

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).

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1325		FROM 10/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/20/2011 TIME 12:30

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: KEWANEE HOSPITAL 14-1325 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	345,426	-6,682	0	
3	SWING BED - SNF	0	61,910	0	0	
4	SWING BED - NF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
9	RHC	0	0	47,411	0	
100	TOTAL	0	407,336	40,729	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1051 WEST SOUTH STREET P.O. BOX:  
 1.01 CITY: KEWANEE STATE: IL ZIP CODE: 61443- COUNTY: HENRY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	KEWANEE HOSPITAL	14-1325	2.01	7/1/1966	N	0	0
04.00 SWING BED - SNF	KEWANEE SWING BED	14-2325		3/19/2003	N	0	N
05.00 SWING BED - NF	KEWANEE SWING BED	14-2325		3/19/2003	N		N
09.00 HOSPITAL-BASED HHA	KEWANEE HOME CARE	14-7418		10/1/1985	N	P	N
12.00 HOSP-BASED HOSPIECE	KEWANEE HOSPIECE	14-1557		9/15/1993			
14.00 HOSPITAL-BASED RHC	MED ARTS CLINIC	14-3445		10/1/1998	N	0	N

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).



HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

PROVIDER NO: 14-1325  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/20/2011  
WORKSHEET S-2

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL  
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)      V XVIII XIX  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)      1 2 3  
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)      N N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?      N N N

TITLE XIX INPATIENT SERVICES  
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?      Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?      N  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?      N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?      N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?      N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).      N  
 40.01 NAME:      FI/CONTRACTOR NAME      FI/CONTRACTOR #  
 40.02 STREET:      P.O. BOX:  
 40.03 CITY:      STATE:      ZIP CODE:      -  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?      Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?      N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.      N      00/00/0000  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?      N  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?      N  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?      N  
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).      N

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)      N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV      N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE  
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.      0  
 53.01 MDH PERIOD:      BEGINNING:      /      /      ENDING:      /      /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
     PREMIUMS:      279,828  
     PAID LOSSES:      0  
     AND/OR SELF INSURANCE:      0  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.      N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.      N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.      DATE      Y OR N      LIMIT      Y OR N      FEES  
     0      1      2      3      4  
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.      -----  
     N      0.00      0  
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.      0.00      0  
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.      0.00      0

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

PROVIDER NO: 14-1325  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/20/2011  
WORKSHEET S-2

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 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. N
- 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
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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/ 3/2010

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1325      PERIOD: FROM 10/1/2009 TO 9/30/2010      PREPARED 2/20/2011 WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	22	8,030	74,441.00			2,318	383
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						243	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	22	8,030	74,441.00			2,561	383
6 INTENSIVE CARE UNIT	3	1,095	4,392.00			148	11
11 NURSERY							44
12 TOTAL	25	9,125	78,833.00			2,709	438
13 RPCH VISITS							
18 HOME HEALTH AGENCY						6,432	237
21 HOSPICE							
24 RHC						872	5,901
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	OBSERVATION NOT ADMITTED 6.02	-- INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,239				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			273				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,512				
6 INTENSIVE CARE UNIT			183				
11 NURSERY			243				
12 TOTAL			3,938				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			7,256				
21 HOSPICE							
24 RHC			10,631				
25 TOTAL							
26 OBSERVATION BED DAYS			67				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			18				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					664	190	1,085
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		229.54			664	190	1,085
13 RPCH VISITS							
18 HOME HEALTH AGENCY		10.81					
21 HOSPICE		4.44					
24 RHC		17.33					
25 TOTAL		262.12					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 14-1325  
HHA NO: 14-7418  
COUNTY: HENRY  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/20/2011  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,077	108	216
2 UNDUPLICATED CENSUS COUNT		154.00	8.00	16.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	2,401
2 UNDUPLICATED CENSUS COUNT	178.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

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

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	2.45		2.45
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	.10		.10
6 DIRECTING NURSING SERVICE	6.07		6.07
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.83		.83
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.27		.27
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.04		.04
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.15		1.15
17 HOME HEALTH AIDE SUPERVISOR			
18			
18.01			
18.02			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	3
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		99914
20.01		19340
20.02		37900

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		

21 SKILLED NURSING VISITS	4,086	245	127	152
22 SKILLED NURSING VISIT CHARGES	510,685	30,625	15,875	19,000
23 PHYSICAL THERAPY VISITS	543	1	5	8
24 PHYSICAL THERAPY VISIT CHARGES	70,500	125	625	1,000
25 OCCUPATIONAL THERAPY VISITS	283	1	2	14
26 OCCUPATIONAL THERAPY VISIT CHARGES	35,375	125	250	1,750
27 SPEECH PATHOLOGY VISITS	28	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	3,780	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	7	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	1,260	0	0	180
31 HOME HEALTH AIDE VISITS	866	31	5	27
32 HOME HEALTH AIDE VISIT CHARGES	51,960	1,860	300	1,620
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	5,813	278	139	202
34 OTHER CHARGES	9,143	1,498	142	337
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	682,703	34,233	17,192	23,887
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	346	0	49	18
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	6	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	2,341	391	58	0

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/20/2011
I	14-1325	I	FROM 10/ 1/2009	I	WORKSHEET	S-4
I	HHA NO:	I	TO 9/30/2010	I		
I	14-7418	I		I		
	COUNTY:		HENRY			

HOME HEALTH AGENCY STATISTICAL DATA

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	4,610
22 SKILLED NURSING VISIT CHARGES	0	0	576,185
23 PHYSICAL THERAPY VISITS	0	0	557
24 PHYSICAL THERAPY VISIT CHARGES	0	0	72,250
25 OCCUPATIONAL THERAPY VISITS	0	0	300
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	37,500
27 SPEECH PATHOLOGY VISITS	0	0	28
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	3,780
29 MEDICAL SOCIAL SERVICE VISITS	0	0	8
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,440
31 HOME HEALTH AIDE VISITS	0	0	929
32 HOME HEALTH AIDE VISIT CHARGES	0	0	55,740
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	6,432
34 OTHER CHARGES	0	0	11,120
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	758,015
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	413
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	6
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	2,790

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED  
HEALTH CENTER PROVIDER STATISTICAL DATA

PROVIDER NO: 14-1325  
COMPONENT NO: 14-3445  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/20/2011  
WORKSHEET S-8

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1051 WEST SOUTH STREET  
1.01 CITY: KEWANEE STATE: IL ZIP CODE: 61443 COUNTY: HENRY  
2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			900	1900	900	1700	900	1700	900	1900	900	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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET S-9
14-1557		

HOSPICE IDENTIFICATION DATA

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	3,020	27		
3 INPATIENT RESPIRE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	3,020	27		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	95	3,142
3 INPATIENT RESPIRE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	95	3,142

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	78			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	38.72			
9 UNDUPLICATED CENSUS COUNT	78			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		78
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		40.28
9 UNDUPLICATED CENSUS COUNT		78

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
	TO 9/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	1
17.01	GROSS MEDICAID REVENUES	1
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	2
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.473230
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	1



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,127,639	3,127,639	625,458	3,753,097
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,206,241	1,206,241		1,206,241
5	0500 EMPLOYEE BENEFITS	174,607	2,672,592	2,847,199	-40,571	2,806,628
6	0600 ADMINISTRATIVE & GENERAL	1,827,360	3,095,292	4,922,652	-547,874	4,374,778
8	0800 OPERATION OF PLANT	261,052	755,973	1,017,025		1,017,025
9	0900 LAUNDRY & LINEN SERVICE		117,922	117,922		117,922
10	1000 HOUSEKEEPING	218,226	48,099	266,325		266,325
11	1100 DIETARY	271,081	126,939	398,020	-226,398	171,622
12	1200 CAFETERIA				226,398	226,398
14	1400 NURSING ADMINISTRATION					
15	1500 CENTRAL SERVICES & SUPPLY	25,043	26,002	51,045		51,045
16	1600 PHARMACY	50,498	926,826	977,324		977,324
17	1700 MEDICAL RECORDS & LIBRARY	270,538	78,764	349,302		349,302
18	1800 SOCIAL SERVICE				39,978	39,978
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,504,856	192,377	1,697,233	-226,906	1,470,327
26	2600 INTENSIVE CARE UNIT	224,602	30,600	255,202	1,169	256,371
33	3300 NURSERY				127,263	127,263
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	491,744	641,472	1,133,216		1,133,216
39	3900 DELIVERY ROOM & LABOR ROOM				97,334	97,334
40	4000 ANESTHESIOLOGY	199,431	672,996	872,427		872,427
41	4100 RADIOLOGY-DIAGNOSTIC	650,910	1,097,907	1,748,817	-870,011	878,806
43	4300 RADIOISOTOPE				224,711	224,711
43.02	3230 CAT SCAN				197,897	197,897
43.03	3630 ULTRASOUND				67,705	67,705
43.04	3430 MRI				274,626	274,626
44	4400 LABORATORY	507,532	937,618	1,445,150	-51,845	1,393,305
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS				125,936	125,936
49	4900 RESPIRATORY THERAPY				226,368	226,368
50	5000 PHYSICAL THERAPY	436,481	33,330	469,811		469,811
51	5100 OCCUPATIONAL THERAPY	148,385	4,855	153,240		153,240
52	5200 SPEECH PATHOLOGY	114,955	7,700	122,655		122,655
53.01	3160 CARDIO-PULMONARY	253,195	45,009	298,204	-226,368	71,836
53.02	3650 VASCULAR LAB				105,072	105,072
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS					
56.01	3480 ONCOLOGY					
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	863,855	1,553,067	2,416,922	1,140	2,418,062
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC	1,702,251	233,431	1,935,682	-111,104	1,824,578
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED	71,361	123,614	194,975		194,975
71	7100 HOME HEALTH AGENCY	392,755	35,354	428,109		428,109
	SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE	159,215	52,629	211,844	-39,978	171,866
95	SUBTOTALS	10,819,933	17,844,248	28,664,181	-0-	28,664,181
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,200	37,382	42,582		42,582
96.01	9601 FOUNDATION	31,160	26,555	57,715		57,715
98	9800 PHYSICIANS' PRIVATE OFFICES		47,840	47,840		47,840
101	TOTAL	10,856,293	17,956,025	28,812,318	-0-	28,812,318

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/20/2011  
I 14-1325 I FROM 10/ 1/2009 I WORKSHEET A  
I I TO 9/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-237,885	3,515,212
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,206,241
5	0500 EMPLOYEE BENEFITS	-394,756	2,411,872
6	0600 ADMINISTRATIVE & GENERAL	-46,358	4,328,420
8	0800 OPERATION OF PLANT	-2,638	1,014,387
9	0900 LAUNDRY & LINEN SERVICE		117,922
10	1000 HOUSEKEEPING		266,325
11	1100 DIETARY		171,622
12	1200 CAFETERIA	-88,855	137,543
14	1400 NURSING ADMINISTRATION		
15	1500 CENTRAL SERVICES & SUPPLY		51,045
16	1600 PHARMACY		977,324
17	1700 MEDICAL RECORDS & LIBRARY	-6,900	342,402
18	1800 SOCIAL SERVICE		39,978
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,470,327
26	2600 INTENSIVE CARE UNIT		256,371
33	3300 NURSERY		127,263
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,133,216
39	3900 DELIVERY ROOM & LABOR ROOM		97,334
40	4000 ANESTHESIOLOGY	-829,314	43,113
41	4100 RADIOLOGY-DIAGNOSTIC		878,806
43	4300 RADIOISOTOPE		224,711
43.02	3230 CAT SCAN		197,897
43.03	3630 ULTRASOUND		67,705
43.04	3430 MRI		274,626
44	4400 LABORATORY	-28,858	1,364,447
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		125,936
49	4900 RESPIRATORY THERAPY		226,368
50	5000 PHYSICAL THERAPY	-14,912	454,899
51	5100 OCCUPATIONAL THERAPY		153,240
52	5200 SPEECH PATHOLOGY		122,655
53.01	3160 CARDIO-PULMONARY		71,836
53.02	3650 VASCULAR LAB		105,072
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
56.01	3480 ONCOLOGY		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-983,638	1,434,424
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC	-242,976	1,581,602
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED		194,975
71	7100 HOME HEALTH AGENCY		428,109
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		171,866
95	SUBTOTALS	-2,877,090	25,787,091
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		42,582
96.01	9601 FOUNDATION		57,715
98	9800 PHYSICIANS' PRIVATE OFFICES		47,840
101	TOTAL	-2,877,090	25,935,228

I PROVIDER NO: I PERIOD: I PREPARED 2/20/2011  
 I 14-1325 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 9/30/2010 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
43.02	CAT SCAN	3230	CAT SCAN
43.03	ULTRASOUND	3630	ULTRASOUND
43.04	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53.01	CARDIO-PULMONARY	3160	CARDIOPULMONARY
53.02	VASCULAR LAB	3650	VASCULAR LAB
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	ONCOLOGY	3480	ONCOLOGY
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	FOUNDATION	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 141325	PERIOD: FROM 10/ 1/2009 TO 9/30/2010	PREPARED 2/20/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PROPERTY TAX EXP	A	NEW CAP REL COSTS-BLDG & FIXT	3		625,458
2 LABOR AND DELIVERY/NURSERY	B	NURSERY	33	112,098	15,165
3		DELIVERY ROOM & LABOR ROOM	39	85,736	11,598
4 CAFETERIA	D	CAFETERIA	12	154,194	72,204
5 BLOOD COSTS	F	WHOLE BLOOD & PACKED RED BLOOD CELLS	46	8,179	117,757
6 RESPIRATORY THERAPY	G	RESPIRATORY THERAPY	49	159,891	66,477
7 SOCIAL SERVICE	H	SOCIAL SERVICE	18	39,978	
8 RADIOLOGY SERVICES	I	RADIOISOTOPE	43		224,711
9		CAT SCAN	43.02	71,619	126,278
10		MRI	43.04		274,626
11		VASCULAR LAB	53.02		105,072
12		ULTRASOUND	43.03	67,705	
13 HOSPITAL COSTS	K	ADMINISTRATIVE & GENERAL	6	34,933	2,080
14		LABORATORY	44		74,091
15 CASE MANAGERS/DIR NSG	L	ADULTS & PEDIATRICS	25	53,805	
16		INTENSIVE CARE UNIT	26	1,169	
17		EMERGENCY	61	1,140	
18 PHYSICIAN FICA RECLASS	M	ADMINISTRATIVE & GENERAL	6		40,571
36 TOTAL RECLASSIFICATIONS				790,447	1,756,088

(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:  
141325

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

PREPARED 2/20/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 PROPERTY TAX EXP	A	ADMINISTRATIVE & GENERAL	6		625,458	12
2 LABOR AND DELIVERY/NURSERY	B	ADULTS & PEDIATRICS	25	197,834	26,763	
3						
4 CAFETERIA	D	DIETARY	11	154,194	72,204	
5 BLOOD COSTS	F	LABORATORY	44	8,179	117,757	
6 RESPIRATORY THERAPY	G	CARDIO-PULMONARY	53.01	159,891	66,477	
7 SOCIAL SERVICE	H	HOSPICE	93	39,978		
8 RADIOLOGY SERVICES	I	RADIOLOGY-DIAGNOSTIC	41	139,324	730,687	
9						
10						
11						
12						
13 HOSPITAL COSTS	K	RHC	63.50	34,933	76,171	
14						
15 CASE MANAGERS/DIR NSG	L	ADULTS & PEDIATRICS	25	56,114		
16						
17						
18 PHYSICIAN FICA RECLASS	M	EMPLOYEE BENEFITS	5		40,571	
36 TOTAL RECLASSIFICATIONS				790,447	1,756,088	

(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: 141325	PERIOD: FROM 10/ 1/2009 TO 9/30/2010	PREPARED 2/20/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A  
EXPLANATION : PROPERTY TAX EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	625,458	ADMINISTRATIVE & GENERAL	6	625,458	
TOTAL RECLASSIFICATIONS FOR CODE A			625,458				625,458

RECLASS CODE: B  
EXPLANATION : LABOR AND DELIVERY/NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	127,263	ADULTS & PEDIATRICS	25	224,597	
2.00	DELIVERY ROOM & LABOR ROOM	39	97,334			0	
TOTAL RECLASSIFICATIONS FOR CODE B			224,597				224,597

RECLASS CODE: D  
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	226,398	DIETARY	11	226,398	
TOTAL RECLASSIFICATIONS FOR CODE D			226,398				226,398

RECLASS CODE: F  
EXPLANATION : BLOOD COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WHOLE BLOOD & PACKED RED BLOOD	46	125,936	LABORATORY	44	125,936	
TOTAL RECLASSIFICATIONS FOR CODE F			125,936				125,936

RECLASS CODE: G  
EXPLANATION : RESPIRATORY THERAPY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	226,368	CARDIO-PULMONARY	53.01	226,368	
TOTAL RECLASSIFICATIONS FOR CODE G			226,368				226,368

RECLASS CODE: H  
EXPLANATION : SOCIAL SERVICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	39,978	HOSPICE	93	39,978	
TOTAL RECLASSIFICATIONS FOR CODE H			39,978				39,978

RECLASS CODE: I  
EXPLANATION : RADIOLOGY SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOISOTOPE	43	224,711	RADIOLOGY-DIAGNOSTIC	41	870,011	
2.00	CAT SCAN	43.02	197,897			0	
3.00	MRI	43.04	274,626			0	
4.00	VASCULAR LAB	53.02	105,072			0	
5.00	ULTRASOUND	43.03	67,705			0	
TOTAL RECLASSIFICATIONS FOR CODE I			870,011				870,011

RECLASS CODE: K  
EXPLANATION : HOSPITAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	37,013	RHC	63.50	111,104	
2.00	LABORATORY	44	74,091			0	
TOTAL RECLASSIFICATIONS FOR CODE K			111,104				111,104

RECLASS CODE: L  
EXPLANATION : CASE MANAGERS/DI R NSG

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	53,805	ADULTS & PEDIATRICS	25	56,114	

RECLASSIFICATIONS

PROVIDER NO: 141325	PERIOD: FROM 10/ 1/2009 TO 9/30/2010	PREPARED 2/20/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: L  
EXPLANATION : CASE MANAGERS/DIR NSG

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	INTENSIVE CARE UNIT	1,169	26		0
4.00	EMERGENCY	1,140	61		0
TOTAL RECLASSIFICATIONS FOR CODE L		56,114			56,114

RECLASS CODE: M  
EXPLANATION : PHYSICIAN FICA RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	40,571	6		
TOTAL RECLASSIFICATIONS FOR CODE M		40,571	5	EMPLOYEE BENEFITS	40,571

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	2,905,207				801,878	2,103,329	
3 BUILDINGS & FIXTURE	28,272,742				8,613,317	19,659,425	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	32,772,508				10,927,217	21,845,291	
7 SUBTOTAL	63,950,457				20,342,412	43,608,045	
8 RECONCILING ITEMS							
9 TOTAL	63,950,457				20,342,412	43,608,045	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								8
3	NEW CAP REL COSTS-BL	21,762,754		21,762,754	.499054			
4	NEW CAP REL COSTS-MV	21,845,291		21,845,291	.500946			
5	TOTAL	43,608,045		43,608,045	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL	3,127,059		-237,305	625,458		3,515,212
4	NEW CAP REL COSTS-MV	1,206,241					1,206,241
5	TOTAL	4,333,300		-237,305	625,458		4,721,453

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

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL	3,127,639					3,127,639
4	NEW CAP REL COSTS-MV	1,206,241					1,206,241
5	TOTAL	4,333,880					4,333,880

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/20/2011  
 I 14-1325 I FROM 10/ 1/2009 I WORKSHEET A-8  
 I I TO 9/30/2010 I

DESCR I PT I O N (1)	(2) BAS I S /C O D E 1	AMOUNT 2	EXPENSE CLASS I F I C A T I O N O N WORKSHEET A TO/FROM WHICH THE AMOUNT I S TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1			**COST CENTER DELETED**		1	
2			**COST CENTER DELETED**		2	
3			NEW CAP REL COSTS-BLDG &		3	
4			NEW CAP REL COSTS-MVBLE E		4	
5						
6						
7						
8						
9						
10						
11						
12	A-8-2	-1,012,496				
13						
14	A-8-1					
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	A-8-3					
28			**COST CENTER DELETED**		89	
29			**COST CENTER DELETED**		1	
30			**COST CENTER DELETED**		2	
31			NEW CAP REL COSTS-BLDG &		3	
32			NEW CAP REL COSTS-MVBLE E		4	
33			**COST CENTER DELETED**		20	
34						
35	A-8-4		OCCUPATIONAL THERAPY		51	
36	A-8-4		SPEECH PATHOLOGY		52	
37	A	-429,552	ADMINISTRATIVE & GENERAL		6	
37.01	B	-88,855	CAFETERIA		12	
37.08	B	-6,900	MEDICAL RECORDS & LIBRARY		17	
37.10						
37.14	B	-14,912	PHYSICAL THERAPY		50	
37.20	B	-255	EMPLOYEE BENEFITS		5	
37.23	B	-6,375	ADMINISTRATIVE & GENERAL		6	
37.26	B	-6,680	ADMINISTRATIVE & GENERAL		6	
38	B	-13,868	ADMINISTRATIVE & GENERAL		6	
39	B	-237,305	NEW CAP REL COSTS-BLDG &		3	11
40	B	-374,795	EMPLOYEE BENEFITS		5	
41						
42	A	-3,647	ADMINISTRATIVE & GENERAL		6	
43	A	-957	EMPLOYEE BENEFITS		5	
44	A	-1,819	ADMINISTRATIVE & GENERAL		6	
45	A	-580	NEW CAP REL COSTS-BLDG &		3	9
46	A	-829,314	ANESTHESIOLOGY		40	
47	A	-13,699	ADMINISTRATIVE & GENERAL		6	
47.01						
47.02	A	-18,749	EMPLOYEE BENEFITS		5	
47.03	A	-242,976	RHC		63.50	
47.04	B	-270	ADMINISTRATIVE & GENERAL		6	
47.05	A	-2,638	OPERATION OF PLANT		8	
47.06	A	429,552	ADMINISTRATIVE & GENERAL		6	
47.07						
47.08						
47.09						
47.10						
48			OTHER ADJUSTMENTS (SPECIFY)			
49			OTHER ADJUSTMENTS (SPECIFY)			
50		-2,877,090	TOTAL (SUM OF LINES 1 THRU 49)			

(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: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED: 2/20/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	MEDICAL DIRECTOR	3,600		3,600				
2 37	MEDICAL DIRECTOR							
3 44	LABORATORY	28,858	28,858					
4 61	EMERGENCY	1,459,977	983,638	476,339				
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	1,492,435	1,012,496	479,939				



COST ALLOCATION STATISTICS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	MME DEPRE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	TIME SPENT	ENTERED
11	DIETARY	11	PATIENT DAYS	ENTERED
12	CAFETERIA	12	FTE'S	ENTERED
14	NURSING ADMINISTRATION	14	NURSING FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	TIME SPENT	ENTERED
16	PHARMACY	16	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	18	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT	
	0	3	4	5		6	
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	3,515,212	3,515,212					
005 NEW CAP REL COSTS-MVBLE E	1,206,241		1,206,241				
006 EMPLOYEE BENEFITS	2,411,872	15,863	4,099	2,431,834			
008 ADMINISTRATIVE & GENERAL	4,328,420	529,247	144,063	431,243	5,432,973	5,432,973	
009 OPERATION OF PLANT	1,014,387	296,478	17,066	62,454	1,390,385	368,444	1,758,829
010 LAUNDRY & LINEN SERVICE	117,922	15,097			133,019	35,249	9,932
011 HOUSEKEEPING	266,325	29,028	1,919	52,209	349,481	92,610	19,096
012 DIETARY	171,622	80,811	13,108	27,964	293,505	77,777	53,161
014 CAFETERIA	137,543	27,569		36,890	202,002	53,529	18,136
015 NURSING ADMINISTRATION		10,503			10,503	2,783	6,909
016 CENTRAL SERVICES & SUPPLY	51,045		14,747	5,991	71,783	19,022	
017 PHARMACY	977,324	49,632	4,127	12,081	1,043,164	276,432	32,650
018 MEDICAL RECORDS & LIBRARY	342,402	68,668	2,859	64,724	478,653	126,840	45,173
018 SOCIAL SERVICE	39,978			7,514	47,492	12,585	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,470,327	622,642	70,127	332,455	2,495,551	661,307	409,600
033 INTENSIVE CARE UNIT	256,371	93,064	22,191	54,014	425,640	112,792	61,222
033 NURSERY	127,263	11,159		22,915	161,337	42,753	7,341
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,133,216	349,537	130,775	117,645	1,731,173	458,750	229,941
040 DELIVERY ROOM & LABOR ROO	97,334	24,615		17,526	139,475	36,960	16,193
041 ANESTHESIOLOGY	43,113	4,923	8,016		56,052	14,853	3,239
043 RADIOLOGY-DIAGNOSTIC	878,806	168,952	340,096	122,393	1,510,247	400,206	111,144
043 RADIO SOTOP	224,711	9,846			234,557	62,156	6,477
043 02 CAT SCAN	197,897	13,785	194,106	17,134	422,922	112,072	9,068
043 03 ULTRASOUND	67,705	8,533	26,000	16,198	118,436	31,385	5,614
043 04 MRI	274,626	28,226			302,852	80,254	18,568
044 LABORATORY	1,364,447	72,059	60,874	119,465	1,616,845	428,454	47,404
046 WHOLE BLOOD & PACKED RED	125,936	6,564		1,957	134,457	35,630	4,318
049 RESPIRATORY THERAPY	226,368	20,349		38,252	284,969	75,515	13,386
050 PHYSICAL THERAPY	454,899	122,821	12,098	104,424	694,242	183,970	80,797
051 OCCUPATIONAL THERAPY	153,240	11,159	6,049	35,500	205,948	54,575	7,341
052 SPEECH PATHOLOGY	122,655	3,938	1,462	27,502	155,557	41,222	2,591
053 01 CARDIO-PULMONARY	71,836	60,681	60,261	22,322	215,100	57,000	39,919
053 02 VASCULAR LAB	105,072	3,938			109,010	28,887	2,591
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
056 01 ONCOLOGY							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,434,424	257,567	39,146	192,041	1,923,178	509,631	169,439
063 50 OBSERVATION BEDS (NON-DIS							
063 RHC	1,581,602	342,208	23,465	340,761	2,288,036	606,316	225,119
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN	194,975		438	17,072	212,485	56,307	
093 HOME HEALTH AGENCY	428,109	13,748	1,779	93,963	537,599	142,461	9,044
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	171,866	13,748	1,123	28,526	215,263	57,043	9,044
095 SUBTOTALS	25,787,091	3,386,958	1,199,994	2,423,135	25,643,891	5,355,770	1,674,457
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	42,582	33,367	385	1,244	77,578	20,558	21,951
098 FOUNDATION	57,715		4,790	7,455	69,960	18,539	
101 PHYSICIANS' PRIVATE OFFIC	47,840	94,887	1,072		143,799	38,106	62,421
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	25,935,228	3,515,212	1,206,241	2,431,834	25,935,228	5,432,973	1,758,829

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	178,200							
011 HOUSEKEEPING	1,676	462,863						
012 DIETARY	141	18,791	443,375					
014 CAFETERIA				273,667				
015 NURSING ADMINISTRATION		2,826		902		23,923		
016 CENTRAL SERVICES & SUPPLY		2,967		1,726			95,498	
017 PHARMACY		5,369		2,892		370		1,360,877
018 MEDICAL RECORDS & LIBRARY				12,892				
025 SOCIAL SERVICE		989		1,555				
026 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	79,451	213,489	421,416	51,753	6,624	8,165		
033 INTENSIVE CARE UNIT	2,713	13,846	21,959	9,922	1,270	593		
037 NURSERY		1,695		3,001	384			
039 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM	16,172	46,060		23,171	2,965	53,132		
041 DELIVERY ROOM & LABOR ROO				2,302	295			
043 ANESTHESIOLOGY				1,353				
043 RADIOLOGY-DIAGNOSTIC	9,318	32,355		26,032	3,332			
043 RADIOISOTOPE								
043 02 CAT SCAN		2,826		2,146	275			
043 03 ULTRASOUND				2,022	259			
043 04 MRI								
044 LABORATORY		19,498		19,221				
046 WHOLE BLOOD & PACKED RED				311				
049 RESPIRATORY THERAPY				7,496	959			
050 PHYSICAL THERAPY	9,484	17,379		13,778		201		
051 OCCUPATIONAL THERAPY		5,228		3,437				
052 SPEECH PATHOLOGY		4,239		2,955				
053 01 CARDIO-PULMONARY	6,696	5,934		4,385	561			
053 02 VASCULAR LAB		3,108						
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								1,360,877
056 01 ONCOLOGY								
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY	52,549	33,344		28,085	3,594	22,861		
063 50 OBSERVATION BEDS (NON-DIS								
063 RHC		16,955		26,950		10,546		
066 OTHER REIMBURS COST CNTRS								
071 DURABLE MEDICAL EQUIP-REN		2,119						
093 HOME HEALTH AGENCY		3,956		16,811	2,151			
095 SPEC PURPOSE COST CENTERS								
095 HOSPICE				6,905	884			
095 SUBTOTALS	178,200	452,973	443,375	272,003	23,923	95,498	1,360,877	
096 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP				327				
098 FOUNDATION				1,337				
101 PHYSICIANS' PRIVATE OFFIC		9,890						
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
103 TOTAL	178,200	462,863	443,375	273,667	23,923	95,498	1,360,877	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25		27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	663,558				
025 SOCIAL SERVICE		62,621			
026 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	61,332	23,054	4,431,742		4,431,742
026 INTENSIVE CARE UNIT	7,159	467	657,583		657,583
033 NURSERY	3,514		220,025		220,025
037 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	86,444		2,647,808		2,647,808
040 DELIVERY ROOM & LABOR ROO	2,688		197,913		197,913
041 ANESTHESIOLOGY	9,578		85,075		85,075
043 RADIOLOGY-DIAGNOSTIC	35,831		2,128,465		2,128,465
043 RADIOISOTOPE	10,909		314,099		314,099
043 02 CAT SCAN	84,833		634,142		634,142
043 03 ULTRASOUND	19,085		176,801		176,801
043 04 MRI	21,428		423,102		423,102
044 LABORATORY	121,711		2,253,133		2,253,133
046 WHOLE BLOOD & PACKED RED	2,033		176,749		176,749
049 RESPIRATORY THERAPY	27,903		410,228		410,228
050 PHYSICAL THERAPY	14,409		1,014,260		1,014,260
051 OCCUPATIONAL THERAPY	3,237		279,766		279,766
052 SPEECH PATHOLOGY	1,469		208,033		208,033
053 01 CARDIO-PULMONARY	15,977		345,572		345,572
053 02 VASCULAR LAB	4,125		147,721		147,721
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS	36,988		1,397,865		1,397,865
056 01 ONCOLOGY					
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY	58,820	2,181	2,803,682		2,803,682
063 50 OBSERVATION BEDS (NON-DIS					
063 RHC	30,249		3,204,171		3,204,171
066 OTHER REIMBURS COST CNTRS					
071 DURABLE MEDICAL EQUIP-REN	3,836		274,747		274,747
093 HOME HEALTH AGENCY		5,764	717,786		717,786
095 SPEC PURPOSE COST CENTERS					
093 HOSPICE		31,155	320,294		320,294
095 SUBTOTALS	663,558	62,621	25,470,762		25,470,762
096 NONREIMBURS COST CENTERS					
096 01 GIFT, FLOWER, COFFEE SHOP			120,414		120,414
098 FOUNDATION			89,836		89,836
101 PHYSICIANS' PRIVATE OFFIC			254,216		254,216
102 CROSS FOOT ADJUSTMENT					
103 NEGATIVE COST CENTER					
103 TOTAL	663,558	62,621	25,935,228		25,935,228

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		15,863	4,099	19,962	19,962		
006 ADMINISTRATIVE & GENERAL		529,247	144,063	673,310	3,539	676,849	
008 OPERATION OF PLANT		296,478	17,066	313,544	513	45,901	359,958
009 LAUNDRY & LINEN SERVICE		15,097		15,097		4,391	2,033
010 HOUSEKEEPING		29,028	1,919	30,947	429	11,537	3,908
011 DIETARY		80,811	13,108	93,919	230	9,689	10,880
012 CAFETERIA		27,569		27,569	303	6,669	3,712
014 NURSING ADMINISTRATION		10,503		10,503		347	1,414
015 CENTRAL SERVICES & SUPPLY			14,747	14,747	49	2,370	
016 PHARMACY		49,632	4,127	53,759	99	34,438	6,682
017 MEDICAL RECORDS & LIBRARY		68,668	2,859	71,527	531	15,802	9,245
018 SOCIAL SERVICE					62	1,568	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		622,642	70,127	692,769	2,729	82,394	83,826
026 INTENSIVE CARE UNIT		93,064	22,191	115,255	443	14,052	12,530
033 NURSERY		11,159		11,159	188	5,326	1,502
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		349,537	130,775	480,312	966	57,151	47,059
039 DELIVERY ROOM & LABOR ROO		24,615		24,615	144	4,604	3,314
040 ANESTHESIOLOGY		4,923	8,016	12,939		1,850	663
041 RADIOLOGY-DIAGNOSTIC		168,952	340,096	509,048	1,005	49,858	22,747
043 RADIOISOTOPE		9,846		9,846		7,743	1,326
043 02 CAT SCAN		13,785	194,106	207,891	141	13,962	1,856
043 03 ULTRASOUND		8,533	26,000	34,533	133	3,910	1,149
043 04 MRI		28,226		28,226		9,998	3,800
044 LABORATORY		72,059	60,874	132,933	981	53,377	9,702
046 WHOLE BLOOD & PACKED RED		6,564		6,564	16	4,439	884
049 RESPIRATORY THERAPY		20,349		20,349	314	9,408	2,740
050 PHYSICAL THERAPY		122,821	12,098	134,919	857	22,919	16,536
051 OCCUPATIONAL THERAPY		11,159	6,049	17,208	291	6,799	1,502
052 SPEECH PATHOLOGY		3,938	1,462	5,400	226	5,135	530
053 01 CARDIO-PULMONARY		60,681	60,261	120,942	183	7,101	8,170
053 02 VASCULAR LAB		3,938		3,938		3,599	530
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
056 01 ONCOLOGY							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		257,567	39,146	296,713	1,577	63,490	34,677
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC		342,208	23,465	365,673	2,797	75,535	46,072
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN			438	438	140	7,015	
071 HOME HEALTH AGENCY		13,748	1,779	15,527	771	17,748	1,851
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		13,748	1,123	14,871	234	7,106	1,851
095 SUBTOTALS		3,386,958	1,199,994	4,586,952	19,891	667,231	342,691
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		33,367	385	33,752	10	2,561	4,492
096 01 FOUNDATION			4,790	4,790	61	2,310	
098 PHYSICIANS' PRIVATE OFFIC		94,887	1,072	95,959		4,747	12,775
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,515,212	1,206,241	4,721,453	19,962	676,849	359,958

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	21,521						
011 HOUSEKEEPING	202	47,023					
012 DIETARY	17	1,909	116,644				
014 CAFETERIA				38,253			
015 NURSING ADMINISTRATION		287		126	12,677		
016 CENTRAL SERVICES & SUPPLY		301		241		17,708	
017 PHARMACY		545		404	196		96,123
018 MEDICAL RECORDS & LIBRARY				1,802			
025 SOCIAL SERVICE		100		217			
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,596	21,690	110,867	7,233	3,511	1,514	
026 INTENSIVE CARE UNIT	328	1,407	5,777	1,387	673	110	
033 NURSERY		172		420	204		
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,953	4,679		3,239	1,571	9,852	
040 DELIVERY ROOM & LABOR ROO				322	156		
041 ANESTHESIOLOGY				189			
043 RADIOLOGY-DIAGNOSTIC	1,125	3,287		3,639	1,765		
043 RADIOISOTOPE							
043 02 CAT SCAN		287		300	146		
043 03 ULTRASOUND				283	137		
043 04 MRI							
044 LABORATORY		1,981		2,687			
046 WHOLE BLOOD & PACKED RED				43			
049 RESPIRATORY THERAPY				1,048	508		
050 PHYSICAL THERAPY	1,145	1,766		1,926		37	
051 OCCUPATIONAL THERAPY		531		480			
052 SPEECH PATHOLOGY		431		413			
053 01 CARDIO-PULMONARY	809	603		613	297		
053 02 VASCULAR LAB		316					
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							96,123
056 01 ONCOLOGY							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	6,346	3,387		3,926	1,905	4,239	
063 50 OBSERVATION BEDS (NON-DIS		1,722		3,767		1,956	
066 RHC							
071 OTHER REIMBURS COST CNTRS		215					
093 DURABLE MEDICAL EQUIP-REN		402		2,350	1,140		
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE				965	468		
095 SUBTOTALS	21,521	46,018	116,644	38,020	12,677	17,708	96,123
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP				46			
098 FOUNDATION				187			
101 PHYSICIANS' PRIVATE OFFIC		1,005					
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	21,521	47,023	116,644	38,253	12,677	17,708	96,123

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	98,907				
025 SOCIAL SERVICE		1,947			
026 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	9,144	717	1,025,990		1,025,990
026 INTENSIVE CARE UNIT	1,067	15	153,044		153,044
033 NURSERY	524		19,495		19,495
037 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	12,887		619,669		619,669
040 DELIVERY ROOM & LABOR ROO	401		33,556		33,556
041 ANESTHESIOLOGY	1,428		17,069		17,069
043 RADIOLOGY-DIAGNOSTIC	5,342		597,816		597,816
043 RADIOISOTOPE	1,626		20,541		20,541
043 02 CAT SCAN	12,647		237,230		237,230
043 03 ULTRASOUND	2,845		42,990		42,990
043 04 MRI	3,195		45,219		45,219
044 LABORATORY	18,126		219,787		219,787
046 WHOLE BLOOD & PACKED RED	303		12,249		12,249
049 RESPIRATORY THERAPY	4,160		38,527		38,527
050 PHYSICAL THERAPY	2,148		182,253		182,253
051 OCCUPATIONAL THERAPY	483		27,294		27,294
052 SPEECH PATHOLOGY	219		12,354		12,354
053 01 CARDIO-PULMONARY	2,382		141,100		141,100
053 02 VASCULAR LAB	615		8,998		8,998
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS	5,514		101,637		101,637
056 01 ONCOLOGY					
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY	8,769	68	425,097		425,097
063 50 OBSERVATION BEDS (NON-DIS					
063 RHC	4,510		502,032		502,032
066 OTHER REIMBURS COST CNTRS					
071 DURABLE MEDICAL EQUIP-REN	572		8,380		8,380
071 HOME HEALTH AGENCY		179	39,968		39,968
093 SPEC PURPOSE COST CENTERS					
093 HOSPICE		968	26,463		26,463
095 SUBTOTALS	98,907	1,947	4,558,758		4,558,758
096 NONREIMBURS COST CENTERS					
096 01 GIFT, FLOWER, COFFEE SHOP			40,861		40,861
096 FOUNDATION			7,348		7,348
098 PHYSICIANS' PRIVATE OFFIC			114,486		114,486
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	98,907	1,947	4,721,453		4,721,453

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (MME DEPRE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	96,394					
005 NEW CAP REL COSTS-MVB		1,206,243				
006 EMPLOYEE BENEFITS	435	4,099	10,164,775			
008 ADMINISTRATIVE & GENERAL	14,513	144,063	1,802,532	-5,432,973	20,502,255	
009 OPERATION OF PLANT	8,130	17,066	261,052		1,390,385	73,316
010 LAUNDRY & LINEN SERVICE	414				133,019	414
011 HOUSEKEEPING	796	1,919	218,226		349,481	796
012 DIETARY	2,216	13,108	116,886		293,505	2,216
014 CAFETERIA	756		154,194		202,002	756
015 NURSING ADMINISTRATION	288				10,503	288
016 CENTRAL SERVICES & SUPPLY		14,747	25,043		71,783	
017 PHARMACY	1,361	4,127	50,498		1,043,164	1,361
018 MEDICAL RECORDS & LIBRARY	1,883	2,859	270,538		478,653	1,883
025 SOCIAL SERVICE			31,408		47,492	
026 INPAT ROUTINE SRVC CNTR						
026 ADULTS & PEDIATRICS	17,074	70,127	1,389,624		2,495,551	17,074
033 INTENSIVE CARE UNIT	2,552	22,191	225,771		425,640	2,552
037 NURSERY	306		95,781		161,337	306
039 ANCILLARY SRVC COST CENTER						
040 OPERATING ROOM	9,585	130,775	491,744		1,731,173	9,585
041 DELIVERY ROOM & LABOR	675		73,256		139,475	675
043 ANESTHESIOLOGY	135	8,016			56,052	135
043 RADIOLOGY-DIAGNOSTIC	4,633	340,098	511,587		1,510,247	4,633
043 RADIOISOTOPE	270				234,557	270
043 02 CAT SCAN	378	194,106	71,619		422,922	378
043 03 ULTRASOUND	234	26,000	67,705		118,436	234
043 04 MRI	774				302,852	774
044 LABORATORY	1,976	60,874	499,352		1,616,845	1,976
046 WHOLE BLOOD & PACKED	180		8,179		134,457	180
049 RESPIRATORY THERAPY	558		159,891		284,969	558
050 PHYSICAL THERAPY	3,368	12,098	436,481		694,242	3,368
051 OCCUPATIONAL THERAPY	306	6,049	148,385		205,948	306
052 SPEECH PATHOLOGY	108	1,462	114,955		155,557	108
053 01 CARDIO-PULMONARY	1,664	60,261	93,304		215,100	1,664
053 02 VASCULAR LAB	108				109,010	108
055 MEDICAL SUPPLIES CHARGED TO PATIENT						
056 01 ONCOLOGY						
061 OUTPAT SERVICE COST CENTER						
062 EMERGENCY	7,063	39,146	802,709		1,923,178	7,063
063 50 OBSERVATION BEDS (NON RHC)	9,384	23,465	1,424,342		2,288,036	9,384
066 OTHER REIMBURS COST CENTER						
071 DURABLE MEDICAL EQUIPMENT		438	71,361		212,485	
093 HOME HEALTH AGENCY	377	1,779	392,755		537,599	377
095 SPEC PURPOSE COST CENTER						
096 HOSPICE	377	1,123	119,237		215,263	377
096 SUBTOTALS	92,877	1,199,996	10,128,415	-5,432,973	20,210,918	69,799
096 NONREIMBURS COST CENTER						
096 01 GIFT, FLOWER, COFFEE FOUNDATION	915	385	5,200		77,578	915
098 PHYSICIANS' PRIVATE OFFICE		4,790	31,160		69,960	
101 CROSS FOOT ADJUSTMENT	2,602	1,072			143,799	2,602
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,515,212	1,206,241	2,431,834		5,432,973	1,758,829
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	36.467125		.239241		.264994	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		.999998				23.989702
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			19,962		676,849	359,958
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.001964		.033013	4.909679

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(TIME SPENT)	(PATIENT DAYS)	(FTE'S)	(NURSING FTE'S)	(TIME SPENT)	(COSTED)REQUIS.
GENERAL SERVICE COST	9	10	11	12	14	15	16
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	21,476						
010 HOUSEKEEPING	202	3,276					
011 DIETARY	17	133	3,695				
012 CAFETERIA				17,598			
014 NURSING ADMINISTRATION		20		58	12,020		
015 CENTRAL SERVICES & SUPPLY		21		111		9,988	
016 PHARMACY		38		186	186		100
017 MEDICAL RECORDS & LIBRARY				829			
018 SOCIAL SERVICE		7		100			
INPAT ROUTINE SRVC CNTR							
025 ADULTS & PEDIATRICS	9,575	1,511	3,512	3,328	3,328	854	
026 INTENSIVE CARE UNIT	327	98	183	638	638	62	
033 NURSERY		12		193	193		
ANCILLARY SRVC COST CTR							
037 OPERATING ROOM	1,949	326		1,490	1,490	5,557	
039 DELIVERY ROOM & LABOR				148	148		
040 ANESTHESIOLOGY				87			
041 RADIOLOGY-DIAGNOSTIC	1,123	229		1,674	1,674		
043 RADIOISOTOPE							
043 02 CAT SCAN		20		138	138		
043 03 ULTRASOUND				130	130		
043 04 MRI							
044 LABORATORY		138		1,236			
046 WHOLE BLOOD & PACKED				20			
049 RESPIRATORY THERAPY				482	482		
050 PHYSICAL THERAPY	1,143	123		886		21	
051 OCCUPATIONAL THERAPY		37		221			
052 SPEECH PATHOLOGY		30		190			
053 01 CARDIO-PULMONARY	807	42		282	282		
053 02 VASCULAR LAB		22					
055 MEDICAL SUPPLIES CHARGED TO PATIENT							100
056 01 ONCOLOGY							
061 OUTPAT SERVICE COST CENTER							
062 EMERGENCY	6,333	236		1,806	1,806	2,391	
063 50 OBSERVATION BEDS (NON RHC)		120		1,733		1,103	
066 OTHER REIMBURS COST CENTER							
071 DURABLE MEDICAL EQUIPMENT		15					
HOME HEALTH AGENCY		28		1,081	1,081		
SPEC PURPOSE COST CENTER							
093 HOSPICE				444	444		
095 SUBTOTALS	21,476	3,206	3,695	17,491	12,020	9,988	100
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE				21			
096 01 FOUNDATION				86			
098 PHYSICIANS' PRIVATE OFFICE		70					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	178,200	462,863	443,375	273,667	23,923	95,498	1,360,877
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		141.289072		15.551029		9.561274	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	8.297635		119.993234		1.990266		13,608.770000
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	21,521	47,023	116,644	38,253	12,677	17,708	96,123
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.002095	14.353785	31.568065	2.173713	1.054659	1.772928	961.230000

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(GROSS CHARGES)	(TIME SPENT)
	17	18
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY	51,629,640	
025 SOCIAL SERVICE		402
026 INPAT ROUTINE SRVC CNTR		
033 ADULTS & PEDIATRICS	4,772,188	148
037 INTENSIVE CARE UNIT	557,050	3
039 NURSERY	273,459	
040 ANCILLARY SRVC COST CENTER		
041 OPERATING ROOM	6,726,145	
043 DELIVERY ROOM & LABOR	209,150	
044 ANESTHESIOLOGY	745,244	
046 RADIOLOGY-DIAGNOSTIC	2,788,004	
049 RADIOISOTOPE	848,846	
050 02 CAT SCAN	6,600,790	
053 03 ULTRASOUND	1,484,950	
056 04 MRI	1,667,327	
061 LABORATORY	9,469,016	
066 WHOLE BLOOD & PACKED	158,180	
071 RESPIRATORY THERAPY	2,171,098	
093 PHYSICAL THERAPY	1,121,135	
095 OCCUPATIONAL THERAPY	251,870	
098 SPEECH PATHOLOGY	114,278	
101 01 CARDIO-PULMONARY	1,243,139	
102 02 VASCULAR LAB	320,988	
106 MEDICAL SUPPLIES CHARGED TO PATIENT		
108 01 ONCOLOGY	2,878,001	
111 OUTPAT SERVICE COST CENTER		
114 EMERGENCY	4,576,708	14
117 OBSERVATION BEDS (NON-RHC)		
120 50 RHC	2,353,635	
123 OTHER REIMBURS COST CENTER		
126 DURABLE MEDICAL EQUIPMENT	298,439	
129 HOME HEALTH AGENCY		37
132 SPEC PURPOSE COST CENTER		
135 HOSPICE		200
138 SUBTOTALS	51,629,640	402
141 NONREIMBURS COST CENTER		
144 GIFT, FLOWER, COFFEE		
147 01 FOUNDATION		
150 PHYSICIANS' PRIVATE OFFICE		
153 CROSS FOOT ADJUSTMENT		
156 NEGATIVE COST CENTER		
159 COST TO BE ALLOCATED	663,558	62,621
162 (PER WRKSHT B, PART I)		
165 UNIT COST MULTIPLIER		155.773632
168 (WRKSHT B, PT I)	.012852	
171 COST TO BE ALLOCATED		
174 (PER WRKSHT B, PART I)		
177 UNIT COST MULTIPLIER		
180 (WRKSHT B, PT I)		
183 COST TO BE ALLOCATED	98,907	1,947
186 (PER WRKSHT B, PART I)		
189 UNIT COST MULTIPLIER		4.843284
192 (WRKSHT B, PT I)	.001916	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,431,742		4,431,742		4,431,742
26	INTENSIVE CARE UNIT	657,583		657,583		657,583
33	NURSERY	220,025		220,025		220,025
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,647,808		2,647,808		2,647,808
39	DELIVERY ROOM & LABOR ROO	197,913		197,913		197,913
40	ANESTHESIOLOGY	85,075		85,075		85,075
41	RADIOLOGY-DIAGNOSTIC	2,128,465		2,128,465		2,128,465
43	RADIOISOTOPE	314,099		314,099		314,099
43	02 CAT SCAN	634,142		634,142		634,142
43	03 ULTRASOUND	176,801		176,801		176,801
43	04 MRI	423,102		423,102		423,102
44	LABORATORY	2,253,133		2,253,133		2,253,133
46	WHOLE BLOOD & PACKED RED	176,749		176,749		176,749
49	RESPIRATORY THERAPY	410,228		410,228		410,228
50	PHYSICAL THERAPY	1,014,260		1,014,260		1,014,260
51	OCCUPATIONAL THERAPY	279,766		279,766		279,766
52	SPEECH PATHOLOGY	208,033		208,033		208,033
53	01 CARDIO-PULMONARY	345,572		345,572		345,572
53	02 VASCULAR LAB	147,721		147,721		147,721
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,397,865		1,397,865		1,397,865
56	01 ONCOLOGY					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,803,682		2,803,682		2,803,682
62	OBSERVATION BEDS (NON-DIS	82,963		82,963		82,963
63	50 RHC	3,204,171		3,204,171		3,204,171
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	274,747		274,747		274,747
101	SUBTOTAL	24,515,645		24,515,645		24,515,645
102	LESS OBSERVATION BEDS	82,963		82,963		82,963
103	TOTAL	24,432,682		24,432,682		24,432,682

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,679,599		4,679,599			
26	INTENSIVE CARE UNIT	557,050		557,050			
33	NURSERY	273,459		273,459			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,590,531	5,135,614	6,726,145	.393659	.393659	.393659
39	DELIVERY ROOM & LABOR ROO	59,350	149,800	209,150	.946273	.946273	.946273
40	ANESTHESIOLOGY	285,994	459,250	745,244	.114157	.114157	.114157
41	RADIOLOGY-DIAGNOSTIC	197,068	2,590,936	2,788,004	.763437	.763437	.763437
43	RADIOISOTOPE	117,618	731,228	848,846	.370031	.370031	.370031
43 02	CAT SCAN	557,376	6,043,414	6,600,790	.096071	.096071	.096071
43 03	ULTRASOUND	75,844	1,409,106	1,484,950	.119062	.119062	.119062
43 04	MRI	53,474	1,613,853	1,667,327	.253761	.253761	.253761
44	LABORATORY	1,269,600	8,199,416	9,469,016	.237948	.237948	.237948
46	WHOLE BLOOD & PACKED RED	83,143	75,037	158,180	1.117392	1.117392	1.117392
49	RESPIRATORY THERAPY	1,705,000	466,098	2,171,098	.188950	.188950	.188950
50	PHYSICAL THERAPY	272,404	848,731	1,121,135	.904672	.904672	.904672
51	OCCUPATIONAL THERAPY	135,497	116,373	251,870	1.110756	1.110756	1.110756
52	SPEECH PATHOLOGY	16,353	97,925	114,278	1.820412	1.820412	1.820412
53 01	CARDIO-PULMONARY	244,393	998,746	1,243,139	.277983	.277983	.277983
53 02	VASCULAR LAB	49,119	271,869	320,988	.460207	.460207	.460207
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,385,469	1,492,532	2,878,001	.485707	.485707	.485707
56 01	ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,010	4,575,698	4,576,708	.612598	.612598	.612598
62	OBSERVATION BEDS (NON-DIS	8,963	83,626	92,589	.896035	.896035	.896035
63 50	RHC		2,353,635	2,353,635	1.361371	1.361371	1.361371
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		298,439	298,439	.920614	.920614	.920614
101	SUBTOTAL	13,618,314	38,011,326	51,629,640			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,618,314	38,011,326	51,629,640			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-1325  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/20/2011  
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
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,431,742		4,431,742		4,431,742
26	INTENSIVE CARE UNIT	657,583		657,583		657,583
33	NURSERY	220,025		220,025		220,025
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,647,808		2,647,808		2,647,808
39	DELIVERY ROOM & LABOR ROOM	197,913		197,913		197,913
40	ANESTHESIOLOGY	85,075		85,075		85,075
41	RADIOLOGY-DIAGNOSTIC	2,128,465		2,128,465		2,128,465
43	RADIOISOTOPE	314,099		314,099		314,099
43 02	CAT SCAN	634,142		634,142		634,142
43 03	ULTRASOUND	176,801		176,801		176,801
43 04	MRI	423,102		423,102		423,102
44	LABORATORY	2,253,133		2,253,133		2,253,133
46	WHOLE BLOOD & PACKED RED	176,749		176,749		176,749
49	RESPIRATORY THERAPY	410,228		410,228		410,228
50	PHYSICAL THERAPY	1,014,260		1,014,260		1,014,260
51	OCCUPATIONAL THERAPY	279,766		279,766		279,766
52	SPEECH PATHOLOGY	208,033		208,033		208,033
53 01	CARDIO-PULMONARY	345,572		345,572		345,572
53 02	VASCULAR LAB	147,721		147,721		147,721
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,397,865		1,397,865		1,397,865
56 01	ONCOLOGY					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,803,682		2,803,682		2,803,682
62	OBSERVATION BEDS (NON-DIS)	82,963		82,963		82,963
63 50	RHC	3,204,171		3,204,171		3,204,171
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	274,747		274,747		274,747
101	SUBTOTAL	24,515,645		24,515,645		24,515,645
102	LESS OBSERVATION BEDS	82,963		82,963		82,963
103	TOTAL	24,432,682		24,432,682		24,432,682

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-1325  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/20/2011  
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	4,679,599		4,679,599			
26	INTENSIVE CARE UNIT	557,050		557,050			
33	NURSERY	273,459		273,459			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,590,531	5,135,614	6,726,145	.393659	.393659	.393659
39	DELIVERY ROOM & LABOR ROO	59,350	149,800	209,150	.946273	.946273	.946273
40	ANESTHESIOLOGY	285,994	459,250	745,244	.114157	.114157	.114157
41	RADIOLOGY-DIAGNOSTIC	197,068	2,590,936	2,788,004	.763437	.763437	.763437
43	RADIOISOTOPE	117,618	731,228	848,846	.370031	.370031	.370031
43	02 CAT SCAN	557,376	6,043,414	6,600,790	.096071	.096071	.096071
43	03 ULTRASOUND	75,844	1,409,106	1,484,950	.119062	.119062	.119062
43	04 MRI	53,474	1,613,853	1,667,327	.253761	.253761	.253761
44	LABORATORY	1,269,600	8,199,416	9,469,016	.237948	.237948	.237948
46	WHOLE BLOOD & PACKED RED	83,143	75,037	158,180	1.117392	1.117392	1.117392
49	RESPIRATORY THERAPY	1,705,000	466,098	2,171,098	.188950	.188950	.188950
50	PHYSICAL THERAPY	272,404	848,731	1,121,135	.904672	.904672	.904672
51	OCCUPATIONAL THERAPY	135,497	116,373	251,870	1.110756	1.110756	1.110756
52	SPEECH PATHOLOGY	16,353	97,925	114,278	1.820412	1.820412	1.820412
53	01 CARDIO-PULMONARY	244,393	998,746	1,243,139	.277983	.277983	.277983
53	02 VASCULAR LAB	49,119	271,869	320,988	.460207	.460207	.460207
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,385,469	1,492,532	2,878,001	.485707	.485707	.485707
56	01 ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,010	4,575,698	4,576,708	.612598	.612598	.612598
62	OBSERVATION BEDS (NON-DIS	8,963	83,626	92,589	.896035	.896035	.896035
63	50 RHC		2,353,635	2,353,635	1.361371	1.361371	1.361371
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		298,439	298,439	.920614	.920614	.920614
101	SUBTOTAL	13,618,314	38,011,326	51,629,640			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,618,314	38,011,326	51,629,640			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,647,808	619,669	2,028,139			2,647,808
39	DELIVERY ROOM & LABOR ROO	197,913	33,556	164,357			197,913
40	ANESTHESIOLOGY	85,075	17,069	68,006			85,075
41	RADIOLOGY-DIAGNOSTIC	2,128,465	597,816	1,530,649			2,128,465
43	RADIOISOTOPE	314,099	20,541	293,558			314,099
43	02 CAT SCAN	634,142	237,230	396,912			634,142
43	03 ULTRASOUND	176,801	42,990	133,811			176,801
43	04 MRI	423,102	45,219	377,883			423,102
44	LABORATORY	2,253,133	219,787	2,033,346			2,253,133
46	WHOLE BLOOD & PACKED RED	176,749	12,249	164,500			176,749
49	RESPIRATORY THERAPY	410,228	38,527	371,701			410,228
50	PHYSICAL THERAPY	1,014,260	182,253	832,007			1,014,260
51	OCCUPATIONAL THERAPY	279,766	27,294	252,472			279,766
52	SPEECH PATHOLOGY	208,033	12,354	195,679			208,033
53	01 CARDIO-PULMONARY	345,572	141,100	204,472			345,572
53	02 VASCULAR LAB	147,721	8,998	138,723			147,721
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,397,865	101,637	1,296,228			1,397,865
56	01 ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,803,682	425,097	2,378,585			2,803,682
62	OBSERVATION BEDS (NON-DIS	82,963		82,963			82,963
63	50 RHC	3,204,171	502,032	2,702,139			3,204,171
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	274,747	8,380	266,367			274,747
101	SUBTOTAL	19,206,295	3,293,798	15,912,497			19,206,295
102	LESS OBSERVATION BEDS	82,963		82,963			82,963
103	TOTAL	19,123,332	3,293,798	15,829,534			19,123,332

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	6,726,145	.393659	.393659
39	DELIVERY ROOM & LABOR ROO	209,150	.946273	.946273
40	ANESTHESIOLOGY	745,244	.114157	.114157
41	RADIOLOGY-DIAGNOSTIC	2,788,004	.763437	.763437
43	RADIOISOTOPE	848,846	.370031	.370031
43	02 CAT SCAN	6,600,790	.096071	.096071
43	03 ULTRASOUND	1,484,950	.119062	.119062
43	04 MRI	1,667,327	.253761	.253761
44	LABORATORY	9,469,016	.237948	.237948
46	WHOLE BLOOD & PACKED RED	158,180	1.117392	1.117392
49	RESPIRATORY THERAPY	2,171,098	.188950	.188950
50	PHYSICAL THERAPY	1,121,135	.904672	.904672
51	OCCUPATIONAL THERAPY	251,870	1.110756	1.110756
52	SPEECH PATHOLOGY	114,278	1.820412	1.820412
53	01 CARDIO-PULMONARY	1,243,139	.277983	.277983
53	02 VASCULAR LAB	320,988	.460207	.460207
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	2,878,001	.485707	.485707
56	01 ONCOLOGY			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,576,708	.612598	.612598
62	OBSERVATION BEDS (NON-DIS	92,589	.896035	.896035
63	50 RHC	2,353,635	1.361371	1.361371
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	298,439	.920614	.920614
101	SUBTOTAL	46,119,532		
102	LESS OBSERVATION BEDS	92,589		
103	TOTAL	46,026,943		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,647,808	619,669	2,028,139			2,647,808
39	DELIVERY ROOM & LABOR ROO	197,913	33,556	164,357			197,913
40	ANESTHESIOLOGY	85,075	17,069	68,006			85,075
41	RADIOLOGY-DIAGNOSTIC	2,128,465	597,816	1,530,649			2,128,465
43	RADIOISOTOPE	314,099	20,541	293,558			314,099
43	02 CAT SCAN	634,142	237,230	396,912			634,142
43	03 ULTRASOUND	176,801	42,990	133,811			176,801
43	04 MRI	423,102	45,219	377,883			423,102
44	LABORATORY	2,253,133	219,787	2,033,346			2,253,133
46	WHOLE BLOOD & PACKED RED	176,749	12,249	164,500			176,749
49	RESPIRATORY THERAPY	410,228	38,527	371,701			410,228
50	PHYSICAL THERAPY	1,014,260	182,253	832,007			1,014,260
51	OCCUPATIONAL THERAPY	279,766	27,294	252,472			279,766
52	SPEECH PATHOLOGY	208,033	12,354	195,679			208,033
53	01 CARDIO-PULMONARY	345,572	141,100	204,472			345,572
53	02 VASCULAR LAB	147,721	8,998	138,723			147,721
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,397,865	101,637	1,296,228			1,397,865
56	01 ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,803,682	425,097	2,378,585			2,803,682
62	OBSERVATION BEDS (NON-DIS	82,963		82,963			82,963
63	50 RHC	3,204,171	502,032	2,702,139			3,204,171
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	274,747	8,380	266,367			274,747
101	SUBTOTAL	19,206,295	3,293,798	15,912,497			19,206,295
102	LESS OBSERVATION BEDS	82,963		82,963			82,963
103	TOTAL	19,123,332	3,293,798	15,829,534			19,123,332

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	6,726,145	.393659	.393659
39	DELIVERY ROOM & LABOR ROO	209,150	.946273	.946273
40	ANESTHESIOLOGY	745,244	.114157	.114157
41	RADIOLOGY-DIAGNOSTIC	2,788,004	.763437	.763437
43	RADIOISOTOPE	848,846	.370031	.370031
43 02	CAT SCAN	6,600,790	.096071	.096071
43 03	ULTRASOUND	1,484,950	.119062	.119062
43 04	MRI	1,667,327	.253761	.253761
44	LABORATORY	9,469,016	.237948	.237948
46	WHOLE BLOOD & PACKED RED	158,180	1.117392	1.117392
49	RESPIRATORY THERAPY	2,171,098	.188950	.188950
50	PHYSICAL THERAPY	1,121,135	.904672	.904672
51	OCCUPATIONAL THERAPY	251,870	1.110756	1.110756
52	SPEECH PATHOLOGY	114,278	1.820412	1.820412
53 01	CARDIO-PULMONARY	1,243,139	.277983	.277983
53 02	VASCULAR LAB	320,988	.460207	.460207
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	2,878,001	.485707	.485707
56 01	ONCOLOGY			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,576,708	.612598	.612598
62	OBSERVATION BEDS (NON-DIS	92,589	.896035	.896035
63 50	RHC	2,353,635	1.361371	1.361371
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	298,439	.920614	.920614
101	SUBTOTAL	46,119,532		
102	LESS OBSERVATION BEDS	92,589		
103	TOTAL	46,026,943		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

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	2,647,808	6,726,145			
39	DELIVERY ROOM & LABOR ROO	197,913	209,150			
40	ANESTHESIOLOGY	85,075	745,244			
41	RADIOLOGY-DIAGNOSTIC	2,128,465	2,788,004			
43	RADIOISOTOPE	314,099	848,846			
43 02	CAT SCAN	634,142	6,600,790			
43 03	ULTRASOUND	176,801	1,484,950			
43 04	MRI	423,102	1,667,327			
44	LABORATORY	2,253,133	9,469,016			
46	WHOLE BLOOD & PACKED RED	176,749	158,180			
49	RESPIRATORY THERAPY	410,228	2,171,098			
50	PHYSICAL THERAPY	1,014,260	1,121,135			
51	OCCUPATIONAL THERAPY	279,766	251,870			
52	SPEECH PATHOLOGY	208,033	114,278			
53 01	CARDIO-PULMONARY	345,572	1,243,139			
53 02	VASCULAR LAB	147,721	320,988			
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,397,865	2,878,001			
56 01	ONCOLOGY					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,803,682	4,576,708			
62	OBSERVATION BEDS (NON-DIS	82,963	92,589			
63 50	RHC	3,204,171	2,353,635			
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	274,747	298,439			
101	TOTAL	19,206,295	46,119,532			

COMPUTATION OF OUTPATIENT COST PER VISIT -  
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 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	2,647,808		2,647,808	6,726,145			
39	DELIVERY ROOM & LABOR ROO	197,913		197,913	209,150			
40	ANESTHESIOLOGY	85,075		85,075	745,244			
41	RADIOLOGY-DIAGNOSTIC	2,128,465		2,128,465	2,788,004			
43	RADIOISOTOPE	314,099		314,099	848,846			
43	02 CAT SCAN	634,142		634,142	6,600,790			
43	03 ULTRASOUND	176,801		176,801	1,484,950			
43	04 MRI	423,102		423,102	1,667,327			
44	LABORATORY	2,253,133	28,858	2,281,991	9,469,016			
46	WHOLE BLOOD & PACKED RED	176,749		176,749	158,180			
49	RESPIRATORY THERAPY	410,228		410,228	2,171,098			
50	PHYSICAL THERAPY	1,014,260		1,014,260	1,121,135			
51	OCCUPATIONAL THERAPY	279,766		279,766	251,870			
52	SPEECH PATHOLOGY	208,033		208,033	114,278			
53	01 CARDIO-PULMONARY	345,572		345,572	1,243,139			
53	02 VASCULAR LAB	147,721		147,721	320,988			
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS	1,397,865		1,397,865	2,878,001			
56	01 ONCOLOGY							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	2,803,682	983,638	3,787,320	4,576,708			
62	OBSERVATION BEDS (NON-DIS	82,963		82,963	92,589			
63	50 RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN	274,747		274,747	298,439			
101	TOTAL	16,002,124	1,012,496	17,014,620	43,765,897			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVII I OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVII I OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/20/2011  
 | 14-1325 | FROM 10/ 1/2009 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2010 | PART V  
 | 14-1325 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.393659		.393659		
39 DELIVERY ROOM & LABOR ROOM	.946273		.946273		
40 ANESTHESIOLOGY	.114157		.114157		
41 RADIOLOGY-DIAGNOSTIC	.763437		.763437		
43 RADIOSOTOPE	.370031		.370031		
43 02 CAT SCAN	.096071		.096071		
43 03 ULTRASOUND	.119062		.119062		
43 04 MRI	.253761		.253761		
44 LABORATORY	.237948		.237948		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	1.117392		1.117392		
49 RESPIRATORY THERAPY	.188950		.188950		
50 PHYSICAL THERAPY	.904672		.904672		
51 OCCUPATIONAL THERAPY	1.110756		1.110756		
52 SPEECH PATHOLOGY	1.820412		1.820412		
53 01 CARDIO-PULMONARY	.277983		.277983		
53 02 VASCULAR LAB	.460207		.460207		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.485707		.485707		
56 01 ONCOLOGY					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.612598		.612598		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.896035		.896035		
63 50 RHC					
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED	.920614		.920614		
102 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/20/2011  
 | 14-1325 | FROM 10/ 1/2009 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2010 | PART V  
 | 14-1325 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	1,100,203		
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY	25,860		
41 RADIOLOGY-DIAGNOSTIC	793,813		
43 RADIOISOTOPE	125,855		
43 02 CAT SCAN	234,341		
43 03 ULTRASOUND	34,822		
43 04 MRI	137,505		
44 LABORATORY	871,153		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	66,947		
49 RESPIRATORY THERAPY	31,392		
50 PHYSICAL THERAPY	236,743		
51 OCCUPATIONAL THERAPY	45,223		
52 SPEECH PATHOLOGY	91,698		
53 01 CARDIO-PULMONARY	147,892		
53 02 VASCULAR LAB	75,262		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS	429,719		
56 01 ONCOLOGY			
61 OUTPAT SERVICE COST CNTRS			
61 EMERGENCY	745,464		
62 OBSERVATION BEDS (NON-DISTINCT PART)	56,793		
63 50 RHC			
66 OTHER REIMBURS COST CNTRS			
101 DURABLE MEDICAL EQUIP-RENTED	5,250,685		
102 SUBTOTAL			
103 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104 NET CHARGES	5,250,685		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
14-1325		PART VI

TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.485707
3	PROGRAM COSTS	2,430
		1,180

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
14-1325		PART I

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,579
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,306
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,306
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	68
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	205
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,318
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	61
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	182
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,431,742
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	338,045
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,093,697

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,780,063
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,780,063
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.856411
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,445.88
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,093,697

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 COMPONENT NO: 14-1325  
 PREPARED 2/20/2011  
 WORKSHEET D-1  
 PART II

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,238.26
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,870,287
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,870,287

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	657,583	183	3,593.35	148	531,816
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	75,534
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	225,363
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	300,897
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
14-1325		PART III

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	67
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,238.26
85	OBSERVATION BED COST	82,963

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				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 2/20/2011
14-1325	FROM 10/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 9/30/2010	PART I
14-1325		

TITLE XIX - I/P      HOSPITAL      OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,579
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,306
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,306
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	68
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	205
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	383
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	243
16	NURSERY DAYS (TITLE V OR XIX ONLY)	44

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,431,742
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	338,045
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,093,697

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,780,063
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,780,063
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.856411
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,445.88
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,093,697

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
COMPONENT NO:	TO	WORKSHEET D-1
14-1325	9/30/2010	PART II

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,238.26
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	474,254
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	474,254

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	220,025	243	905.45	44	39,840
43	INTENSIVE CARE UNIT	657,583	183	3,593.35	11	39,527
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	
49	TOTAL PROGRAM INPATIENT COSTS	553,621

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
14-1325		PART III

TITLE XIX - I/P 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	67
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,238.26
85	OBSERVATION BED COST	82,963

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				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET D-4  
 OTHER

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,954,642	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		448,244	
37	OPERATING ROOM	.393659	713,525	280,886
39	DELIVERY ROOM & LABOR ROOM	.946273		
40	ANESTHESIOLOGY	.114157	73,684	8,412
41	RADIOLOGY-DIAGNOSTIC	.763437	151,147	115,391
43	RADIOISOTOPE	.370031	90,842	33,614
43 02	CAT SCAN	.096071	399,096	38,342
43 03	ULTRASOUND	.119062	43,894	5,226
43 04	MRI	.253761	41,884	10,629
44	LABORATORY	.237948	899,013	213,918
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.117392	71,740	80,162
49	RESPIRATORY THERAPY	.188950	1,371,464	259,138
50	PHYSICAL THERAPY	.904672	189,359	171,308
51	OCCUPATIONAL THERAPY	1.110756	88,159	97,923
52	SPEECH PATHOLOGY	1.820412	10,148	18,474
53 01	CARDIO-PULMONARY	.277983	202,698	56,347
53 02	VASCULAR LAB	.460207	32,587	14,997
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.485707	942,465	457,762
56 01	ONCOLOGY			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.612598		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.896035		
63 50	RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.920614		
101	TOTAL		5,321,705	1,862,529
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,321,705	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-Z325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET D-4

TITLE XVIII, PART A SWING BED SNF

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			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.393659		
39	DELIVERY ROOM & LABOR ROOM	.946273		
40	ANESTHESIOLOGY	.114157		
41	RADIOLOGY-DIAGNOSTIC	.763437	4,046	3,089
43	RADIOISOTOPE	.370031		
43 02	CAT SCAN	.096071		
43 03	ULTRASOUND	.119062	986	117
43 04	MRI	.253761		
44	LABORATORY	.237948	27,078	6,443
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.117392	2,004	2,239
49	RESPIRATORY THERAPY	.188950	70,215	13,267
50	PHYSICAL THERAPY	.904672	47,354	42,840
51	OCCUPATIONAL THERAPY	1.110756	34,067	37,840
52	SPEECH PATHOLOGY	1.820412	5,522	10,052
53 01	CARDIO-PULMONARY	.277983	157	44
53 02	VASCULAR LAB	.460207	3,008	1,384
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.485707	77,465	37,625
56 01	ONCOLOGY			
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.612598		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.896035		
63 50	RHC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	.920614		
101	TOTAL		271,902	154,940
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		271,902	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,251,865
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)	5,251,865

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)	5,304,384
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	37,668
18.01	CAH ACTUAL BILLED COINSURANCE	2,218,012
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,048,704
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	3,048,704
24	PRIMARY PAYER PAYMENTS	956
25	SUBTOTAL	3,047,748

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	547,183
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	547,183
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	497,780
28	SUBTOTAL	3,594,931
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	3,594,931
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,601,613
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-6,682
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)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,338,329		4,071,416
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	3/12/2010	582,224	3/12/2010	175,680
ADJUSTMENTS TO PROVIDER .02	9/17/2010	52,592		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	3/26/2010	349,288	3/26/2010	184,950
ADJUSTMENTS TO PROGRAM .51			9/17/2010	460,533
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		285,528		-469,803
4 TOTAL INTERIM PAYMENTS		4,623,857		3,601,613
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)		345,426		6,682
7 TOTAL MEDICARE PROGRAM LIABILITY		4,969,283		3,594,931

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-Z325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET E-1

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		357,829		
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	3/12/2010	55,776		
ADJUSTMENTS TO PROVIDER .02	9/17/2010	11,232		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	3/26/2010	26,940		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		40,068		NONE
4 TOTAL INTERIM PAYMENTS		397,897		
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)		61,910		
7 TOTAL MEDICARE PROGRAM LIABILITY		459,807		

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
14-1325	FROM 10/ 1/2009	2/20/2011
COMPONENT NO:	TO	WORKSHEET E-2
14-Z325	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)	303,906	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	156,489	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	243	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	460,395	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	460,395	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	460,395	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	588	
14	80% OF PART B COSTS		
15	SUBTOTAL	459,807	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	459,807	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	397,897	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	61,910	
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
14-1325	FROM 10/ 1/2009	2/20/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
14-1325		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	5,264,632
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	5,264,632
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	5,317,278
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE 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	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	5,317,278
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	454,157
21	EXCESS REASONABLE COST	
22	SUBTOTAL	4,863,121
23	COI NSURANCE	11,780
24	SUBTOTAL	4,851,341
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	117,942
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	117,942
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	100,722
26	SUBTOTAL	4,969,283
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	4,969,283
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	4,623,857
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	345,426
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	9,552,770			
2	TEMPORARY INVESTMENTS	3,262,048			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	3,131,759			
5	OTHER RECEIVABLES	1,557,035			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	291,707			
8	PREPAID EXPENSES	214,776			
9	OTHER CURRENT ASSETS	263,168			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	18,273,263			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	31,576,297			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	31,576,297			
OTHER ASSETS					
22	INVESTMENTS	10,468,883			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	916,137			
26	TOTAL OTHER ASSETS	11,385,020			
27	TOTAL ASSETS	61,234,580			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	865,110			
29 SALARIES, WAGES & FEES PAYABLE	1,098,623			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	835,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,660,738			
36 TOTAL CURRENT LIABILITIES	5,459,471			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	29,100,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	94,505			
42 TOTAL LONG-TERM LIABILITIES	29,194,505			
43 TOTAL LIABILITIES	34,653,976			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	26,580,604			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	26,580,604			
52 TOTAL LIABILITIES AND FUND BALANCES	61,234,580			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		27,201,593		
2	NET INCOME (LOSS)		-426,949		
3	TOTAL		26,774,644		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	INCREASE IN RESTRICTED NE	2,750			
7					
8					
9					
10	TOTAL ADDITIONS		2,750		
11	SUBTOTAL		26,777,394		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	ROUNDING	3			
15					
16	DECREASE IN NET ASSETS	196,787			
17					
18	TOTAL DEDUCTIONS		196,790		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		26,580,604		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	5,017,940		5,017,940
4 00 SWING BED - SNF	237,876		237,876
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	5,255,816		5,255,816
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	557,050		557,050
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	557,050		557,050
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,812,866		5,812,866
17 00 ANCILLARY SERVICES	8,157,733	39,218,485	47,376,218
18 00 OUTPATIENT SERVICES		298,439	298,439
18 50 RHC		2,353,635	2,353,635
19 00 HOME HEALTH AGENCY		819,888	819,888
23 00 HOSPICE		469,531	469,531
24 00 DIETARY	1,116	9,811	10,927
24 01 NURSERY	270,388	3,071	273,459
25 00 TOTAL PATIENT REVENUES	14,242,103	43,172,860	57,414,963

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		28,812,318	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBTS	2,682,569		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		2,682,569	
DEDUCT (SPECIFY)			
34 00 GAIN ON DISPOSAL OF ASSETS	31,455		
35 00 ROUNDING		3	
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		31,458	
40 00 TOTAL OPERATING EXPENSES		31,463,429	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1325  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	57,414,963
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	28,152,699
3	NET PATIENT REVENUES	29,262,264
4	LESS: TOTAL OPERATING EXPENSES	31,463,429
5	NET INCOME FROM SERVICE TO PATIENTS	-2,201,165
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	726,567
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	
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	
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	GRANTS	19,909
24.01	OTHER OPERATING	
24.03	OTHER REVENUE	584,097
24.04	CHANGE IN NET UNREALIZED GAINS	443,643
25	TOTAL OTHER INCOME	1,774,216
26	TOTAL OTHER EXPENSES	-426,949
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-426,949

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	95,887		5,920	13,486	3,055	118,348
HHA REIMBURSABLE SERVICES						
6	215,557					215,557
7	29,458					29,458
8	9,598					9,598
9	1,288					1,288
10						
11	40,967					40,967
12					12,181	12,181
13					712	712
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	392,755		5,920	13,486	15,948	428,109

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		118,348		118,348
HHA REIMBURSABLE SERVICES				
6		215,557		215,557
7		29,458		29,458
8		9,598		9,598
9		1,288		1,288
10				
11		40,967		40,967
12		12,181		12,181
13		712		712
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		428,109		428,109

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		118,348				118,348	118,348
HHA REIMBURSABLE SERVICES							
6		215,557				215,557	82,356
7		29,458				29,458	11,255
8		9,598				9,598	3,667
9		1,288				1,288	492
10							
11		40,967				40,967	15,652
12		12,181				12,181	4,654
13		712				712	272
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		428,109				428,109	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		297,913					
7		40,713					
8		13,265					
9		1,780					
10							
11		56,619					
12		16,835					
13		984					
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		428,109					
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				-118,348	309,761
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					215,557
7	PHYSICAL THERAPY					29,458
8	OCCUPATIONAL THERAPY					9,598
9	SPEECH PATHOLOGY					1,288
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					40,967
12	SUPPLIES					12,181
13	DRUGS					712
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)				-118,348	309,761
25	COST TO BE ALLOCATED					118,348
26	UNIT COST MULTIPLIER					.382062

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		13,748	1,779	22,940	38,467	10,194
2 SKILLED NURSING CARE	297,913			51,570	349,483	92,611
3 PHYSICAL THERAPY	40,713			7,048	47,761	12,656
4 OCCUPATIONAL THERAPY	13,265			2,296	15,561	4,124
5 SPEECH PATHOLOGY	1,780			308	2,088	553
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	56,619			9,801	66,420	17,601
8 SUPPLIES	16,835				16,835	4,461
9 DRUGS	984				984	261
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)	428,109	13,748	1,779	93,963	537,599	142,461
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	9,044		3,956		16,811	
2 SKILLED NURSING CARE						2,151
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)	9,044		3,956		16,811	2,151
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26
1 ADMIN & GENERAL					78,472	
2 SKILLED NURSING CARE					444,245	
3 PHYSICAL THERAPY					60,417	
4 OCCUPATIONAL THERAPY					19,685	
5 SPEECH PATHOLOGY					2,641	
6 MEDICAL SOCIAL SERVICES				5,764	5,764	
7 HOME HEALTH AIDE					84,021	
8 SUPPLIES					21,296	
9 DRUGS					1,245	
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)				5,764	717,786	
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 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	78,472		
2 SKILLED NURSING CARE	444,245	54,529	498,774
3 PHYSICAL THERAPY	60,417	7,416	67,833
4 OCCUPATIONAL THERAPY	19,685	2,416	22,101
5 SPEECH PATHOLOGY	2,641	324	2,965
6 MEDICAL SOCIAL SERVICES	5,764	707	6,471
7 HOME HEALTH AIDE	84,021	10,313	94,334
8 SUPPLIES	21,296	2,614	23,910
9 DRUGS	1,245	153	1,398
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)	717,786	78,472	717,786
21 UNIT COST MULTIPLIER		0.122744	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET )	NEW CAP REL COSTS-MVBLE (MME DEPRE )	EMPLOYEE BEN EFITS (GROSS SALARIES )	RECONCILIATION	ADMINISTRATIVE & GENERAL ( ACCUM. COST )	OPERATION OF PLANT (SQUARE FEET )
	3	4	5	6A	6	8
1 ADMIN & GENERAL	377	1,779	95,887		38,467	377
2 SKILLED NURSING CARE			215,557		349,483	
3 PHYSICAL THERAPY			29,458		47,761	
4 OCCUPATIONAL THERAPY			9,598		15,561	
5 SPEECH PATHOLOGY			1,288		2,088	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			40,967		66,420	
8 SUPPLIES					16,835	
9 DRUGS					984	
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)	377	1,779	392,755		537,599	377
21 COST TO BE ALLOCATED	13,748	1,779	93,963		142,461	9,044
22 UNIT COST MULTIPLIER	36.466844	1.000000	0.239241		0.264995	23.989390

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY )	HOUSEKEEPING (TIME SPENT )	DIETARY (PATIENT DAYS )	CAFETERIA (FTE'S )	NURSING ADMINISTRATION (NURSING FTE'S )	CENTRAL SERVICES & SUPPLIES (TIME SPENT )
	9	10	11	12	14	15
1 ADMIN & GENERAL		28		1,081		
2 SKILLED NURSING CARE					1,081	
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)		28		1,081	1,081	
21 COST TO BE ALLOCATED		3,956		16,811	2,151	
22 UNIT COST MULTIPLIER		141.285714		15.551341	1.989824	

HHA 1

HHA COST CENTER	PHARMACY (COSTED REQUIS. 16	MEDICAL RECO RDS & LIBRAR ( GROSS CHARGES ) 17	SOCIAL SERVI CE (TIME SPENT ) 18
1 ADMIN & GENERAL			
2 SKILLED NURSING CARE			
3 PHYSICAL THERAPY			
4 OCCUPATIONAL THERAPY			
5 SPEECH PATHOLOGY			
6 MEDICAL SOCIAL SERVICES			37
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)			37
21 COST TO BE ALLOCATED			5,764
22 UNIT COST MULTIPLIER			155.783784

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	498,774	2	498,774	5,188	96.14	1,932
2 PHYSICAL THERAPY	3	67,833		67,833	709	95.67	289
3 OCCUPATIONAL THERAPY	4	22,101		22,101	331	66.77	145
4 SPEECH PATHOLOGY	5	2,965		2,965	31	95.65	19
5 MEDICAL SOCIAL SERVICES	6	6,471		6,471	11	588.27	3
6 HOME HEALTH AIDE SERVICE	7	94,334		94,334	986	95.67	328
7 TOTAL		692,478		692,478	7,256		2,716

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
1 SKILLED NURSING	7	8	9	10	11	12
2 PHYSICAL THERAPY	2,678		185,742	257,463		443,205
3 OCCUPATIONAL THERAPY	268		27,649	25,640		53,289
4 SPEECH PATHOLOGY	155		9,682	10,349		20,031
5 MEDICAL SOCIAL SERVICES	9		1,817	861		2,678
6 HOME HEALTH AIDE SERVICES	5		1,765	2,941		4,706
7 TOTAL	601		31,380	57,498		88,878
	3,716		258,035	354,752		612,787

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

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
8 SKILLED NURSING	7	8	9	10	11	12
8.01 SKILLED NURSING						
8.02 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
9.02 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
11.02 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
13.02 HOME HEALTH AIDE SERVICE						
14 TOTAL						

PROVIDER NO: 14-1325  
 HHA NO: 14-7418  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET H-6  
 PARTS III & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART I)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES							
15 COST OF MEDICAL SUPPLIES	8.00	23,910	2	23,910	2,790	8.569892	1,179
16 COST OF DRUGS	9.00	1,398		1,398	980	1.426531	
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	9	10
15 COST OF MEDICAL SUPPLIES		1,611	10,104	13,806
16 COST OF DRUGS		980		1,398
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1 AMOUNT 2

162	PROGRAM UNDUP CENSUS FROM WRKST S-4
16.01	PROGRAM UNDUP CENSUS FROM WRKST S-4
16.02	PROGRAM UNDUP CENSUS FROM WRKST S-4
17	PER BENE COST LIMITATION (FRM FI)
17.01	PER BENE COST LIMITATION (FRM FI)
17.02	PER BENE COST LIMITATION (FRM FI)
18	PER BENE COST LIMITATION (LN 17*18)

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1	PHYSICAL THERAPY	50	.904672		COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	1.110756		COL 2, LN 3
3	SPEECH PATHOLOGY	52	1.820412		COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55			COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.485707		COL 2, LN 16
5.01	ONCOLOGY	56.01			

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM VISITS ON OR AFTER 1/1/1999
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM COSTS PRIOR 1/1/1998	
		2	1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	5
1	PHYSICAL THERAPY	95.67	2.01	3.01	4
2	OCCUPATIONAL THERAPY	66.77			
3	SPEECH PATHOLOGY	95.65			
4	TOTAL (SUM OF LINES 1-3)				

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII 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 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES		1,398	
3 CUSTOMARY CHARGES		980	
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		980	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		418	
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		1,398
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	276,095	407,310
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	6,738	5,795
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	4,540	10,123
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	6,563	7,409
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	1,835	1,703
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
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	295,771	433,738
13 EXCESS REASONABLE COST		418
14 SUBTOTAL	295,771	433,320
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	295,771	433,320
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	295,771	433,320
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	295,771	433,320
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	295,771	433,320
25 INTERIM PAYMENTS	295,771	433,320
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		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HHA NO:	TO 9/30/2010	WORKSHEET H-8
14-7418		

TITLE XVII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		295,771		433,320
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .59				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		295,771		433,320
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .59				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		295,771		433,320

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
14-1557		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			9,957	5,279
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	79,948			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	54,793			
15 SPIRITUAL COUNSELING	24,473			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	159,214		9,957	5,279

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
14-1557		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	11,521	26,757		26,757
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE	4,535	4,535		4,535
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		79,948	-39,978	39,970
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		54,793		54,793
15 SPIRITUAL COUNSELING		24,473		24,473
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	16,719	16,719		16,719
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	687	687		687
25 MEDICAL SUPPLIES	3,932	3,932		3,932
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	37,394	211,844	-39,978	171,866

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
14-1557		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		26,757
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		4,535
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		39,970
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		54,793
15 SPIRITUAL COUNSELING		24,473
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		16,719
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		687
25 MEDICAL SUPPLIES		3,932
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		171,866

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
14-1557		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES	54,793	
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)	54,793	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
14-1557		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	79,948			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				24,473
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	79,948			24,473

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
14-1557		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	79,948
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	54,793
19	SPIRITUAL COUNSELING	24,473
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	159,214

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
14-1557		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
14-1557		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				5,279
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				5,279

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
14-1557		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	5,279
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	5,279

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1557		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	26,757			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE	4,535			
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	39,970			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	54,793			
15 SPIRITUAL COUNSELING	24,473			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	16,719			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	687			
25 MEDICAL SUPPLIES	3,932			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	171,866			

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1557		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			26,757	26,757
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE			4,535	836
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			39,970	7,370
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			54,793	10,103
19 SPIRITUAL COUNSELING			24,473	4,513
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			16,719	3,083
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS			687	127
34 MEDICAL SUPPLIES			3,932	725
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			145,109	26,757

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1557		PART I

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	5,371
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	47,340
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	64,896
19	SPIRITUAL COUNSELING	28,986
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	19,802
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	814
34	MEDICAL SUPPLIES	4,657
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	171,866

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1557		PART II

HOSPICE 1

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

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1557		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE		-26,757	145,109
8 INPATIENT - GENERAL CARE			
9 INPATIENT - RESPIRE CARE			4,535
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			
12 NURSING CARE			39,970
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			54,793
18 SPIRITUAL COUNSELING			24,473
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			16,719
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			687
33 MEDICAL SUPPLIES			3,932
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			26,757
45 UNIT COST MULTIPLIER	.000000		.184392

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-1325  
 HOSPICE NO: 14-1557  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET K-5  
 PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7		13,748	1,123	28,526
3.00 INPATIENT - RESPIRE CARE	8	5,371			
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	47,340			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	64,896			
10.00 SPIRITUAL COUNSELING	15	28,986			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	19,802			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24	814			
20.00 MEDICAL SUPPLIES	25	4,657			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		171,866	13,748	1,123	28,526
30.00 UNIT COST MULTIPLIER					

SUBTOTAL ADMINISTRATIVE & GENERAL OPERATIONS OF PLANT LAUNDRY & LINEN SERVICE

HOSPICE COST CENTER	5A	6	8	9
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	43,397	11,500	9,044	
3.00 INPATIENT - RESPIRE CARE	5,371	1,423		
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	47,340	12,545		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	64,896	17,197		
10.00 SPIRITUAL COUNSELING	28,986	7,681		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	19,802	5,247		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	814	216		
20.00 MEDICAL SUPPLIES	4,657	1,234		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	215,263	57,043	9,044	
30.00 UNIT COST MULTIPLIER				



ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-1325  
 HOSPICE NO: 14-1557  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET K-5  
 PART I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	102,885		102,885	
3.00 INPATIENT - RESPIRE CARE	6,794		6,794	
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	59,885		59,885	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	82,093		82,093	
10.00 SPIRITUAL COUNSELING	36,667		36,667	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	25,049		25,049	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	1,030		1,030	
20.00 MEDICAL SUPPLIES	5,891		5,891	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	320,294		320,294	
30.00 UNIT COST MULTIPLIER				.000000

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	102,885
3.00 INPATIENT - RESPIRE CARE	6,794
4.00 PHYSICIAN SERVICES	
5.00 NURSING CARE	59,885
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	82,093
10.00 SPIRITUAL COUNSELING	36,667
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	25,049
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	1,030
20.00 MEDICAL SUPPLIES	5,891
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	320,294
30.00 UNIT COST MULTIPLIER	

(1) COLUMN O, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-5
14-1557		PART I

HOSPICE 1

TOTAL HOSPICE  
COSTS

HOSPICE COST CENTER

29

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

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

PROVIDER NO: 14-1325  
HOSPICE NO: 14-1557  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/20/2011  
WORKSHEET K-5  
PART II

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE EQUIP (MME DEP) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	377	1,123	119,237	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	377	1,123	119,237	
30.00 TOTAL COST TO BE ALLOCATED	13,748	1,123	28,526	
31.00 UNIT COST MULTIPLIER	36.466844	1.000000	.239238	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (TIME SPENT) 10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	43,397	377		
3.00 INPATIENT - RESPIRE CARE	5,371			
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	47,340			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	64,896			
10.00 SPIRITUAL COUNSELING	28,986			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	19,802			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	814			
20.00 MEDICAL SUPPLIES	4,657			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-5
14-1557		PART II

HOSPICE 1

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6	8	9	10
29.00 TOTAL (SUM OF LINE 1 THRU 28)	215,263	377		
30.00 TOTAL COST TO BE ALLOCATED	57,043	9,044		
31.00 UNIT COST MULTIPLIER	.264992	23.989390	.000000	.000000

  

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(PATIENT DAYS)	(FTE'S)	(NURSING FTE'S)	(TIME SPENT)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE			444	444
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		444	444	
30.00 TOTAL COST TO BE ALLOCATED		6,905	884	
31.00 UNIT COST MULTIPLIER	.000000	15.551802	1.990991	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-5
14-1557		PART II

HOSPICE 1

PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
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HOSPICE COST CENTER

(COSTED REQUIS.)	(GROSS CHARGES)	(TIME SPENT)
16	17	18

1.00 ADMINISTRATIVE AND GENERAL			
2.00 INPATIENT - GENERAL CARE			200
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)			200
30.00 TOTAL COST TO BE ALLOCATED			31,155
31.00 UNIT COST MULTIPLIER	.000000	.000000	155.775000

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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-5
14-1557		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.904672	
2	OCCUPATIONAL THERAPY	51	1.110756	
3	SPEECH PATHOLOGY	52	1.820412	
4	DRUGS CHARGED TO PATIENTS	56	.485707	
4.01	ONCOLOGY	56.01		
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.237948	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		
8	EMERGENCY	61	.612598	
9	RADIOLOGY-DIAGNOSTIC	41	.763437	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-6
14-1557		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				320,294
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				3,142
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				101.94
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	3,020			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	307,859			
6 UNDUPLICATED MEDICAID DAYS		27		
7 AGGREGATE MEDICAID COST		2,752		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			95	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			9,684	

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

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-3445  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET M-1

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	1,160,604	1,160,604	
2	PHYSICIAN ASSISTANT	154,205	154,205	
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS	387,442	387,442	-34,933
10	SUBTOTAL (SUM OF LINES 1-9)	1,702,251	1,702,251	-34,933
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES			
16	TRANSPORTATION (HEALTH CARE STAFF)	13,344	13,344	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS	220,087	220,087	-76,171
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	233,431	233,431	-76,171
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,702,251	1,935,682	-111,104
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			
30	ADMINISTRATIVE COSTS			
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)			
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,702,251	1,935,682	-111,104

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-3445  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET M-1

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	1,160,604	917,628
2	PHYSICIAN ASSISTANT	154,205	154,205
3	NURSE PRACTITIONER		
4	VISITING NURSE		
5	OTHER NURSE		
6	CLINICAL PSYCHOLOGIST		
7	CLINICAL SOCIAL WORKER		
8	LABORATORY TECHNICIAN		
9	OTHER FACILITY HEALTH CARE STAFF COSTS	352,509	352,509
10	SUBTOTAL (SUM OF LINES 1-9)	1,667,318	1,424,342
COSTS UNDER AGREEMENT			
11	PHYSICIAN SERVICES UNDER AGREEMENT		
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		
13	OTHER COSTS UNDER AGREEMENT		
14	SUBTOTAL (SUM OF LINES 11-13)		
OTHER HEALTH CARE COSTS			
15	MEDICAL SUPPLIES	13,344	13,344
16	TRANSPORTATION (HEALTH CARE STAFF)		
17	DEPRECIATION-MEDICAL EQUIPMENT		
18	PROFESSIONAL LIABILITY INSURANCE		
19	OTHER HEALTH CARE COSTS	143,916	143,916
20	ALLOWABLE GME COSTS		
21	SUBTOTAL (SUM OF LINES 15-20)	157,260	157,260
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,824,578	1,581,602
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		
30	ADMINISTRATIVE COSTS		
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)		
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,824,578	1,581,602

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-3445  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET M-2

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1 PHYSICIANS	2.53	5,687	4,200	10,626
2 PHYSICIAN ASSISTANTS			2,100	
3 NURSE PRACTITIONERS	2.00	4,944	2,100	4,200
4 SUBTOTAL (SUM OF LINES 1-3)	4.53	10,631		14,826
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	4.53	10,631		
9 PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10 TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)		1,581,602		
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)		1,581,602		
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)				
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)		1,622,569		
16 TOTAL OVERHEAD (SUM OF LINES 14 AND 15)		1,622,569		
17 ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16		1,622,569		
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)		1,622,569		
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)		3,204,171		
		GREATER OF COL. 2 OR COL. 4		
		5		
POSITIONS				
1 PHYSICIANS				
2 PHYSICIAN ASSISTANTS				
3 NURSE PRACTITIONERS				
4 SUBTOTAL (SUM OF LINES 1-3)		14,826		
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)		14,826		
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

PROVIDER NO:	PERIOD:	PREPARED
14-1325	FROM 10/ 1/2009	2/20/2011
COMPONENT NO:	TO	WORKSHEET M-3
14-3445	9/30/2010	

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	3,204,171
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	3,204,171
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	14,826
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	14,826
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	216.12

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
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	216.12
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	218
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	47,114
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	654
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	141,342
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)*	188,456
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	13,353
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	175,103
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	140,082
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	140,082
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)	140,082
25	INTERIM PAYMENTS	92,671
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	47,411
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.

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES  
 [X] RHC [ ] FQHC

PROVIDER NO: 14-1325  
 COMPONENT NO: 14-3445  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/20/2011  
 WORKSHEET M-5

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2 97,528
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER .01	3/12/2010	3,337
ADJUSTMENTS TO PROVIDER .02		
ADJUSTMENTS TO PROVIDER .03		
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROGRAM .50	3/26/2010	8,194
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
ADJUSTMENTS TO PROGRAM .99		
SUBTOTAL		-4,857
4 TOTAL INTERIM PAYMENTS		92,671
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
TENTATIVE TO PROGRAM .99		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		47,411
SETTLEMENT TO PROVIDER .01		
SETTLEMENT TO PROGRAM .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		140,082

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.