENEFIT	A	-48,301	EMPLOYEE BENEFITS	5	
49.03					
50 TOTAL (SUM OF LINES 1 THRU 49)		-754,445			

(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: 14-1313  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED: 2/10/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	EMERGENCY	1,180,540	315,040	865,500				
2 44	LAB	66,670	2,944	63,726				
3 53 1	CARDIOPULMONARY	34,637	34,637					
4 41	RADIOLOGY	28,642	28,642					
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,310,489	381,263	929,226				



COST ALLOCATION STATISTICS

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-CLINIC BUILDING	2	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-NEW MED SURG	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
6.02	ADMIN & GENERAL-HOSPITAL	-7	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	8	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	9	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT-CLINIC	10	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE	FEET	ENTERED
11	DIETARY	13	MEALS	SERVED	ENTERED
12	CAFETERIA	14	FTE'S		ENTERED
14	NURSING ADMINISTRATION	15	HOURS OF	SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED	REQUISITIO	ENTERED
16	PHARMACY	17	COSTED	REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	18	ASSIGNED	TIME	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OST-S-BLDG &	NEW CAP REL C OST-S-CLINIC	NEW CAP REL C OST-S-NEW MED	NEW CAP REL C OST-S-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	3	3.01	3.02	4	5	
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	183,791	183,791					
003 02 NEW CAP REL COSTS-CLINIC	66,550		66,550				
004 02 NEW CAP REL COSTS-NEW MED	492,963			492,963			
005 04 NEW CAP REL COSTS-MVBLE E	397,175				397,175		
006 01 EMPLOYEE BENEFITS	2,600,030					2,600,030	
006 02 ADMINISTRATIVE & GENERAL	1,335,158	20,166	3,530	68,168	33,695	168,761	1,629,478
007 02 ADMIN & GENERAL-HOSPITAL	763,772	2,700	4,348	4,046		116,221	891,087
008 07 MAINTENANCE & REPAIRS	466,235					70,652	536,887
008 01 OPERATION OF PLANT	226,036	21,510	557	10,790	579		259,472
009 01 OPERATION OF PLANT-CLINIC	16,640						16,640
010 01 LAUNDRY & LINEN SERVICE	38,232	6,335		4,010	1,111	6,602	56,290
011 01 HOUSEKEEPING	290,677	759		2,369		59,855	353,660
012 01 DIETARY	242,351	10,298			487	57,445	310,581
014 01 CAFETERIA		4,378		2,734			7,112
015 01 NURSING ADMINISTRATION	169,889	3,216		5,869	8,497	41,761	229,232
016 01 CENTRAL SERVICES & SUPPLY	85,314	5,507				20,918	111,739
017 01 PHARMACY							
020 01 MEDICAL RECORDS & LIBRARY	157,118	5,198	676		3,219	36,496	202,707
025 01 NONPHYSICIAN ANESTHETISTS	324,019						324,019
026 01 INPAT ROUTINE SRVC CNTRS							
026 02 ADULTS & PEDIATRICS	1,204,320			384,296	21,906	275,607	1,886,129
037 01 INTENSIVE CARE UNIT							
040 01 ANCILLARY SRVC COST CNTRS							
040 02 OPERATING ROOM	238,532	25,349			40,117	51,952	355,950
041 01 ANESTHESIOLOGY	5,503				876		6,379
041 01 RADIOLOGY-DIAGNOSTIC	799,249	21,226			120,915	130,986	1,072,376
044 01 RADIOLOGY-ULTRASOUND	101,617	987				16,556	119,160
046 01 LABORATORY	1,138,696	10,993			28,146	158,613	1,336,448
048 01 WHOLE BLOOD & PACKED RED	61,539						61,539
050 01 INTRAVENOUS THERAPY	13,665						13,665
053 01 PHYSICAL THERAPY	717,200	5,693			85,609	141,998	950,500
053 01 ELECTROCARDIOLOGY							
055 01 CARDIOPULMONARY	438,824	19,760			18,106	74,289	550,979
056 01 MEDICAL SUPPLIES CHARGED	355,074						355,074
059 01 DRUGS CHARGED TO PATIENTS	802,486	3,119			3,797	69,937	879,339
059 01 OP SENIOR HEALTH	311,359		2,832			47,336	361,527
059 01 TELEMEDICINE-PSYCHIATRIC	13,379						13,379
061 01 OUTPAT SERVICE COST CNTRS							
062 01 EMERGENCY	1,867,579	16,597			4,336	249,036	2,137,548
063 01 OBSERVATION BEDS (NON-DIS							
063 01 OTHER OUTPATIENT SERVICE							
063 50 HAVANA MEDICAL ASSOC	2,274,426		48,841		2,310	562,773	2,888,350
063 51 MASON CITY MEDICAL ASSOC	223,128					51,038	274,166
065 01 OTHER REIMBURS COST CNTRS							
071 01 AMBULANCE SERVICES	189,979				22,702	30,859	243,540
095 01 HOME HEALTH AGENCY	659,071	5,766			153	144,337	809,327
095 01 SPEC PURPOSE COST CENTERS							
096 01 SUBTOTALS	19,271,576	183,791	66,550	482,282	396,561	2,584,028	19,244,279
096 01 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP				10,681			10,681
100 01 PHYSICIANS' PRIVATE OFFIC	287,147				614	16,002	303,763
100 01 HOSPICE							
100 01 FAMILY MEDICAL CENTER							
100 02 MEALS ON WHEELS							
101 04 OTHER NONREIMBURSABLE COS							
102 01 CROSS FOOT ADJUSTMENT							
103 01 NEGATIVE COST CENTER							
103 01 TOTAL	19,558,723	183,791	66,550	492,963	397,175	2,600,030	19,558,723

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	SUBTOTAL	ADMIN & GENERAL-HOSPITAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT-CLINIC	LAUNDRY & LINEN SERVICE
	6.01	6a.01	6.02	7	8	8.01	9
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-CLINIC							
004 NEW CAP REL COSTS-NEW MED							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL	1,629,478						
006 02 ADMIN & GENERAL-HOSPITAL	80,986	972,073	972,073				
007 MAINTENANCE & REPAIRS	48,794	585,681	40,892	626,573			
008 OPERATION OF PLANT	23,582	283,054	19,763	53,434	356,251		
008 01 OPERATION OF PLANT-CLINIC	1,512	18,152	1,267			19,419	
009 LAUNDRY & LINEN SERVICE	5,116	61,406	4,287	15,518	13,076		94,287
010 HOUSEKEEPING	32,142	385,802	26,937	2,352	1,982		
011 DIETARY	28,227	338,808	23,656	23,579	19,869		
012 CAFETERIA	646	7,758	542	10,720	9,033		
014 NURSING ADMINISTRATION	20,834	250,066	17,460	8,861	7,466		
015 CENTRAL SERVICES & SUPPLY	10,155	121,894	8,511	12,608	10,624		
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	18,423	221,130	15,439	13,640	11,493	251	
020 NONPHYSICIAN ANESTHETISTS	29,448	353,467	24,679				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	171,419	2,057,548	143,658	98,017	82,595		42,861
037 INTENSIVE CARE UNIT							
040 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	32,350	388,300	27,111	58,036	48,904		12,938
041 ANESTHESIOLOGY	580	6,959	486				
041 01 RADIOLOGY-DIAGNOSTIC	97,462	1,169,838	81,678	48,599	40,952		8,775
044 RADIOLOGY-ULTRASOUND	10,830	129,990	9,076	2,259	1,904		
046 LABORATORY	121,462	1,457,910	101,791	25,169	21,208		85
048 WHOLE BLOOD & PACKED RED	5,593	67,132	4,687				
050 INTRAVENOUS THERAPY	1,242	14,907	1,041				
053 PHYSICAL THERAPY	86,385	1,036,885	72,395	13,035	10,984		3,396
053 01 ELECTROCARDIOLOGY							
055 CARDIOPULMONARY	50,075	601,054	41,966	45,243	38,124		2,143
056 MEDICAL SUPPLIES CHARGED	32,271	387,345	27,044				
059 DRUGS CHARGED TO PATIENTS	79,918	959,257	66,975	7,141	6,017		
059 01 OP SENIOR HEALTH	32,857	394,384	27,536	7,280		1,051	
061 TELEMEDICINE-PSYCHIATRIC	1,216	14,595	1,019				
062 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY	194,269	2,331,817	162,814	38,000	32,020		19,589
063 50 OBSERVATION BEDS (NON-DIS							
063 51 OTHER OUTPATIENT SERVICE							
065 HAVANA MEDICAL ASSOC	262,500	3,150,850		125,537		18,117	757
071 MASON CITY MEDICAL ASSOC	24,917	299,083					133
095 OTHER REIMBURS COST CNTRS							
096 AMBULANCE SERVICES	22,134	265,674	18,549				3,604
096 01 HOME HEALTH AGENCY	73,555	882,882		14,821			
096 04 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	1,600,900	19,215,701	971,259	623,849	356,251	19,419	94,281
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	971	11,652	814	2,724			
096 02 PHYSICIANS' PRIVATE OFFICE	27,607	331,370					6
096 04 HOSPICE							
096 01 FAMILY MEDICAL CENTER							
096 02 MEALS ON WHEELS							
096 04 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,629,478	19,558,723	972,073	626,573	356,251	19,419	94,287

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		10	11	12	14	15	16	17
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-CLINIC							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 ADMINISTRATIVE & GENERAL							
006	02 ADMIN & GENERAL-HOSPITAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008	01 OPERATION OF PLANT-CLINIC							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	417,073						
011	DIETARY	17,711	423,623					
012	CAFETERIA	8,052	308,202	344,307				
014	NURSING ADMINISTRATION	6,655		5,876	296,384			
015	CENTRAL SERVICES & SUPPLY	9,470		7,854		170,961		
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	10,245		12,798				284,996
020	NONPHYSICIAN ANESTHETISTS							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	73,622	97,086	63,992	178,494			23,566
026	INTENSIVE CARE UNIT							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	43,592	3,322	9,163	25,582	308		10,880
040	ANESTHESIOLOGY					107		8,240
041	RADIOLOGY-DIAGNOSTIC	36,504		40,722		22,291		55,726
041	01 RADIOLOGY-ULTRASOUND	1,697				226		4,425
044	LABORATORY	18,905		29,524		58,144		57,458
046	WHOLE BLOOD & PACKED RED					11,024		1,704
048	INTRAVENOUS THERAPY					2,240		3,095
050	PHYSICAL THERAPY	9,791		26,819				13,932
053	ELECTROCARDIOLOGY							
053	01 CARDIOPULMONARY	33,983		20,070		2,949		16,293
055	MEDICAL SUPPLIES CHARGED					71,630		8,252
056	DRUGS CHARGED TO PATIENTS	5,363		11,344				16,157
059	OP SENIOR HEALTH	5,468	14,681	11,868	33,137			7,358
059	01 TELEMEDICINE-PSYCHIATRIC							393
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	28,542	332	21,205	59,171			15,489
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 HAVANA MEDICAL ASSOC	94,295		82,170				28,441
063	51 MASON CITY MEDICAL ASSOC							2,340
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES					2,042		11,247
071	HOME HEALTH AGENCY	11,132						
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	415,027	423,623	343,405	296,384	170,961		284,996
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	2,046						
098	PHYSICIANS' PRIVATE OFFICE			902				
100	HOSPICE							
100	01 FAMILY MEDICAL CENTER							
100	02 MEALS ON WHEELS							
100	04 OTHER NONREIMBURSABLE COS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	417,073	423,623	344,307	296,384	170,961		284,996

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	20	25	26	27
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-CLINIC				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 01 ADMINISTRATIVE & GENERAL				
006 02 ADMIN & GENERAL-HOSPITAL				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
008 01 OPERATION OF PLANT-CLINIC				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
020 NONPHYSICIAN ANESTHETISTS	378,146			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS		2,861,439		2,861,439
037 INTENSIVE CARE UNIT				
040 ANCILLARY SRVC COST CNTRS				
041 OPERATING ROOM		628,136		628,136
041 01 ANESTHESIOLOGY	378,146	393,938		393,938
044 RADIOLOGY-DIAGNOSTIC		1,505,085		1,505,085
046 RADIOLOGY-ULTRASOUND		149,577		149,577
048 LABORATORY		1,770,194		1,770,194
050 WHOLE BLOOD & PACKED RED		84,547		84,547
053 INTRAVENOUS THERAPY		21,283		21,283
055 PHYSICAL THERAPY		1,187,237		1,187,237
059 ELECTROCARDIOLOGY				
059 01 CARDIOPULMONARY		801,825		801,825
061 MEDICAL SUPPLIES CHARGED		494,271		494,271
063 DRUGS CHARGED TO PATIENTS		1,072,254		1,072,254
065 OP SENIOR HEALTH		502,763		502,763
063 01 TELEMEDICINE-PSYCHIATRIC		16,007		16,007
063 50 OUTPAT SERVICE COST CNTRS				
063 51 EMERGENCY		2,708,979		2,708,979
065 OBSERVATION BEDS (NON-DIS				
071 OTHER OUTPATIENT SERVICE				
071 50 HAVANA MEDICAL ASSOC		3,500,167		3,500,167
071 51 MASON CITY MEDICAL ASSOC		301,556		301,556
095 OTHER REIMBURS COST CNTRS				
096 AMBULANCE SERVICES		301,116		301,116
098 HOME HEALTH AGENCY		908,835		908,835
100 SPEC PURPOSE COST CENTERS				
100 01 SUBTOTALS	378,146	19,209,209		19,209,209
100 02 NONREIMBURS COST CENTERS				
100 04 GIFT, FLOWER, COFFEE SHOP		17,236		17,236
101 PHYSICIANS' PRIVATE OFFICE		332,278		332,278
102 HOSPICE				
103 01 FAMILY MEDICAL CENTER				
103 02 MEALS ON WHEELS				
103 04 OTHER NONREIMBURSABLE COS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	378,146	19,558,723		19,558,723

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-CLINIC	NEW CAP REL C OSTS-NEW MED	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	3	3.01	3.02	4	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-CLINIC							
004 NEW CAP REL COSTS-NEW MED							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMIN STRATIVE & GENERAL		20,166	3,530	68,168	33,695	125,559	
006 02 ADMIN & GENERAL-HOSPITAL		2,700	4,348	4,046		11,094	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		21,510	557	10,790	579	33,436	
008 01 OPERATION OF PLANT-CLINIC							
009 LAUNDRY & LINEN SERVICE		6,335		4,010	1,111	11,456	
010 HOUSEKEEPING		759		2,369		3,128	
011 DIETARY		10,298			487	10,785	
012 CAFETERIA		4,378		2,734		7,112	
014 NURSING ADMINISTRATION		3,216		5,869	8,497	17,582	
015 CENTRAL SERVICES & SUPPLY		5,507				5,507	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		5,198	676		3,219	9,093	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS				384,296	21,906	406,202	
026 ADULTS & PEDIATRICS							
037 INTENSIVE CARE UNIT							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		25,349			40,117	65,466	
041 ANESTHESIOLOGY					876	876	
041 RADIOLOGY-DIAGNOSTIC		21,226			120,915	142,141	
041 01 RADIOLOGY-ULTRASOUND		987				987	
044 LABORATORY		10,993			28,146	39,139	
046 WHOLE BLOOD & PACKED RED							
048 INTRAVENOUS THERAPY							
050 PHYSICAL THERAPY		5,693			85,609	91,302	
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		19,760			18,106	37,866	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		3,119			3,797	6,916	
059 OP SENIOR HEALTH			2,832			2,832	
059 01 TELEMEDICINE-PSYCHIATRIC							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		16,597			4,336	20,933	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 HAVANA MEDICAL ASSOC			48,841		2,310	51,151	
063 51 MASON CITY MEDICAL ASSOC							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					22,702	22,702	
071 HOME HEALTH AGENCY			5,766		153	5,919	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		183,791	66,550	482,282	396,561	1,129,184	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				10,681		10,681	
098 PHYSICIANS' PRIVATE OFFICE					614	614	
100 HOSPICE							
100 01 FAMILY MEDICAL CENTER							
100 02 MEALS ON WHEELS							
100 04 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		183,791	66,550	492,963	397,175	1,140,479	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL AL-HOSPITAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT-CLINIC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.01	6.02	7	8	8.01	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-CLINIC							
004 NEW CAP REL COSTS-NEW MED							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL	125,559						
006 02 ADMIN & GENERAL-HOSPITAL	6,240	17,334					
007 MAINTENANCE & REPAIRS	3,760	729	4,489				
008 OPERATION OF PLANT	1,817	352	383	35,988			
008 01 OPERATION OF PLANT-CLINIC	117	23			140		
009 LAUNDRY & LINEN SERVICE	394	76	111	1,321		13,358	
010 HOUSEKEEPING	2,477	480	17	200			6,302
011 DIETARY	2,175	422	169	2,007			268
012 CAFETERIA	50	10	77	913			122
014 NURSING ADMINISTRATION	1,605	311	63	754			101
015 CENTRAL SERVICES & SUPPLY	783	152	90	1,073			143
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,420	275	98	1,161	2		155
020 NONPHYSICIAN ANESTHETISTS	2,269	440					
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	13,209	2,562	702	8,344		6,072	1,112
037 INTENSIVE CARE UNIT							
040 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	2,493	483	416	4,940		1,833	659
041 ANESTHESIOLOGY	45	9					
041 RADIOLOGY-DIAGNOSTIC	7,510	1,456	348	4,137		1,243	552
044 RADIOLOGY-ULTRASOUND	834	162	16	192			26
046 LABORATORY	9,359	1,815	180	2,142		12	286
048 WHOLE BLOOD & PACKED RED	431	84					
050 INTRAVENOUS THERAPY	96	19					
053 PHYSICAL THERAPY	6,656	1,291	93	1,110		481	148
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	3,859	748	324	3,851		304	513
055 MEDICAL SUPPLIES CHARGED	2,487	482					
056 DRUGS CHARGED TO PATIENTS	6,158	1,194	51	608			81
059 OP SENIOR HEALTH	2,532	491	52		8		83
059 01 TELEMEDICINE-PSYCHIATRIC	94	18					
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	14,969	2,904	272	3,235		2,775	431
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 HAVANA MEDICAL ASSOC	20,224		901		130	107	1,423
063 51 MASON CITY MEDICAL ASSOC	1,920					19	
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	1,706	331				511	
095 HOME HEALTH AGENCY	5,668		106				168
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	123,357	17,319	4,469	35,988	140	13,357	6,271
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	75	15	20				31
098 PHYSICIANS' PRIVATE OFFIC	2,127					1	
100 HOSPICE							
100 01 FAMILY MEDICAL CENTER							
100 02 MEALS ON WHEELS							
100 04 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	125,559	17,334	4,489	35,988	140	13,358	6,302

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS
	11	12	14	15	16	17	20
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-CLINIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL							
006 02 ADMIN & GENERAL-HOSPITAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-CLINIC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	15,826						
012 CAFETERIA	11,515	19,799					
014 NURSING ADMINISTRATION			338	20,754			
015 CENTRAL SERVICES & SUPPLY			452		8,200		
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		736				12,940	
020 NONPHYSICIAN ANESTHETISTS							2,709
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,627	3,680	12,500			1,069	
037 INTENSIVE CARE UNIT							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	124	527	1,791	15		494	
041 01 ANESTHESIOLOGY				5		374	
044 RADIOLOGY-DIAGNOSTIC		2,342		1,069		2,528	
046 RADIOLOGY-ULTRASOUND				11		201	
050 LABORATORY		1,698		2,789		2,618	
053 WHOLE BLOOD & PACKED RED				529		77	
055 INTRAVENOUS THERAPY				107		140	
059 PHYSICAL THERAPY		1,542				632	
053 01 ELECTROCARDIOLOGY							
055 CARDIOPULMONARY		1,154		141		739	
056 MEDICAL SUPPLIES CHARGED				3,436		374	
059 DRUGS CHARGED TO PATIENTS		652				733	
059 01 OP SENIOR HEALTH	548	682	2,320			334	
061 TELEMEDICINE-PSYCHIATRIC						18	
062 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY	12	1,219	4,143			703	
063 50 OBSERVATION BEDS (NON-DIS							
063 51 OTHER OUTPATIENT SERVICE		4,725				1,290	
065 HAVANA MEDICAL ASSOC						106	
071 MASON CITY MEDICAL ASSOC							
095 OTHER REIMBURS COST CNTRS							
096 AMBULANCE SERVICES				98		510	
096 HOME HEALTH AGENCY							
095 01 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	15,826	19,747	20,754	8,200		12,940	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFICE		52					
100 01 HOSPICE							
100 02 FAMILY MEDICAL CENTER							
100 04 MEALS ON WHEELS							
101 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							2,709
102 NEGATIVE COST CENTER							
103 TOTAL	15,826	19,799	20,754	8,200		12,940	2,709

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR			
003 01 NEW CAP REL COSTS-BLDG &			
003 02 NEW CAP REL COSTS-CLINIC			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 01 ADMINSTRATIVE & GENERAL			
006 02 ADMIN & GENERAL-HOSPITAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
008 01 OPERATION OF PLANT-CLINIC			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
020 NONPHYSICIAN ANESTHETISTS			
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	459,079		459,079
026 INTENSIVE CARE UNIT			
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	79,241		79,241
040 ANESTHESIOLOGY	1,309		1,309
041 RADIOLOGY-DIAGNOSTIC	163,326		163,326
041 01 RADIOLOGY-ULTRASOUND	2,429		2,429
044 LABORATORY	60,038		60,038
046 WHOLE BLOOD & PACKED RED	1,121		1,121
048 INTRAVENOUS THERAPY	362		362
050 PHYSICAL THERAPY	103,255		103,255
053 ELECTROCARDIOLOGY			
053 01 CARDIOPULMONARY	49,499		49,499
055 MEDICAL SUPPLIES CHARGED	6,779		6,779
056 DRUGS CHARGED TO PATIENTS	16,393		16,393
059 OP SENIOR HEALTH	9,882		9,882
059 01 TELEMEDICINE-PSYCHIATRIC	130		130
OUTPAT SERVICE COST CNTRS			
061 EMERGENCY	51,596		51,596
062 OBSERVATION BEDS (NON-DIS			
063 OTHER OUTPATIENT SERVICE			
063 50 HAVANA MEDICAL ASSOC	79,951		79,951
063 51 MASON CITY MEDICAL ASSOC	2,045		2,045
OTHER REIMBURS COST CNTRS			
065 AMBULANCE SERVICES	25,858		25,858
071 HOME HEALTH AGENCY	11,861		11,861
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	1,124,154		1,124,154
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	10,822		10,822
098 PHYSICIANS' PRIVATE OFFIC	2,794		2,794
100 HOSPICE			
100 01 FAMILY MEDICAL CENTER			
100 02 MEALS ON WHEELS			
100 04 OTHER NONREIMBURSABLE COS			
101 CROSS FOOT ADJUSTMENTS	2,709		2,709
102 NEGATIVE COST CENTER			
103 TOTAL	1,140,479		1,140,479

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-CLINIC (SQUARE FEET)	NEW CAP REL C OSTS-NEW MED (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	3	3.01	3.02	4	5	6a.01
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	45,259					
003 02 NEW CAP REL COSTS-CLI		18,398				
004 NEW CAP REL COSTS-NEW			13,523			
005 NEW CAP REL COSTS-MVB				397,318		
006 EMPLOYEE BENEFITS					9,628,331	
006 01 ADMIN STRATIVE & GENE	4,966	976	1,870	33,707	624,949	-1,629,478
006 02 ADMIN & GENERAL-HOSPI	665	1,202	111		430,383	
007 MAINTENANCE & REPAIRS					261,637	
008 OPERATION OF PLANT	5,297	154	296	579		
008 01 OPERATION OF PLANT-CL						
009 LAUNDRY & LINEN SERVI	1,560		110	1,111	24,448	
010 HOUSEKEEPING	187		65		221,654	
011 DIETARY	2,536			487	212,726	
012 CAFETERIA	1,078		75			
014 NURSING ADMINISTRATION	792		161	8,500	154,649	
015 CENTRAL SERVICES & SU	1,356				77,463	
016 PHARMACY						
017 MEDICAL RECORDS & LIB	1,280	187		3,220	135,150	
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN			10,542	21,914	1,020,617	
026 ADULTS & PEDIATRICS						
037 INTENSIVE CARE UNIT						
040 ANCILLARY SRVC COST C	6,242			40,131	192,385	
041 OPERATING ROOM				876		
041 01 RADIOLOGY-DIAGNOSTIC	5,227			120,960	485,061	
044 RADIOLOGY-ULTRASOUND	243				61,308	
046 LABORATORY	2,707			28,156	587,368	
048 WHOLE BLOOD & PACKED						
050 INTRAVENOUS THERAPY	1,402			85,640	525,839	
053 PHYSICAL THERAPY						
053 01 ELECTROCARDIOLOGY	4,866			18,113	275,103	
055 CARDIOPULMONARY						
056 MEDICAL SUPPLIES CHAR	768			3,798	258,988	
059 DRUGS CHARGED TO PATI		783			175,294	
059 01 OP SENIOR HEALTH						
061 TELEMEDICINE-PSYCHIAT						
062 OUTPAT SERVICE COST C	4,087			4,338	922,218	
062 EMERGENCY						
063 OBSERVATION BEDS (NON						
063 50 OTHER OUTPATIENT SERV		13,502		2,311	2,084,055	
063 51 HAVANA MEDICAL ASSOC					189,000	
065 MASON CITY MEDICAL AS						
071 OTHER REIMBURS COST C						
095 AMBULANCE SERVICES	45,259	18,398	13,230	396,704	9,569,072	-1,629,478
096 HOME HEALTH AGENCY		1,594			534,501	
098 SPEC PURPOSE COST CEN						
100 SUBTOTALS						
100 01 FAMILY MEDICAL CENTER						
100 02 MEALS ON WHEELS						
100 04 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	183,791	66,550	492,963	397,175	2,600,030	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	4.060872	3.617241	36.453672	.999640	.270040	
105 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
108 (WRKSHT B, PT III)						



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(HOURS OF SERVICE)	(COSTED REQUISITION)	(COSTED REQUISITION)	(ASSIGNED TIME)
GENERAL SERVICE COST	10	11	12	14	15	16	17
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-CLI							
003 02 NEW CAP REL COSTS-NEW							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATIVE & GENERAL							
006 02 ADMIN & GENERAL-HOSPITAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-CL							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	59,721						
011 DIETARY	2,536	26,778					
012 CAFETERIA	1,153	19,482	11,837				
014 NURSING ADMINISTRATION	953		202	75,991			
015 CENTRAL SERVICES & SUPPLY	1,356		270		704,804		
016 PHARMACY						100	
017 MEDICAL RECORDS & LIBRARY	1,467		440				28,354,965
020 NONPHYSICIAN ANESTHETIC							
025 INPATIENT ROUTINE SERVICE	10,542	6,137	2,200	45,765			2,344,673
026 INTENSIVE CARE UNIT							
037 ANCILLARY SERVICE COST							
037 01 OPERATING ROOM	6,242	210	315	6,559	1,268		1,082,505
040 ANESTHESIOLOGY					440		819,777
041 RADIOLOGY-DIAGNOSTIC	5,227		1,400		91,897		5,544,285
041 01 RADIOLOGY-ULTRASOUND	243				930		440,257
044 LABORATORY	2,707		1,015		239,704		5,716,673
046 WHOLE BLOOD & PACKED					45,446		169,489
048 INTRAVENOUS THERAPY					9,234		307,914
050 PHYSICAL THERAPY	1,402		922				1,386,133
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	4,866		690		12,157		1,620,993
055 MEDICAL SUPPLIES					295,308		821,039
056 DRUGS CHARGED TO PATIENT	768		390				1,607,500
059 OP SENIOR HEALTH	783	928	408	8,496		100	732,055
059 01 TELEMEDICINE-PSYCHIATRY							39,150
061 OUTPATIENT SERVICE COST	4,087	21	729	15,171			1,541,036
062 EMERGENCY							
062 OBSERVATION BEDS (NON)							
063 OTHER OUTPATIENT SERVICE							
063 50 HAVANA MEDICAL ASSOCIATION	13,502		2,825				2,829,689
063 51 MASON CITY MEDICAL ASSOCIATION							232,839
065 OTHER REIMBURSABLE COST							
071 AMBULANCE SERVICES	1,594				8,420		1,118,958
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTER	59,428	26,778	11,806	75,991	704,804	100	28,354,965
095 SUBTOTALS							
096 NONREIMBURSABLE COST	293						
098 GIFT, FLOWER, COFFEE			31				
100 PHYSICIANS' PRIVATE OFFICE							
100 01 HOSPITAL							
100 02 FAMILY MEDICAL CENTER							
100 04 MEALS ON WHEELS							
101 OTHER NONREIMBURSABLE							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	417,073	423,623	344,307	296,384	170,961		284,996
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	6.983691	15.819815	29.087353	3.900251	.242565		.010051
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	6,302	15,826	19,799	20,754	8,200		12,940
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.105524	.591008	1.672637	.273111	.011634		.000456

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS  (ASSIGNED TIME )
	20
003 GENERAL SERVICE COST	
003 01 NEW CAP REL COSTS-BLD	
003 02 NEW CAP REL COSTS-CLI	
004 NEW CAP REL COSTS-MVB	
005 EMPLOYEE BENEFITS	
006 01 ADMINISTRATIVE & GENE	
006 02 ADMIN & GENERAL-HOSPI	
007 MAINTENANCE & REPAIRS	
008 OPERATION OF PLANT	
008 01 OPERATION OF PLANT-CL	
009 LAUNDRY & LINEN SERVI	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SU	
016 PHARMACY	
017 MEDICAL RECORDS & LIB	
020 NONPHYSICIAN ANESTHET	100
025 INPAT ROUTINE SRVC CN	
026 ADULTS & PEDIATRICS	
037 INTENSIVE CARE UNIT	
040 ANCILLARY SRVC COST C	100
041 OPERATING ROOM	
041 01 ANESTHESIOLOGY	
044 RADIOLOGY-DIAGNOSTIC	
046 RADIOLOGY-ULTRASOUND	
048 LABORATORY	
050 WHOLE BLOOD & PACKED	
053 INTRAVENOUS THERAPY	
055 PHYSICAL THERAPY	
056 ELECTROCARDIOLOGY	
059 01 CARDIOPULMONARY	
061 MEDICAL SUPPLIES CHAR	
062 DRUGS CHARGED TO PATI	
063 OP SENIOR HEALTH	
063 50 TELEMEDICINE-PSYCHIAT	
063 51 OUTPAT SERVICE COST C	
065 EMERGENCY	
071 OBSERVATION BEDS (NON	
095 OTHER OUTPATIENT SERV	
096 HAVANA MEDICAL ASSOC	
098 MASON CITY MEDICAL AS	
100 OTHER REIMBURS COST C	
101 AMBULANCE SERVICES	
102 HOME HEALTH AGENCY	
103 SPEC PURPOSE COST CEN	
104 SUBTOTALS	100
105 NONREIMBURS COST CENT	
106 GIFT, FLOWER, COFFEE	
108 PHYSICIANS' PRIVATE O	
100 HOSPICE	
100 01 FAMILY MEDICAL CENTER	
100 02 MEALS ON WHEELS	
100 04 OTHER NONREIMBURSABLE	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	378,146
(PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
(WRKSHT B, PT I)	3,781.460000
105 COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
(WRKSHT B, PT I I)	
107 COST TO BE ALLOCATED	2,709
(PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
(WRKSHT B, PT I I I)	27.090000

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:  
14-1313

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

PREPARED 2/10/2011  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,861,439		2,861,439		2,861,439
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	628,136		628,136		628,136
40	ANESTHESIOLOGY	393,938		393,938		393,938
41	RADIOLOGY-DIAGNOSTIC	1,505,085		1,505,085		1,505,085
41 01	RADIOLOGY-ULTRASOUND	149,577		149,577		149,577
44	LABORATORY	1,770,194		1,770,194		1,770,194
46	WHOLE BLOOD & PACKED RED	84,547		84,547		84,547
48	INTRAVENOUS THERAPY	21,283		21,283		21,283
50	PHYSICAL THERAPY	1,187,237		1,187,237		1,187,237
53	ELECTROCARDIOLOGY					
53 01	CARDIOPULMONARY	801,825		801,825		801,825
55	MEDICAL SUPPLIES CHARGED	494,271		494,271		494,271
56	DRUGS CHARGED TO PATIENTS	1,072,254		1,072,254		1,072,254
59	OP SENIOR HEALTH	502,763		502,763		502,763
59 01	TELEMEDICINE-PSYCHIATRIC OUTPAT SERVICE COST CNTRS	16,007		16,007		16,007
61	EMERGENCY	2,708,979		2,708,979		2,708,979
62	OBSERVATION BEDS (NON-DIS)	198,062		198,062		198,062
63	OTHER OUTPATIENT SERVICE					
63 50	HAVANA MEDICAL ASSOC	3,500,167		3,500,167		3,500,167
63 51	MASON CITY MEDICAL ASSOC OTHER REIMBURS COST CNTRS	301,556		301,556		301,556
65	AMBULANCE SERVICES	301,116		301,116		301,116
101	SUBTOTAL	18,498,436		18,498,436		18,498,436
102	LESS OBSERVATION BEDS	198,062		198,062		198,062
103	TOTAL	18,300,374		18,300,374		18,300,374

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1313

FROM 10/ 1/2009

WORKSHEET C

TO 9/30/2010

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	2,103,038		2,103,038			
26	INTENSIVE CARE UNIT						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	214,978	867,527	1,082,505	.580262	.580262	.580262
40	ANESTHESIOLOGY	158,977	660,800	819,777	.480543	.480543	.480543
41	RADIOLOGY-DIAGNOSTIC	419,184	5,125,102	5,544,286	.271466	.271466	.271466
41 01	RADIOLOGY-ULTRASOUND	50,668	389,590	440,258	.339749	.339749	.339749
44	LABORATORY	809,235	4,972,145	5,781,380	.306189	.306189	.306189
46	WHOLE BLOOD & PACKED RED	52,251	52,532	104,783	.806877	.806877	.806877
48	INTRAVENOUS THERAPY	83,107	224,807	307,914	.069120	.069120	.069120
50	PHYSICAL THERAPY	434,342	951,791	1,386,133	.856510	.856510	.856510
53	ELECTROCARDIOLOGY						
53 01	CARDIOPULMONARY	482,135	1,138,858	1,620,993	.494651	.494651	.494651
55	MEDICAL SUPPLIES CHARGED	466,733	354,305	821,038	.602007	.602007	.602007
56	DRUGS CHARGED TO PATIENTS	542,564	1,064,936	1,607,500	.667032	.667032	.667032
59	OP SENIOR HEALTH		732,055	732,055	.686783	.686783	.686783
59 01	TELEMEDICINE-PSYCHIATRIC		39,150	39,150	.408863	.408863	.408863
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	36,004	1,505,033	1,541,037	1.757894	1.757894	1.757894
62	OBSERVATION BEDS (NON-DIS	5,454	236,181	241,635	.819674	.819674	.819674
63	OTHER OUTPATIENT SERVICE						
63 50	HAVANA MEDICAL ASSOC		2,829,689	2,829,689	1.236944	1.236944	1.236944
63 51	MASON CITY MEDICAL ASSOC		232,839	232,839	1.295127	1.295127	1.295127
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		1,118,958	1,118,958	.269104	.269104	.269104
101	SUBTOTAL	5,858,670	22,496,298	28,354,968			
102	LESS OBSERVATION BEDS						
103	TOTAL	5,858,670	22,496,298	28,354,968			



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
14-1313

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

PREPARED 2/10/2011  
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	2,103,038		2,103,038			
26	INTENSIVE CARE UNIT						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	214,978	867,527	1,082,505	.580262	.580262	.580262
40	ANESTHESIOLOGY	158,977	660,800	819,777	.480543	.480543	.480543
41	RADIOLOGY-DIAGNOSTIC	419,184	5,125,102	5,544,286	.271466	.271466	.271466
41 01	RADIOLOGY-ULTRASOUND	50,668	389,590	440,258	.339749	.339749	.339749
44	LABORATORY	809,235	4,972,145	5,781,380	.306189	.306189	.306189
46	WHOLE BLOOD & PACKED RED	52,251	52,532	104,783	.806877	.806877	.806877
48	INTRAVENOUS THERAPY	83,107	224,807	307,914	.069120	.069120	.069120
50	PHYSICAL THERAPY	434,342	951,791	1,386,133	.856510	.856510	.856510
53	ELECTROCARDIOLOGY						
53 01	CARDIOPULMONARY	482,135	1,138,858	1,620,993	.494651	.494651	.494651
55	MEDICAL SUPPLIES CHARGED	466,733	354,305	821,038	.602007	.602007	.602007
56	DRUGS CHARGED TO PATIENTS	542,564	1,064,936	1,607,500	.667032	.667032	.667032
59	OP SENIOR HEALTH		732,055	732,055	.686783	.686783	.686783
59 01	TELEMEDICINE-PSYCHIATRIC		39,150	39,150	.408863	.408863	.408863
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	36,004	1,505,033	1,541,037	1.757894	1.757894	1.757894
62	OBSERVATION BEDS (NON-DIS	5,454	236,181	241,635	.819674	.819674	.819674
63	OTHER OUTPATIENT SERVICE						
63 50	HAVANA MEDICAL ASSOC		2,829,689	2,829,689	1.236944	1.236944	1.236944
63 51	MASON CITY MEDICAL ASSOC		232,839	232,839	1.295127	1.295127	1.295127
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		1,118,958	1,118,958	.269104	.269104	.269104
101	SUBTOTAL	5,858,670	22,496,298	28,354,968			
102	LESS OBSERVATION BEDS						
103	TOTAL	5,858,670	22,496,298	28,354,968			

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	628,136	79,241	548,895			628,136
40	ANESTHESIOLOGY	393,938	1,309	392,629			393,938
41	RADIOLOGY-DIAGNOSTIC	1,505,085	163,326	1,341,759			1,505,085
41 01	RADIOLOGY-ULTRASOUND	149,577	2,429	147,148			149,577
44	LABORATORY	1,770,194	60,038	1,710,156			1,770,194
46	WHOLE BLOOD & PACKED RED	84,547	1,121	83,426			84,547
48	INTRAVENOUS THERAPY	21,283	362	20,921			21,283
50	PHYSICAL THERAPY	1,187,237	103,255	1,083,982			1,187,237
53	ELECTROCARDIOLOGY						
53 01	CARDIOPULMONARY	801,825	49,499	752,326			801,825
55	MEDICAL SUPPLIES CHARGED	494,271	6,779	487,492			494,271
56	DRUGS CHARGED TO PATIENTS	1,072,254	16,393	1,055,861			1,072,254
59	OP SENIOR HEALTH	502,763	9,882	492,881			502,763
59 01	TELEMEDICINE-PSYCHIATRIC	16,007	130	15,877			16,007
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,708,979	51,596	2,657,383			2,708,979
62	OBSERVATION BEDS (NON-DIS	198,062		198,062			198,062
63	OTHER OUTPATIENT SERVICE						
63 50	HAVANA MEDICAL ASSOC	3,500,167	79,951	3,420,216			3,500,167
63 51	MASON CITY MEDICAL ASSOC	301,556	2,045	299,511			301,556
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	301,116	25,858	275,258			301,116
101	SUBTOTAL	15,636,997	653,214	14,983,783			15,636,997
102	LESS OBSERVATION BEDS	198,062		198,062			198,062
103	TOTAL	15,438,935	653,214	14,785,721			15,438,935

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,082,505	.580262	.580262
40	ANESTHESIOLOGY	819,777	.480543	.480543
41	RADIOLOGY-DIAGNOSTIC	5,544,286	.271466	.271466
41 01	RADIOLOGY-ULTRASOUND	440,258	.339749	.339749
44	LABORATORY	5,781,380	.306189	.306189
46	WHOLE BLOOD & PACKED RED	104,783	.806877	.806877
48	INTRAVENOUS THERAPY	307,914	.069120	.069120
50	PHYSICAL THERAPY	1,386,133	.856510	.856510
53	ELECTROCARDIOLOGY			
53 01	CARDIOPULMONARY	1,620,993	.494651	.494651
55	MEDICAL SUPPLIES CHARGED	821,038	.602007	.602007
56	DRUGS CHARGED TO PATIENTS	1,607,500	.667032	.667032
59	OP SENIOR HEALTH	732,055	.686783	.686783
59 01	TELEMEDICINE-PSYCHIATRIC	39,150	.408863	.408863
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1,541,037	1.757894	1.757894
62	OBSERVATION BEDS (NON-DIS	241,635	.819674	.819674
63	OTHER OUTPATIENT SERVICE			
63 50	HAVANA MEDICAL ASSOC	2,829,689	1.236944	1.236944
63 51	MASON CITY MEDICAL ASSOC	232,839	1.295127	1.295127
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,118,958	.269104	.269104
101	SUBTOTAL	26,251,930		
102	LESS OBSERVATION BEDS	241,635		
103	TOTAL	26,010,295		

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	628,136	79,241	548,895			628,136
40	ANESTHESIOLOGY	393,938	1,309	392,629			393,938
41	RADIOLOGY-DIAGNOSTIC	1,505,085	163,326	1,341,759			1,505,085
41 01	RADIOLOGY-ULTRASOUND	149,577	2,429	147,148			149,577
44	LABORATORY	1,770,194	60,038	1,710,156			1,770,194
46	WHOLE BLOOD & PACKED RED	84,547	1,121	83,426			84,547
48	INTRAVENOUS THERAPY	21,283	362	20,921			21,283
50	PHYSICAL THERAPY	1,187,237	103,255	1,083,982			1,187,237
53	ELECTROCARDIOLOGY						
53 01	CARDIOPULMONARY	801,825	49,499	752,326			801,825
55	MEDICAL SUPPLIES CHARGED	494,271	6,779	487,492			494,271
56	DRUGS CHARGED TO PATIENTS	1,072,254	16,393	1,055,861			1,072,254
59	OP SENIOR HEALTH	502,763	9,882	492,881			502,763
59 01	TELEMEDICINE-PSYCHIATRIC	16,007	130	15,877			16,007
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,708,979	51,596	2,657,383			2,708,979
62	OBSERVATION BEDS (NON-DIS	198,062		198,062			198,062
63	OTHER OUTPATIENT SERVICE						
63 50	HAVANA MEDICAL ASSOC	3,500,167	79,951	3,420,216			3,500,167
63 51	MASON CITY MEDICAL ASSOC	301,556	2,045	299,511			301,556
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	301,116	25,858	275,258			301,116
101	SUBTOTAL	15,636,997	653,214	14,983,783			15,636,997
102	LESS OBSERVATION BEDS	198,062		198,062			198,062
103	TOTAL	15,438,935	653,214	14,785,721			15,438,935

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	1,082,505	.580262	.580262
40	OPERATING ROOM	819,777	.480543	.480543
41	RADIOLOGY-DIAGNOSTIC	5,544,286	.271466	.271466
41 01	RADIOLOGY-ULTRASOUND	440,258	.339749	.339749
44	LABORATORY	5,781,380	.306189	.306189
46	WHOLE BLOOD & PACKED RED	104,783	.806877	.806877
48	INTRAVENOUS THERAPY	307,914	.069120	.069120
50	PHYSICAL THERAPY	1,386,133	.856510	.856510
53	ELECTROCARDIOLOGY			
53 01	CARDIOPULMONARY	1,620,993	.494651	.494651
55	MEDICAL SUPPLIES CHARGED	821,038	.602007	.602007
56	DRUGS CHARGED TO PATIENTS	1,607,500	.667032	.667032
59	OP SENIOR HEALTH	732,055	.686783	.686783
59 01	TELEMEDICINE-PSYCHIATRIC	39,150	.408863	.408863
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1,541,037	1.757894	1.757894
62	OBSERVATION BEDS (NON-DIS	241,635	.819674	.819674
63	OTHER OUTPATIENT SERVICE			
63 50	HAVANA MEDICAL ASSOC	2,829,689	1.236944	1.236944
63 51	MASON CITY MEDICAL ASSOC	232,839	1.295127	1.295127
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,118,958	.269104	.269104
101	SUBTOTAL	26,251,930		
102	LESS OBSERVATION BEDS	241,635		
103	TOTAL	26,010,295		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

PROVIDER NO:  
14-1313

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

PREPARED 2/10/2011  
WORKSHEET C  
PART III

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 RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	628,136	1,082,505			
40	ANESTHESIOLOGY	393,938	819,777			
41	RADIOLOGY-DIAGNOSTIC	1,505,085	5,544,286			
41 01	RADIOLOGY-ULTRASOUND	149,577	440,258			
44	LABORATORY	1,770,194	5,781,380			
46	WHOLE BLOOD & PACKED RED	84,547	104,783			
48	INTRAVENOUS THERAPY	21,283	307,914			
50	PHYSICAL THERAPY	1,187,237	1,386,133			
53	ELECTROCARDIOLOGY					
53 01	CARDIOPULMONARY	801,825	1,620,993			
55	MEDICAL SUPPLIES CHARGED	494,271	821,038			
56	DRUGS CHARGED TO PATIENTS	1,072,254	1,607,500			
59	OP SENIOR HEALTH	502,763	732,055			
59 01	TELEMEDICINE-PSYCHIATRIC	16,007	39,150			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,708,979	1,541,037			
62	OBSERVATION BEDS (NON-DIS	198,062	241,635			
63	OTHER OUTPATIENT SERVICE					
63 50	HAVANA MEDICAL ASSOC	3,500,167	2,829,689			
63 51	MASON CITY MEDICAL ASSOC	301,556	232,839			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	301,116	1,118,958			
101	TOTAL	15,636,997	26,251,930			

COMPUTATION OF OUTPATIENT COST PER VISIT -  
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1313  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 WORKSHEET C  
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	628,136		628,136		1,082,505		
40	ANESTHESIOLOGY	393,938		393,938		819,777		
41	RADIOLOGY-DIAGNOSTIC	1,505,085	28,642	1,533,727		5,544,286		
41	01 RADIOLOGY-ULTRASOUND	149,577		149,577		440,258		
44	LABORATORY	1,770,194	2,944	1,773,138		5,781,380		
46	WHOLE BLOOD & PACKED RED	84,547		84,547		104,783		
48	INTRAVENOUS THERAPY	21,283		21,283		307,914		
50	PHYSICAL THERAPY	1,187,237		1,187,237		1,386,133		
53	ELECTROCARDIOLOGY							
53	01 CARDIOPULMONARY	801,825	34,637	836,462		1,620,993		
55	MEDICAL SUPPLIES CHARGED	494,271		494,271		821,038		
56	DRUGS CHARGED TO PATIENTS	1,072,254		1,072,254		1,607,500		
59	OP SENIOR HEALTH	502,763		502,763		732,055		
59	01 TELEMEDICINE-PSYCHIATRIC	16,007		16,007		39,150		
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY	2,708,979	315,040	3,024,019		1,541,037		
62	OBSERVATION BEDS (NON-DIS	198,062		198,062		241,635		
63	OTHER OUTPATIENT SERVICE							
63	50 HAVANA MEDICAL ASSOC							
63	51 MASON CITY MEDICAL ASSOC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES	301,116		301,116		1,118,958		
101	TOTAL	11,835,274	381,263	12,216,537		23,189,402		
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							











TITLE XVIII PART A HOSPITAL OTHER

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	146
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,356.59
85	OBSERVATION BED COST	198,062

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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
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		1,089,074	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.580262	134,353	77,960
40	ANESTHESIOLOGY	.480543	103,260	49,621
41	RADIOLOGY-DIAGNOSTIC	.271466	169,860	46,111
41 01	RADIOLOGY-ULTRASOUND	.339749	13,337	4,531
44	LABORATORY	.306189	488,294	149,510
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.806877	36,275	29,269
48	INTRAVENOUS THERAPY	.069120	36,746	2,540
50	PHYSICAL THERAPY	.856510	126,266	108,148
53	ELECTROCARDIOLOGY			
53 01	CARDIOPULMONARY	.494651	324,093	160,313
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.602007	264,401	159,171
56	DRUGS CHARGED TO PATIENTS	.667032	267,053	178,133
59	OP SENIOR HEALTH	.686783		
59 01	TELEMEDICINE-PSYCHIATRIC SERVICES	.408863		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	1.757894		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.819674		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	HAVANA MEDICAL ASSOC			
63 51	MASON CITY MEDICAL ASSOC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,963,938	965,307
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,963,938	

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			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.580262		
40	ANESTHESIOLOGY	.480543		
41	RADIOLOGY-DIAGNOSTIC	.271466	43,797	11,889
41 01	RADIOLOGY-ULTRASOUND	.339749	1,924	654
44	LABORATORY	.306189	146,061	44,722
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.806877	8,852	7,142
48	INTRAVENOUS THERAPY	.069120	19,973	1,381
50	PHYSICAL THERAPY	.856510	232,586	199,212
53	ELECTROCARDIOLOGY			
53 01	CARDIOPULMONARY	.494651	155,959	77,145
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.602007	89,979	54,168
56	DRUGS CHARGED TO PATIENTS	.667032	168,493	112,390
59	OP SENIOR HEALTH	.686783		
59 01	TELEMEDICINE-PSYCHIATRIC SERVICES	.408863		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	1.757894		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.819674		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	HAVANA MEDICAL ASSOC			
63 51	MASON CITY MEDICAL ASSOC			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		867,624	508,703
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		867,624	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,355,038
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,355,038

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,398,588
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	29,648
18.01	CAH ACTUAL BILLED COINSURANCE	1,214,543
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,154,397
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,154,397
24	PRIMARY PAYER PAYMENTS	456
25	SUBTOTAL	3,153,941

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	221,916
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	221,916
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	209,180
28	SUBTOTAL	3,375,857
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,375,857
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,794,183
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-418,326
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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



TITLE XVII SWING BED SNF

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		1,232,511		
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	5/ 1/2010	176,500	
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		176,500	NONE
4 TOTAL INTERIM PAYMENTS			1,409,011	
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)			60,517	
7 TOTAL MEDICARE PROGRAM LIABILITY			1,469,528	

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.

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2009	2/10/2011
COMPONENT NO:	TO	WORKSHEET E-2
14-Z313	9/30/2010	

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	965,927	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	513,790	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	715	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,479,717	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,479,717	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,479,717	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	10,189	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,469,528	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,469,528	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,409,011	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	60,517	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2009	2/10/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
14-1313		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,201,928
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,201,928
5	PRIMARY PAYER PAYMENTS	1,275
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,222,660

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,222,660
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	245,932
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,976,728
23	COINSURANCE	
24	SUBTOTAL	1,976,728
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	29,354
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	29,354
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	29,354
26	SUBTOTAL	2,006,082
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,006,082
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,952,998
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	53,084
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,231,974	68,849		
2	TEMPORARY INVESTMENTS	438,460	2,096,295		
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,434,270			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	359,683			
8	PREPAID EXPENSES	122,319			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,586,706	2,165,144		
FIXED ASSETS					
12	LAND	196,289			
12.01	LAND IMPROVEMENTS	559,643			
13	LESS ACCUMULATED DEPRECIATION	-462,788			
13.01	BUILDINGS	12,695,167			
14	LESS ACCUMULATED DEPRECIATION	-4,120,500			
14.01	LEASEHOLD IMPROVEMENTS	2,471,773			
15	LESS ACCUMULATED DEPRECIATION	-2,017,923			
15.01	AUTOMOBILES AND TRUCKS	473,556			
16	LESS ACCUMULATED DEPRECIATION	-443,319			
16.01	MAJOR MOVABLE EQUIPMENT	6,315,351			
17	LESS ACCUMULATED DEPRECIATION	-5,340,380			
17.01	MINOR EQUIPMENT DEPRECIABLE				
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT-NONDEPRECIABLE				
19	TOTAL FIXED ASSETS	10,326,869			
20	OTHER ASSETS				
21	INVESTMENTS	1,836,476	208,932		
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	530,100			
25	TOTAL OTHER ASSETS	2,366,576	208,932		
26	TOTAL ASSETS	21,280,151	2,374,076		
27					

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	508,388			
29 SALARIES, WAGES & FEES PAYABLE	1,013,864			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	667,792			
32 DEFERRED INCOME	630,000			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,168,730			
36 TOTAL CURRENT LIABILITIES	3,988,774			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	9,407,905			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	207,732			
42 TOTAL LONG-TERM LIABILITIES	9,615,637			
43 TOTAL LIABILITIES	13,604,411			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	7,675,740			
45 SPECIFIC PURPOSE FUND		2,374,076		
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	7,675,740	2,374,076		
52 TOTAL LIABILITIES AND FUND BALANCES	21,280,151	2,374,076		

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		6,412,177		2,099,922
2 NET INCOME (LOSS)		1,263,563		
3 TOTAL		7,675,740		2,099,922
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 INCREASE IN NET ASSETS			274,154	
6				
7				
8				
9				
10 TOTAL ADDITIONS				274,154
11 SUBTOTAL		7,675,740		2,374,076
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		7,675,740		2,374,076

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,458,188		1,458,188
4 00 SWING BED - SNF	644,850		644,850
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,103,038		2,103,038
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,103,038		2,103,038
17 00 ANCILLARY SERVICES	3,707,173	16,580,597	20,287,770
18 00 OUTPATIENT SERVICES	41,458	1,741,214	1,782,672
18 50 HAVANA MEDICAL ASSOC		2,829,689	2,829,689
18 51 MASON CITY MEDICAL ASSOC		232,839	232,839
19 00 HOME HEALTH AGENCY		1,732,539	1,732,539
20 00 AMBULANCE SERVICES		1,118,958	1,118,958
24 00 PHYSICIAN REVENUE	56,206	1,575,523	1,631,729
25 00 TOTAL PATIENT REVENUES	5,907,875	25,811,359	31,719,234

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		20,313,168	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		20,313,168	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	31,719,234
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	11,971,364
3	NET PATIENT REVENUES	19,747,870
4	LESS: TOTAL OPERATING EXPENSES	20,313,168
5	NET INCOME FROM SERVICE TO PATIENTS	-565,298
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	284,986
7	INCOME FROM INVESTMENTS	124,199
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	118,004
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	6,652
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	114,084
24.01	TAX REVENUE AND GRANTS	1,180,936
25	TOTAL OTHER INCOME	1,828,861
26	TOTAL	1,263,563
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,263,563

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
5	112,971	9,097	44,501		39,394	205,963
HHA REIMBURSABLE SERVICES						
6	403,599	32,499				436,098
7						
8						
9						
10						
11	17,931	1,444				19,375
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	534,501	43,040	44,501		39,394	661,436

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
5		205,963	-2,365	203,598
HHA REIMBURSABLE SERVICES				
6		436,098		436,098
7				
8				
9				
10				
11		19,375		19,375
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		661,436	-2,365	659,071

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		203,598				203,598	203,598
HHA REIMBURSABLE SERVICES							
6		436,098				436,098	194,937
7							
8							
9							
10							
11		19,375				19,375	8,661
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		659,071				659,071	
TOTAL (SUM OF LINES 1-23)							

TOTAL

							6
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6		631,035					
7							
8							
9							
10							
11		28,036					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		659,071					
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				-203,598	455,473
6	SKILLED NURSING CARE					436,098
7	PHYSICAL THERAPY					
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					19,375
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)				-203,598	455,473
25	COST TO BE ALLOCATED					203,598
26	UNIT COST MULTIPLIER					.447003

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-CLINIC 3.01	NEW CAP REL COSTS-NEW ME 3.02	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL			5,766		153	30,507
2 SKILLED NURSING CARE	631,035					108,988
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	28,036					4,842
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)	659,071		5,766		153	144,337
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6.01	SUBTOTAL 6A.01	ADMIN & GENERAL-HOSPITAL 6.02	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8
1 ADMIN & GENERAL	36,426	3,311	39,737		14,821	
2 SKILLED NURSING CARE	740,023	67,256	807,279			
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	32,878	2,988	35,866			
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)	809,327	73,555	882,882		14,821	
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	OPERATION OF PLANT-CLINIC 8.01	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL			11,132			
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)			11,132			
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	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NONPHYSICIAN ANESTHETIST 20	SUBTOTAL 25	POST STEP DOWN ADJUST 26
1 ADMIN & GENERAL					65,690	
2 SKILLED NURSING CARE					807,279	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					35,866	
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)					908,835	
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	27	28	29
1 ADMIN & GENERAL	65,690		
2 SKILLED NURSING CARE	807,279	62,896	870,175
3 PHYSICAL THERAPY			
4 OCCUPATIONAL THERAPY			
5 SPEECH PATHOLOGY			
6 MEDICAL SOCIAL SERVICES			
7 HOME HEALTH AIDE	35,866	2,794	38,660
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)	908,835	65,690	908,835
21 UNIT COST MULTIPLIER		0.077911	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3	NEW CAP REL COSTS-CLINIC (SQUARE FEET ) 3.01	NEW CAP REL COSTS-NEW ME (SQUARE FEET ) 3.02	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE ) 4	EMPLOYEE BEN EFITS (GROSS SALARIES ) 5	RECONCILIATION ) 6A.01
1 ADMIN & GENERAL		1,594		153	112,971	
2 SKILLED NURSING CARE					403,599	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					17,931	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		1,594		153	534,501	
21 COST TO BE ALLOCATED		5,766		153	144,337	
22 UNIT COST MULTIPLIER		3.617315		1.000000	0.270041	

HHA COST CENTER	ADMINISTRATIVE & GENERAL ( ACCUM. COST ) 6.01	RECONCILIATION ) 6A.02	ADMIN & GENERAL-HOSPITAL ( ACCUM. COST ) 6.02	MAINTENANCE & REPAIRS (SQUARE FEET ) 7	OPERATION OF PLANT (SQUARE FEET ) 8	OPERATION OF PLANT-CLINIC (SQUARE FEET ) 8.01
1 ADMIN & GENERAL	36,426	-39,737		1,594		
2 SKILLED NURSING CARE	740,023	-807,279				
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	32,878	-35,866				
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)	809,327	-882,882		1,594		
21 COST TO BE ALLOCATED	73,555			14,821		
22 UNIT COST MULTIPLIER	0.090884			9.297992		

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIREMENTS)
	9	10	11	12	14	15
1 ADMIN & GENERAL		1,594				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		1,594				
21 COST TO BE ALLOCATED		11,132				
22 UNIT COST MULTIPLIER		6.983689				

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	870,175	2	870,175	5,127	169.72	1,749
2 PHYSICAL THERAPY	3				1,587		668
3 OCCUPATIONAL THERAPY	4				847		292
4 SPEECH PATHOLOGY	5				20		9
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7	38,660		38,660	491	78.74	212
7 TOTAL		908,835		908,835	8,072		2,930

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	2,300	296,840	390,356	687,196
2 PHYSICAL THERAPY		696			
3 OCCUPATIONAL THERAPY		452			
4 SPEECH PATHOLOGY		7			
5 MEDICAL SOCIAL SERVICES					
6 HOME HEALTH AIDE SERVICES		247	16,693	19,449	36,142
7 TOTAL		3,702	313,533	409,805	723,338

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	PART A
8 SKILLED NURSING		9914					6
8.01 SKILLED NURSING		5003					
9 PHYSICAL THERAPY		9914					
9.01 PHYSICAL THERAPY		5003					
10 OCCUPATIONAL THERAPY		9914					
10.01 OCCUPATIONAL THERAPY		5003					
11 SPEECH PATHOLOGY		9914					
11.01 SPEECH PATHOLOGY		5003					
12 MEDICAL SOCIAL SERVICES		9914					
12.01 MEDICAL SOCIAL SERVICES		5003					
13 HOME HEALTH AIDE SERVICE		9914					
13.01 HOME HEALTH AIDE SERVICE		5003					
14 TOTAL							

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7		9	10	12
8.01 SKILLED NURSING					
9 PHYSICAL THERAPY					
9.01 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
10.01 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
11.01 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
12.01 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
13.01 HOME HEALTH AIDE SERVICE					
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				13,172		4,821
16 COST OF DRUGS	9.00				650		
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----		
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	10	11
15 COST OF MEDICAL SUPPLIES		6,378			
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	5003	
17 PER BENE COST LIMITATION (FRM FI)	9914	
17.01 PER BENE COST LIMITATION (FRM FI)	5003	
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	.856510			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.602007			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.667032			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

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

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2009	2/10/2011
HHA NO:	TO 9/30/2010	WORKSHEET H-7
14-7202		PARTS I & II

TITLE XVII I

HHA 1

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

PART A

PART B  
NOT SUBJECT TO  
DED & COINS  
2

PART B  
SUBJECT TO  
DED & COINS  
3

1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A  
SERVICES  
1

PART B  
SERVICES  
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	358,244	464,357
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	3,786	10,573
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	5,062	6,749
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	1,813	481
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	2,256	4,659
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	371,161	486,819
13	EXCESS REASONABLE COST		
14	SUBTOTAL	371,161	486,819
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	371,161	486,819
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	371,161	486,819
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	371,161	486,819
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	371,161	486,819
25	INTERIM PAYMENTS	371,161	486,819
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		



RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	1,235,963	1,235,963	-273,794
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	222,398	222,398	
4	VISITING NURSE			
5	OTHER NURSE	407,513	407,513	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	1,865,874	1,865,874	-273,794
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT	25,815	25,815	
14	SUBTOTAL (SUM OF LINES 11-13)	25,815	25,815	
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES	14,307	14,307	
16	TRANSPORTATION (HEALTH CARE STAFF)	1,743	1,743	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE	82,714	82,714	
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	98,764	98,764	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,865,874	1,990,453	-273,794
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		955	
30	ADMINISTRATIVE COSTS	264,690	292,335	557,025
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	264,690	293,290	557,980
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	2,130,564	417,869	-273,794

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	962,169		962,169
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	222,398		222,398
4 VISITING NURSE			
5 OTHER NURSE	407,513		407,513
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	1,592,080		1,592,080
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT	25,815		25,815
14 SUBTOTAL (SUM OF LINES 11-13)	25,815		25,815
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	14,307		14,307
16 TRANSPORTATION (HEALTH CARE STAFF)	1,743		1,743
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE	82,714		82,714
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	98,764		98,764
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,716,659		1,716,659
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	955		955
30 ADMINISTRATIVE COSTS	557,025	-213	556,812
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	557,980	-213	557,767
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	2,274,639	-213	2,274,426





ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2009	2/10/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET M-2
14-3457		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	3.49	10,223	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	2.42	4,642	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	5.91	14,865	
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5.91	14,865	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			19,740
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	1,716,659		
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)	1,716,659		
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)	557,767		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	1,225,741		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	1,783,508		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	1,783,508		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	1,783,508		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	3,500,167		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	19,740		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	19,740		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1313	FROM 10/ 1/2009	2/10/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET M-2
14-3462		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.40	1,197	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.58	642	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	.98	1,839	
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	.98	1,839	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			1,680
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	172,057		
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)	172,057		
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)	51,071		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	78,428		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	129,499		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	129,499		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	129,499		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	301,556		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	2,898		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2,898		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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



CALCULATION OF REIMBURSEMENT SETTLEMENT  
 FOR RHC/FQHC SERVICES

TITLE XVII I      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)	301,556
2 COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3 TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	301,556
4 TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	2,898
5 PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6 TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	2,898
7 ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	104.06

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)	104.06	104.06
10 CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	72	186
11 PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	7,492	19,355
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)*		26,847
16.01 PRIMARY PAYER AMOUNT		58
17 LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		4,491
18 NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		22,298
19 REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		17,838
20 PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		
21 TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		17,838
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)		17,838
25 INTERIM PAYMENTS		16,497
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		1,341
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.



