

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1342		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 9:51

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:
 UNION COUNTY HOSPITAL DISTRICT 14-1342
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-277,680	-25,633		0
3	SWING BED - SNF	0	-3,847	0		0
9	RHC	0	0	-5,973		0
100	TOTAL	0	-281,527	-31,606		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.

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 517 NORTH MAIN STREET
 1.01 CITY: ANNA STATE: IL ZIP CODE: 62906 COUNTY: UNION
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC	1200	1700	800	2000	800	2000	800	2000	800	2000	800	2000	800	2000

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

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

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

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

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

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

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	1,040,150
17.01	GROSS MEDICAID REVENUES	4,082,048
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	5,122,198
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)	.274478
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	12,554,971

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,446,063
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,742,085
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,576,076
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,446,063

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		168,230	168,230	152,705	320,935
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		871,172	871,172	195,246	1,066,418
5	0500 EMPLOYEE BENEFITS	78,473	37,636	116,109	1,179,345	1,295,454
6	0600 ADMINISTRATIVE & GENERAL	1,104,452	6,697,559	7,802,011	-1,571,432	6,230,579
8	0800 OPERATION OF PLANT	224,604	593,886	818,490	-1,465	817,025
9	0900 LAUNDRY & LINEN SERVICE	31,418	5,108	36,526		36,526
10	1000 HOUSEKEEPING	195,077	73,393	268,470		268,470
11	1100 DIETARY	187,986	210,790	398,776		398,776
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	379,102	35,164	414,266		414,266
15	1500 CENTRAL SERVICES & SUPPLY	73,406	134,313	207,719	-75,650	132,069
16	1600 PHARMACY	287,992	509,102	797,094	-433,067	364,027
17	1700 MEDICAL RECORDS & LIBRARY	126,317	111,715	238,032	-9,335	228,697
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,003,207	451,086	1,454,293	-4,204	1,450,089
36	3600 OTHER LONG TERM CARE	575,887	96,613	672,500	-2,717	669,783
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	185,562	114,789	300,351	18,355	318,706
38	3800 RECOVERY ROOM	46,599	8,701	55,300	-55,300	
40	4000 ANESTHESIOLOGY		255,387	255,387		255,387
41	4100 RADIOLOGY-DIAGNOSTIC	282,181	130,274	412,455	367,574	780,029
41.01	4101 ULTRASOUND	52,419	18,383	70,802	-70,802	
41.02	4102 CT		114,950	114,950	-114,950	
41.03	4103 MRI		120,861	120,861	-120,861	
43	4300 RADIOISOTOPE		60,961	60,961	-60,961	
44	4400 LABORATORY	367,892	436,848	804,740	-7,194	797,546
49	4900 RESPIRATORY THERAPY	47,149	32,511	79,660	-20,773	58,887
50	5000 PHYSICAL THERAPY	332,017	53,202	385,219	138,229	523,448
51	5100 OCCUPATIONAL THERAPY	71,803	7,305	79,108	-79,108	
52	5200 SPEECH PATHOLOGY	55,132	7,055	62,187	-62,187	
53	5300 ELECTROCARDIOLOGY	60,479	7,279	67,758	-720	67,038
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				123,164	123,164
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				2,501	2,501
56	5600 DRUGS CHARGED TO PATIENTS				400,445	400,445
59	3120 CARDIAC CATHETERIZATION LABORATORY					
59.01	3950 WOUND CARE	9,085	3,621	12,706		12,706
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	692,498	670,827	1,363,325		1,363,325
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 RURAL HEALTH CLINIC					
63.50	6310 RURAL HEALTH CLINIC	321,916	52,884	374,800	-5,075	369,725
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	6,792,653	12,091,605	18,884,258	-118,237	18,766,021
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 SENIOR CIRCLE	22,555	3,603	26,158		26,158
100.01	7951 MARKETING				118,237	118,237
100.02	7952 AREAS UNDER RENOVATION					
100.03	7953 FREESTANDING HHA COSTS					
101	TOTAL	6,815,208	12,095,208	18,910,416	-0-	18,910,416

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1342
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-6,760	314,175
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	338,413	1,404,831
5	0500 EMPLOYEE BENEFITS	-712	1,294,742
6	0600 ADMINISTRATIVE & GENERAL	-3,948,309	2,282,270
8	0800 OPERATION OF PLANT		817,025
9	0900 LAUNDRY & LINEN SERVICE		36,526
10	1000 HOUSEKEEPING		268,470
11	1100 DIETARY	-37,792	360,984
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		414,266
15	1500 CENTRAL SERVICES & SUPPLY		132,069
16	1600 PHARMACY		364,027
17	1700 MEDICAL RECORDS & LIBRARY	-843	227,854
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-238,795	1,211,294
36	3600 OTHER LONG TERM CARE		669,783
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		318,706
38	3800 RECOVERY ROOM		
40	4000 ANESTHESIOLOGY		255,387
41	4100 RADIOLOGY-DIAGNOSTIC	-635	779,394
41.01	4101 ULTRASOUND		
41.02	4102 CT		
41.03	4103 MRI		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		797,546
49	4900 RESPIRATORY THERAPY		58,887
50	5000 PHYSICAL THERAPY		523,448
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		67,038
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		123,164
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		2,501
56	5600 DRUGS CHARGED TO PATIENTS		400,445
59	3120 CARDIAC CATHETERIZATION LABORATORY		
59.01	3950 WOUND CARE		12,706
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		1,363,325
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 RURAL HEALTH CLINIC		
63.50	6310 RURAL HEALTH CLINIC		369,725
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,895,433	14,870,588
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 SENIOR CIRCLE		26,158
100.01	7951 MARKETING		118,237
100.02	7952 AREAS UNDER RENOVATION		
100.03	7953 FREESTANDING HHA COSTS		
101	TOTAL	-3,895,433	15,014,983

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1342
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT	4102	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4103	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.01	WOUND CARE	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	RURAL HEALTH CLINIC	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	SENIOR CIRCLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	AREAS UNDER RENOVATION	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	FREESTANDING HHA COSTS	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141342

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		1,179,345
2 OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		20,773
3 RENTAL AND LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		93,198
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14 OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3		19,858
15		NEW CAP REL COSTS-MVBLE EQUIP	4		2,452
16		NEW CAP REL COSTS-BLDG & FIXT	3		132,847
17 MARKETING DEPARTMENT	E	MARKETING	100.01	59,429	58,808
18 MEDICAL SUPPLY COSTS	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		102,391
19		IMPL. DEV. CHARGED TO PATIENT	55.30		2,501
20 COST OF DRUGS AND IV SOLUTIONS	G	DRUGS CHARGED TO PATIENTS	56		400,445
21 PT, OT, SP COSTS	H	PHYSICAL THERAPY	50	126,935	14,360
22					
23 MIS AMORTIZATION TO CC# 4	I	NEW CAP REL COSTS-MVBLE EQUIP	4		99,596
24 OTHER RADIOLOGY COSTS	J	RADIOLOGY-DIAGNOSTIC	41	52,419	315,155
25					
26					
27					
28 RECOVERY ROOM COSTS	K	OPERATING ROOM	37	46,599	8,701
29 RHC TELEPHONE COSTS	L	ADMINISTRATIVE & GENERAL	6		1,077
36 TOTAL RECLASSIFICATIONS				285,382	2,451,507

(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:
141342

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7	NO 7			
1 EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6			1,179,345	
2 OXYGEN COSTS	B	RESPIRATORY THERAPY	49			20,773	
3 RENTAL AND LEASE EXPENSE	C	ADMINISTRATIVE & GENERAL	6			20,174	10
4		OPERATION OF PLANT	8			1,465	
5		PHARMACY	16			32,622	
6		MEDICAL RECORDS & LIBRARY	17			9,335	
7		ADULTS & PEDIATRICS	25			4,204	
8		OTHER LONG TERM CARE	36			2,717	
9		OPERATING ROOM	37			7,703	
10		LABORATORY	44			7,194	
11		PHYSICAL THERAPY	50			3,066	
12		ELECTROCARDIOLOGY	53			720	
13		RURAL HEALTH CLINIC	63.50			3,998	
14 OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6			155,157	12
15							12
16							13
17 MARKETING DEPARTMENT	E	ADMINISTRATIVE & GENERAL	6		59,429	58,808	
18 MEDICAL SUPPLY COSTS	F	CENTRAL SERVICES & SUPPLY	15			75,650	
19		OPERATING ROOM	37			29,242	
20 COST OF DRUGS AND IV SOLUTIONS	G	PHARMACY	16			400,445	
21 PT, OT, SP COSTS	H	OCCUPATIONAL THERAPY	51		71,803	7,305	
22		SPEECH PATHOLOGY	52		55,132	7,055	
23 MIS AMORTIZATION TO CC# 4	I	ADMINISTRATIVE & GENERAL	6			99,596	9
24 OTHER RADIOLOGY COSTS	J	ULTRASOUND	41.01		52,419	18,383	
25		CT	41.02			114,950	
26		MRI	41.03			120,861	
27		RADIOISOTOPE	43			60,961	
28 RECOVERY ROOM COSTS	K	RECOVERY ROOM	38		46,599	8,701	
29 RHC TELEPHONE COSTS	L	RURAL HEALTH CLINIC	63.50			1,077	
36 TOTAL RECLASSIFICATIONS					285,382	2,451,507	

(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:
141342

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	1,179,345	ADMINISTRATIVE & GENERAL	6	1,179,345	
TOTAL RECLASSIFICATIONS FOR CODE A			1,179,345				1,179,345

RECLASS CODE: B
EXPLANATION : OXYGEN COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	20,773	RESPIRATORY THERAPY	49	20,773	
TOTAL RECLASSIFICATIONS FOR CODE B			20,773				20,773

RECLASS CODE: C
EXPLANATION : RENTAL AND LEASE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	93,198	ADMINISTRATIVE & GENERAL	6	20,174	
2.00			0	OPERATION OF PLANT	8	1,465	
3.00			0	PHARMACY	16	32,622	
4.00			0	MEDICAL RECORDS & LIBRARY	17	9,335	
5.00			0	ADULTS & PEDIATRICS	25	4,204	
6.00			0	OTHER LONG TERM CARE	36	2,717	
7.00			0	OPERATING ROOM	37	7,703	
8.00			0	LABORATORY	44	7,194	
9.00			0	PHYSICAL THERAPY	50	3,066	
10.00			0	ELECTROCARDIOLOGY	53	720	
11.00			0	RURAL HEALTH CLINIC	63.50	3,998	
TOTAL RECLASSIFICATIONS FOR CODE C			93,198				93,198

RECLASS CODE: D
EXPLANATION : OTHER CAPITAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	19,858	ADMINISTRATIVE & GENERAL	6	155,157	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,452			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	132,847			0	
TOTAL RECLASSIFICATIONS FOR CODE D			155,157				155,157

RECLASS CODE: E
EXPLANATION : MARKETING DEPARTMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING	100.01	118,237	ADMINISTRATIVE & GENERAL	6	118,237	
TOTAL RECLASSIFICATIONS FOR CODE E			118,237				118,237

RECLASS CODE: F
EXPLANATION : MEDICAL SUPPLY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	102,391	CENTRAL SERVICES & SUPPLY	15	75,650	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	2,501	OPERATING ROOM	37	29,242	
TOTAL RECLASSIFICATIONS FOR CODE F			104,892				104,892

RECLASS CODE: G
EXPLANATION : COST OF DRUGS AND IV SOLUTIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	400,445	PHARMACY	16	400,445	
TOTAL RECLASSIFICATIONS FOR CODE G			400,445				400,445

RECLASS CODE: H
EXPLANATION : PT, OT, SP COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	141,295	OCCUPATIONAL THERAPY	51	79,108	

RECLASSIFICATIONS

PROVIDER NO:
141342

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : PT, OT, SP COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	SPEECH PATHOLOGY	52	62,187	
TOTAL RECLASSIFICATIONS FOR CODE H			141,295				141,295

RECLASS CODE: I
EXPLANATION : MIS AMORTIZATION TO CC# 4

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	99,596	ADMINISTRATIVE & GENERAL	6	99,596	
TOTAL RECLASSIFICATIONS FOR CODE I			99,596				99,596

RECLASS CODE: J
EXPLANATION : OTHER RADIOLOGY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	367,574	ULTRASOUND	41.01	70,802	
2.00			0	CT	41.02	114,950	
3.00			0	MRI	41.03	120,861	
4.00			0	RADIOISOTOPE	43	60,961	
TOTAL RECLASSIFICATIONS FOR CODE J			367,574				367,574

RECLASS CODE: K
EXPLANATION : RECOVERY ROOM COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	55,300	RECOVERY ROOM	38	55,300	
TOTAL RECLASSIFICATIONS FOR CODE K			55,300				55,300

RECLASS CODE: L
EXPLANATION : RHC TELEPHONE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,077	RURAL HEALTH CLINIC	63.50	1,077	
TOTAL RECLASSIFICATIONS FOR CODE L			1,077				1,077

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	47,473					47,473	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	2,330,497					2,330,497	
4	BUILDING IMPROVEMENT	1,211,417					1,211,417	
5	FIXED EQUIPMENT	1,004,523					1,004,523	
6	MOVABLE EQUIPMENT	1,326,815					1,326,815	
7	SUBTOTAL	5,920,725					5,920,725	
8	RECONCILING ITEMS							
9	TOTAL	5,920,725					5,920,725	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS	4,391,969	1,348,541		1,348,541		5,740,510	
3	BUILDINGS & FIXTURE	4,053,473					4,053,473	
4	BUILDING IMPROVEMENT	401,274					26,374	
5	FIXED EQUIPMENT	379,475	210,615		210,615	374,900	590,090	
6	MOVABLE EQUIPMENT	5,023,627	604,471		604,471	228,384	5,399,714	
7	SUBTOTAL	14,249,818	2,163,627		2,163,627	603,284	15,810,161	
8	RECONCILING ITEMS							
9	TOTAL	14,249,818	2,163,627		2,163,627	603,284	15,810,161	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7
3	NEW CAP REL COSTS-BL	4,079,848		4,079,848	.405163			
4	NEW CAP REL COSTS-MV	5,989,803		5,989,803	.594837			
5	TOTAL	10,069,651		10,069,651	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	87,372			19,858	132,847	74,098	314,175
4	NEW CAP REL COSTS-MV	1,274,668	93,198		2,452		34,513	1,404,831
5	TOTAL	1,362,040	93,198		22,310	132,847	108,611	1,719,006

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	168,230						168,230
4	NEW CAP REL COSTS-MV	871,172						871,172
5	TOTAL	1,039,402						1,039,402

* 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

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-6,472	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE	A	-1,355	NEW CAP REL COSTS-MVBLE E		4	9
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-238,795				
13 SALE OF SCRAP, WASTE, ETC.	B	-635	RADIOLOGY-DIAGNOSTIC		41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-559,745				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-37,792	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-843	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-80,858	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	406,313	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER MISCELLANEOUS INCOME	B	-43,518	ADMINISTRATIVE & GENERAL		6	
38 NON-RESTRICTED DONATIONS	B	-25	ADMINISTRATIVE & GENERAL		6	
39 DEPRECIATION ON MISC	A	-99,596	NEW CAP REL COSTS-MVBLE E		4	9
40 HOSPITAL BAD DEBT	A	-2,967,577	ADMINISTRATIVE & GENERAL		6	
41 TELEPHONE BENEFITS COST	A	-712	EMPLOYEE BENEFITS		5	
42 PATIENT PHONE DEPRECIATION	A	-1,462	NEW CAP REL COSTS-MVBLE E		4	9
43 MARKETING COSTS	A	-41,712	ADMINISTRATIVE & GENERAL		6	
44 PHYSICIAN RECRUITING COSTS	A	-21,916	ADMINISTRATIVE & GENERAL		6	
45 LOBBYING EXPENSE IN DUES	A	-7,148	ADMINISTRATIVE & GENERAL		6	
46 CHARITABLE CONTRIBUTIONS	A	-1,349	ADMINISTRATIVE & GENERAL		6	
47 SPECIAL EVENTS	A	-4,776	ADMINISTRATIVE & GENERAL		6	
48 PENALTIES	A	-207	ADMINISTRATIVE & GENERAL		6	
49 ILLINOIS PROVIDER TAX	A	-155,923	ADMINISTRATIVE & GENERAL		6	
49.01 MISCELLANEOUS NONALLOWABLE	A	-26,390	ADMINISTRATIVE & GENERAL		6	
49.02 LEGAL FEES	A	-2,940	ADMINISTRATIVE & GENERAL		6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,895,433				

(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

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & CAPITAL RELATED (INTEREST	74,098		74,098	14
2	4	NEW CAP REL COSTS-MVBLE E CAPITAL RELATED (MOVEABLE	34,513		34,513	14
3	6	ADMINISTRATIVE & GENERAL ALLOCATED COSTS	424,121	1,161,680	-737,559	
4	6	ADMINISTRATIVE & GENERAL MALPRACTICE COSTS	122,731	53,528	69,203	
5		TOTALS	655,463	1,215,208	-559,745	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	COMMUNITY HEALTH SYSTEMS	100.00	HOSPITAL COMPANY - H.O.
2	B	100.00	PASI	100.00	COLLECTION AGENCY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1342	I FROM 1/ 1/2010	I WORKSHEET A-8-2
I	I TO 12/31/2010	I GROUP 1

1	2	3	4	5	6	7	8	9
WKSHT A	COST CENTER/ PHYSICIAN	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
LINE NO.	IDENTIFIER							
1	2	3	4	5	6	7	8	9
25	APOGEE MEDICAL MGT	298,795	238,795	60,000				
61	EMCARE INC - ER COVERAGE	533,310		533,310				
101	TOTAL	832,105	238,795	593,310				

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 14-1342 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	13	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS	SERVED	ENTERED
12	CAFETERIA	8	FTE		ENTERED
14	NURSING ADMINISTRATION	9	NURSING	WAGES	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS.	ENTERED
16	PHARMACY	11	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS	CHARGES	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	314,175	314,175					
005 NEW CAP REL COSTS-MVBLE E	1,404,831		1,404,831				
006 EMPLOYEE BENEFITS	1,294,742	1,385	6,244	1,302,371			
008 ADMINISTRATIVE & GENERAL	2,282,270	26,552	119,741	202,029	2,630,592	2,630,592	
009 OPERATION OF PLANT	817,025	88,912	400,958	43,421	1,350,316	286,823	1,637,139
010 LAUNDRY & LINEN SERVICE	36,526	5,499	24,799	6,074	72,898	15,484	51,669
011 HOUSEKEEPING	268,470	4,389	19,792	37,713	330,364	70,173	41,237
012 DIETARY	360,984	10,476	47,242	36,342	455,044	96,657	98,428
014 CAFETERIA							
015 NURSING ADMINISTRATION	414,266	4,134	18,644	73,290	510,334	108,401	38,844
016 CENTRAL SERVICES & SUPPLY	132,069	6,414	28,923	14,191	181,597	38,573	60,260
017 PHARMACY	364,027	3,706	16,715	55,676	440,124	93,488	34,824
025 MEDICAL RECORDS & LIBRARY	227,854	4,928	22,222	24,420	279,424	59,353	46,299
036 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	1,211,294	26,814	120,919	193,944	1,552,971	329,870	251,931
038 OTHER LONG TERM CARE	669,783	18,764	84,618	111,333	884,498	187,878	176,300
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	318,706	13,454	60,673	44,882	437,715	92,976	126,411
041 RECOVERY ROOM							
041 ANESTHESIOLOGY	255,387				255,387	54,247	
041 RADIOLOGY-DIAGNOSTIC	779,394	17,376	78,360	64,686	939,816	199,628	163,260
041 01 ULTRASOUND							
041 02 CT							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	797,546	8,020	36,168	71,122	912,856	193,902	75,355
049 RESPIRATORY THERAPY	58,887	1,848	8,335	9,115	78,185	16,607	17,366
050 PHYSICAL THERAPY	523,448	9,340	42,118	88,726	663,632	140,963	87,751
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	67,038	2,276	10,264	11,692	91,270	19,387	21,385
055 MEDICAL SUPPLIES CHARGED	123,164				123,164	26,162	
055 30 IMPL. DEV. CHARGED TO PAT	2,501				2,501	531	
056 DRUGS CHARGED TO PATIENTS	400,445				400,445	85,059	
059 CARDIAC CATHETERIZATION L							
059 01 WOUND CARE	12,706			1,756	14,462	3,072	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	1,363,325	16,726	75,429	133,876	1,589,356	337,599	157,154
063 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC							
063 50 RURAL HEALTH CLINIC	369,725	8,425	37,994	62,234	478,378	101,613	79,160
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	14,870,588	279,438	1,260,158	1,286,522	14,675,329	2,558,446	1,527,634
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,535	6,921		8,456	1,796	14,421
098 PHYSICIANS' PRIVATE OFFIC		23,081	104,087		127,168	27,012	
100 SENIOR CIRCLE	26,158	1,705	7,687	4,360	39,910	8,477	16,016
100 01 MARKETING	118,237	1,950	8,792	11,489	140,468	29,837	18,317
100 02 AREAS UNDER RENOVATION		3,811	17,186		20,997	4,460	35,806
100 03 FREESTANDING HHA COSTS		2,655			2,655	564	24,945
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	15,014,983	314,175	1,404,831	1,302,371	15,014,983	2,630,592	1,637,139

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	140,051						
011 HOUSEKEEPING	3,980	445,754					
012 DIETARY		28,412	678,541				
014 CAFETERIA	497			497			
015 NURSING ADMINISTRATION		11,212		30	668,821		
016 CENTRAL SERVICES & SUPPLY		17,394		11		297,835	
017 PHARMACY		10,052		14		12,421	590,923
025 MEDICAL RECORDS & LIBRARY		13,365		22			
036 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	35,074	72,723	225,242	99	328,169	24,529	
041 OTHER LONG TERM CARE	75,922	50,890	404,255	85		10,473	
041 ANCI LLARY SRVC COST CNTRS							
041 01 OPERATING ROOM	3,173	36,489		17	75,944	10,469	
041 02 RECOVERY ROOM							
041 03 ANESTHESIOLOGY						3,137	
041 03 RADIOLOGY-DIAGNOSTIC	4,030	47,126		33		27,106	
041 03 ULTRASOUND							
041 03 CT							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY		21,752		39		85,405	
049 RESPIRATORY THERAPY		5,013		6	15,423	15,475	
050 PHYSICAL THERAPY	7,757	25,330		37		12,990	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		6,173		5	19,784	1,054	
055 MEDICAL SUPPLIES CHARGED						65,577	
055 30 IMPL. DEV. CHARGED TO PAT						1,451	
056 DRUGS CHARGED TO PATIENTS							590,923
059 CARDIAC CATHETERIZATION L							
059 01 WOUND CARE				1	2,972	1,468	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	8,771	45,364		61	226,529	20,174	
063 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	847	22,850		29		6,106	
063 50 RURAL HEALTH CLINIC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	140,051	414,145	629,497	489	668,821	297,835	590,923
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		4,163					
098 PHYSICIANS' PRIVATE OFFIC			49,044				
100 SENIOR CIRCLE		4,623		3			
100 01 MARKETING		5,287		5			
100 02 AREAS UNDER RENOVATION		10,336					
100 03 FREESTANDING HHA COSTS		7,200					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	140,051	445,754	678,541	497	668,821	297,835	590,923

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	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				
017 MEDICAL RECORDS & LIBRARY	398,463			
025 INPAT ROUTINE SRVC CNTRS				
036 ADULTS & PEDIATRICS	28,050	2,848,658		2,848,658
037 OTHER LONG TERM CARE	6,899	1,797,200		1,797,200
038 ANCILLARY SRVC COST CNTRS				
040 OPERATING ROOM	22,372	805,566		805,566
041 RECOVERY ROOM				
041 ANESTHESIOLOGY	1,340	314,111		314,111
041 RADIOLOGY-DIAGNOSTIC	125,397	1,506,396		1,506,396
041 01 ULTRASOUND				
041 02 CT				
041 03 MRI				
043 RADIOISOTOPE				
044 LABORATORY	70,139	1,359,448		1,359,448
049 RESPIRATORY THERAPY	1,938	150,013		150,013
050 PHYSICAL THERAPY	19,553	958,013		958,013
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	12,810	171,868		171,868
055 MEDICAL SUPPLIES CHARGED	8,392	223,295		223,295
055 30 IMPL. DEV. CHARGED TO PAT	41	4,524		4,524
056 DRUGS CHARGED TO PATIENTS	42,445	1,118,872		1,118,872
059 CARDIAC CATHETERIZATION L				
059 01 WOUND CARE	170	22,145		22,145
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
062 EMERGENCY	51,765	2,436,773		2,436,773
063 OBSERVATION BEDS (NON-DIS				
063 RURAL HEALTH CLINIC				
063 50 RURAL HEALTH CLINIC	7,152	696,135		696,135
071 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY				
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	398,463	14,413,017		14,413,017
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		28,836		28,836
098 PHYSICIANS' PRIVATE OFFIC		203,224		203,224
100 SENIOR CIRCLE		69,029		69,029
100 01 MARKETING		193,914		193,914
100 02 AREAS UNDER RENOVATION		71,599		71,599
100 03 FREESTANDING HHA COSTS		35,364		35,364
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	398,463	15,014,983		15,014,983

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 EMPLOYEE BENEFITS		1,385	6,244	7,629	7,629		
006 ADMINISTRATIVE & GENERAL		26,552	119,741	146,293	1,186	147,479	
008 OPERATION OF PLANT		88,912	400,958	489,870	254	16,080	506,204
009 LAUNDRY & LINEN SERVICE		5,499	24,799	30,298	36	868	15,976
010 HOUSEKEEPING		4,389	19,792	24,181	221	3,934	12,750
011 DIETARY		10,476	47,242	57,718	213	5,419	30,434
012 CAFETERIA							
014 NURSING ADMINISTRATION		4,134	18,644	22,778	429	6,077	12,010
015 CENTRAL SERVICES & SUPPLY		6,414	28,923	35,337	83	2,162	18,632
016 PHARMACY		3,706	16,715	20,421	326	5,241	10,768
017 MEDICAL RECORDS & LIBRARY		4,928	22,222	27,150	143	3,327	14,316
025 INPAT ROUTINE SRVC CNTRS							
036 ADULTS & PEDIATRICS		26,814	120,919	147,733	1,136	18,493	77,898
037 OTHER LONG TERM CARE		18,764	84,618	103,382	652	10,533	54,512
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		13,454	60,673	74,127	263	5,212	39,086
041 RECOVERY ROOM							
041 ANESTHESIOLOGY						3,041	
041 RADIOLOGY-DIAGNOSTIC		17,376	78,360	95,736	379	11,191	50,480
041 01 ULTRASOUND							
041 02 CT							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY		8,020	36,168	44,188	416	10,870	23,300
049 RESPIRATORY THERAPY		1,848	8,335	10,183	53	931	5,370
050 PHYSICAL THERAPY		9,340	42,118	51,458	520	7,903	27,133
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		2,276	10,264	12,540	68	1,087	6,612
055 MEDICAL SUPPLIES CHARGED						1,467	
055 30 IMPL. DEV. CHARGED TO PAT						30	
056 DRUGS CHARGED TO PATIENTS						4,768	
059 CARDIAC CATHETERIZATION L							
059 01 WOUND CARE					10	172	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		16,726	75,429	92,155	784	18,931	48,592
062 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC							
063 50 RURAL HEALTH CLINIC		8,425	37,994	46,419	364	5,697	24,476
063 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		279,438	1,260,158	1,539,596	7,536	143,434	472,345
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,535	6,921	8,456		101	4,459
098 PHYSICIANS' PRIVATE OFFIC		23,081	104,087	127,168		1,514	
100 SENIOR CIRCLE		1,705	7,687	9,392	26	475	4,952
100 01 MARKETING		1,950	8,792	10,742	67	1,673	5,664
100 02 AREAS UNDER RENOVATION		3,811	17,186	20,997		250	11,071
100 03 FREESTANDING HHA COSTS		2,655		2,655		32	7,713
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		314,175	1,404,831	1,719,006	7,629	147,479	506,204

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	96,208					
005 NEW CAP REL COSTS-MVB		95,395				
006 EMPLOYEE BENEFITS	424	424	6,736,735			
008 ADMINISTRATIVE & GENE	8,131	8,131	1,045,023	-2,630,592	12,384,391	
009 OPERATION OF PLANT	27,227	27,227	224,604		1,350,316	53,358
010 LAUNDRY & LINEN SERVI	1,684	1,684	31,418		72,898	1,684
011 HOUSEKEEPING	1,344	1,344	195,077		330,364	1,344
012 DIETARY	3,208	3,208	187,986		455,044	3,208
014 CAFETERIA						
015 NURSING ADMINISTRATION	1,266	1,266	379,102		510,334	1,266
016 CENTRAL SERVICES & SU	1,964	1,964	73,406		181,597	1,964
017 PHARMACY	1,135	1,135	287,992		440,124	1,135
025 MEDICAL RECORDS & LIB	1,509	1,509	126,317		279,424	1,509
036 INPAT ROUTINE SRVC CN						
037 ADULTS & PEDIATRICS	8,211	8,211	1,003,207		1,552,971	8,211
038 OTHER LONG TERM CARE	5,746	5,746	575,887		884,498	5,746
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	4,120	4,120	232,161		437,715	4,120
041 RECOVERY ROOM						
041 ANESTHESIOLOGY					255,387	
041 RADIOLOGY-DIAGNOSTIC	5,321	5,321	334,600		939,816	5,321
041 01 ULTRASOUND						
041 02 CT						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY	2,456	2,456	367,892		912,856	2,456
049 RESPIRATORY THERAPY	566	566	47,149		78,185	566
050 PHYSICAL THERAPY	2,860	2,860	458,952		663,632	2,860
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	697	697	60,479		91,270	697
055 MEDICAL SUPPLIES CHAR					123,164	
055 30 IMPL. DEV. CHARGED TO					2,501	
056 DRUGS CHARGED TO PATI					400,445	
059 01 CARDIAC CATHETERIZATI			9,085		14,462	
060 WOUND CARE						
061 OUTPAT SERVICE COST C						
062 CLINIC						
062 EMERGENCY	5,122	5,122	692,498		1,589,356	5,122
063 OBSERVATION BEDS (NON						
063 RURAL HEALTH CLINIC						
063 50 RURAL HEALTH CLINIC	2,580	2,580	321,916		478,378	2,580
071 OTHER REIMBURS COST C						
095 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	85,571	85,571	6,654,751	-2,630,592	12,044,737	49,789
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	470	470			8,456	470
098 PHYSICIANS' PRIVATE O	7,068	7,068			127,168	
100 SENIOR CIRCLE	522	522	22,555		39,910	522
100 01 MARKETING	597	597	59,429		140,468	597
100 02 AREAS UNDER RENOVATIO	1,167	1,167			20,997	1,167
100 03 FREESTANDING HHA COST	813				2,655	813
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	314,175	1,404,831	1,302,371		2,630,592	1,637,139
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	3.265581		.193324		.212412	
105 (WRKSHT B, PT I)		14.726464				30.682166
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			7,629		147,479	506,204
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.001132		.011908	
108 (WRKSHT B, PT III)						9.486937

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE)	(NURSING WAGES)	(COSTED REQUIS.)	(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	56,366						
010 HOUSEKEEPING	1,602	50,330					
011 DIETARY		3,208	35,903				
012 CAFETERIA	200			10,273			
014 NURSING ADMINISTRATION		1,266		621	2,044,579		
015 CENTRAL SERVICES & SUPPLY		1,964		228		513,205	
016 PHARMACY		1,135		297		21,402	400,445
017 MEDICAL RECORDS & LIBRARY		1,509		445			
025 ADULTS & PEDIATRICS	14,116	8,211	11,918	2,042	1,003,207	42,266	
036 OTHER LONG TERM CARE	30,556	5,746	21,390	1,762		18,047	
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	1,277	4,120		356	232,161	18,040	
038 RECOVERY ROOM							
040 ANESTHESIOLOGY						5,405	
041 RADIOLOGY-DIAGNOSTIC	1,622	5,321		674		46,706	
041 01 ULTRASOUND							
041 02 CT							
041 03 MRI							
043 RADIOISOTOPE LABORATORY		2,456		803		147,162	
049 RESPIRATORY THERAPY		566		120	47,149	26,665	
050 PHYSICAL THERAPY	3,122	2,860		766		22,384	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		697		101	60,479	1,817	
055 MEDICAL SUPPLIES CHARGED TO						112,997	
055 30 IMPL. DEV. CHARGED TO						2,501	
056 DRUGS CHARGED TO PATIENTS							400,445
059 CARDIAC CATHETERIZATION							
059 01 WOUND CARE				26	9,085	2,529	
OUTPATIENT SERVICE COST CENTER							
060 CLINIC							
061 EMERGENCY	3,530	5,122		1,266	692,498	34,762	
062 OBSERVATION BEDS (NON)							
063 RURAL HEALTH CLINIC							
063 50 RURAL HEALTH CLINIC	341	2,580		604		10,522	
071 OTHER REIMBURSEMENT COST CENTER							
HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTER							
SUBTOTALS	56,366	46,761	33,308	10,111	2,044,579	513,205	400,445
NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE		470					
098 PHYSICIANS' PRIVATE OFFICE			2,595				
100 SENIOR CIRCLE		522		62			
100 01 MARKETING		597		100			
100 02 AREAS UNDER RENOVATION		1,167					
100 03 FREESTANDING HHA COST		813					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	140,051	445,754	678,541	497	668,821	297,835	590,923
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.484672	8.856626	18.899284	.048379	.327119	.580343	1.475666
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	47,178	42,427	96,488	167	42,371	57,874	40,132
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.836994	.842976	2.687463	.016256	.020724	.112770	.100219

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	(GROSS CHARGES)
		17
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATIO		
016 CENTRAL SERVICES & SU		
017 PHARMACY		
025 MEDICAL RECORDS & LIB	52,510,645	
036 INPAT ROUTINE SRVC CN		
037 ADULTS & PEDIATRICS	3,696,622	
038 OTHER LONG TERM CARE	909,193	
037 ANCILLARY SRVC COST C		
038 OPERATING ROOM	2,948,321	
040 RECOVERY ROOM		
041 ANESTHESIOLOGY	176,619	
041 RADIOLOGY-DIAGNOSTIC	16,524,040	
041 01 ULTRASOUND		
041 02 CT		
041 03 MRI		
043 RADIOISOTOPE		
044 LABORATORY	9,243,399	
049 RESPIRATORY THERAPY	255,431	
050 PHYSICAL THERAPY	2,576,893	
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY	1,688,219	
055 MEDICAL SUPPLIES CHAR	1,106,012	
055 30 IMPL. DEV. CHARGED TO	5,437	
056 DRUGS CHARGED TO PATI	5,593,660	
059 CARDIAC CATHETERIZATI		
059 01 WOUND CARE	22,338	
060 OUTPAT SERVICE COST C		
061 CLINIC		
062 EMERGENCY	6,821,933	
063 OBSERVATION BEDS (NON		
063 RURAL HEALTH CLINIC		
063 50 RURAL HEALTH CLINIC	942,528	
071 OTHER REIMBURS COST C		
095 HOME HEALTH AGENCY		
095 SPEC PURPOSE COST CEN		
095 SUBTOTALS	52,510,645	
096 NONREIMBURS COST CENT		
098 GIFT, FLOWER, COFFEE		
100 PHYSICIANS' PRIVATE O		
100 SENIOR CIRCLE		
100 01 MARKETING		
100 02 AREAS UNDER RENOVATIO		
100 03 FREESTANDING HHA COST		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	398,463	
104 (PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		
105 (WRKSHT B, PT I)	.007588	
105 COST TO BE ALLOCATED		
106 (PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
107 (WRKSHT B, PT I I)		
107 COST TO BE ALLOCATED	46,215	
108 (PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		
108 (WRKSHT B, PT I I I)	.000880	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,848,658		2,848,658		
36	OTHER LONG TERM CARE	1,797,200		1,797,200		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	805,566		805,566		
38	RECOVERY ROOM					
40	ANESTHESIOLOGY	314,111		314,111		
41	RADIOLOGY-DIAGNOSTIC	1,506,396		1,506,396		
41	01 ULTRASOUND					
41	02 CT					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	1,359,448		1,359,448		
49	RESPIRATORY THERAPY	150,013		150,013		
50	PHYSICAL THERAPY	958,013		958,013		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	171,868		171,868		
55	MEDICAL SUPPLIES CHARGED	223,295		223,295		
55	30 IMPL. DEV. CHARGED TO PAT	4,524		4,524		
56	DRUGS CHARGED TO PATIENTS	1,118,872		1,118,872		
59	CARDIAC CATHETERIZATION L					
59	01 WOUND CARE	22,145		22,145		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,436,773		2,436,773		
62	OBSERVATION BEDS (NON-DIS	108,272		108,272		
63	RURAL HEALTH CLINIC					
63	50 RURAL HEALTH CLINIC	696,135		696,135		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	14,521,289		14,521,289		
102	LESS OBSERVATION BEDS	108,272		108,272		
103	TOTAL	14,413,017		14,413,017		

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	3,098,685		3,098,685			
36	OTHER LONG TERM CARE	909,193		909,193			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	381,903	2,566,418	2,948,321	.273229	.273229	
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	37,907	138,712	176,619	1.778467	1.778467	
41	RADIOLOGY-DIAGNOSTIC	1,649,952	14,874,088	16,524,040	.091164	.091164	
41	01 ULTRASOUND						
41	02 CT						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	2,209,061	7,034,338	9,243,399	.147072	.147072	
49	RESPIRATORY THERAPY	215,319	40,112	255,431	.587294	.587294	
50	PHYSICAL THERAPY	498,487	2,078,406	2,576,893	.371771	.371771	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	794,762	893,457	1,688,219	.101804	.101804	
55	MEDICAL SUPPLIES CHARGED	821,368	284,644	1,106,012	.201892	.201892	
55	30 IMPL. DEV. CHARGED TO PAT		5,437	5,437	.832077	.832077	
56	DRUGS CHARGED TO PATIENTS	3,029,822	2,563,838	5,593,660	.200025	.200025	
59	CARDIAC CATHETERIZATION L						
59	01 WOUND CARE		22,338	22,338	.991360	.991360	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	52,846	6,769,087	6,821,933	.357197	.357197	
62	OBSERVATION BEDS (NON-DIS	71,571	526,366	597,937	.181076	.181076	
63	RURAL HEALTH CLINIC						
63	50 RURAL HEALTH CLINIC		942,528	942,528	.738583	.738583	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	13,770,876	38,739,769	52,510,645			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,770,876	38,739,769	52,510,645			

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						
38	OPERATING ROOM	805,566	132,676	672,890			805,566
40	RECOVERY ROOM						
41	ANESTHESIOLOGY	314,111	3,806	310,305			314,111
41	RADIOLOGY-DIAGNOSTIC	1,506,396	183,454	1,322,942			1,506,396
41	01 ULTRASOUND						
41	02 CT						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	1,359,448	105,586	1,253,862			1,359,448
49	RESPIRATORY THERAPY	150,013	21,225	128,788			150,013
50	PHYSICAL THERAPY	958,013	96,842	861,171			958,013
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	171,868	23,841	148,027			171,868
55	MEDICAL SUPPLIES CHARGED	223,295	15,183	208,112			223,295
55	30 IMPL. DEV. CHARGED TO PAT	4,524	317	4,207			4,524
56	DRUGS CHARGED TO PATIENTS	1,118,872	49,822	1,069,050			1,118,872
59	CARDIAC CATHETERIZATION L						
59	01 WOUND CARE	22,145	675	21,470			22,145
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	2,436,773	192,030	2,244,743			2,436,773
62	OBSERVATION BEDS (NON-DIS	108,272		108,272			108,272
63	RURAL HEALTH CLINIC						
63	50 RURAL HEALTH CLINIC	696,135	81,442	614,693			696,135
63	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	9,875,431	906,899	8,968,532			9,875,431
102	LESS OBSERVATION BEDS	108,272		108,272			108,272
103	TOTAL	9,767,159	906,899	8,860,260			9,767,159

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			
38	OPERATING ROOM	2,948,321	.273229	.273229
40	RECOVERY ROOM			
41	ANESTHESIOLOGY	176,619	1.778467	1.778467
41	RADIOLOGY-DIAGNOSTIC	16,524,040	.091164	.091164
41	01 ULTRASOUND			
41	02 CT			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	9,243,399	.147072	.147072
49	RESPIRATORY THERAPY	255,431	.587294	.587294
50	PHYSICAL THERAPY	2,576,893	.371771	.371771
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	1,688,219	.101804	.101804
55	MEDICAL SUPPLIES CHARGED	1,106,012	.201892	.201892
55	30 IMPL. DEV. CHARGED TO PAT	5,437	.832077	.832077
56	DRUGS CHARGED TO PATIENTS	5,593,660	.200025	.200025
59	CARDIAC CATHETERIZATION L			
59	01 WOUND CARE	22,338	.991360	.991360
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
61	EMERGENCY	6,821,933	.357197	.357197
62	OBSERVATION BEDS (NON-DIS	597,937	.181076	.181076
63	RURAL HEALTH CLINIC			
63	50 RURAL HEALTH CLINIC	942,528	.738583	.738583
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	48,502,767		
102	LESS OBSERVATION BEDS	597,937		
103	TOTAL	47,904,830		

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						
38	OPERATING ROOM	805,566	132,676	672,890			805,566
40	RECOVERY ROOM						
41	ANESTHESIOLOGY	314,111	3,806	310,305			314,111
41	RADIOLOGY-DIAGNOSTIC	1,506,396	183,454	1,322,942			1,506,396
41	01 ULTRASOUND						
41	02 CT						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	1,359,448	105,586	1,253,862			1,359,448
49	RESPIRATORY THERAPY	150,013	21,225	128,788			150,013
50	PHYSICAL THERAPY	958,013	96,842	861,171			958,013
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	171,868	23,841	148,027			171,868
55	MEDICAL SUPPLIES CHARGED	223,295	15,183	208,112			223,295
55	30 IMPL. DEV. CHARGED TO PAT	4,524	317	4,207			4,524
56	DRUGS CHARGED TO PATIENTS	1,118,872	49,822	1,069,050			1,118,872
59	CARDIAC CATHETERIZATION L						
59	01 WOUND CARE	22,145	675	21,470			22,145
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,436,773	192,030	2,244,743			2,436,773
62	OBSERVATION BEDS (NON-DIS	108,272		108,272			108,272
63	RURAL HEALTH CLINIC						
63	50 RURAL HEALTH CLINIC	696,135	81,442	614,693			696,135
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	9,875,431	906,899	8,968,532			9,875,431
102	LESS OBSERVATION BEDS	108,272		108,272			108,272
103	TOTAL	9,767,159	906,899	8,860,260			9,767,159

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			
38	OPERATING ROOM	2,948,321	.273229	.273229
40	RECOVERY ROOM			
40	ANESTHESIOLOGY	176,619	1.778467	1.778467
41	RADIOLOGY-DIAGNOSTIC	16,524,040	.091164	.091164
41	01 ULTRASOUND			
41	02 CT			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	9,243,399	.147072	.147072
49	RESPIRATORY THERAPY	255,431	.587294	.587294
50	PHYSICAL THERAPY	2,576,893	.371771	.371771
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	1,688,219	.101804	.101804
55	MEDICAL SUPPLIES CHARGED	1,106,012	.201892	.201892
55	30 IMPL. DEV. CHARGED TO PAT	5,437	.832077	.832077
56	DRUGS CHARGED TO PATIENTS	5,593,660	.200025	.200025
59	CARDIAC CATHETERIZATION L			
59	01 WOUND CARE	22,338	.991360	.991360
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	6,821,933	.357197	.357197
62	OBSERVATION BEDS (NON-DIS	597,937	.181076	.181076
63	RURAL HEALTH CLINIC			
63	50 RURAL HEALTH CLINIC	942,528	.738583	.738583
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	48,502,767		
102	LESS OBSERVATION BEDS	597,937		
103	TOTAL	47,904,830		

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		639,971		
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	8/18/2010	55,000		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		55,000		NONE
4 TOTAL INTERIM PAYMENTS		694,971		
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)		3,847		
7 TOTAL MEDICARE PROGRAM LIABILITY		691,124		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES		2,473,006
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		2,473,006
5	PRIMARY PAYER PAYMENTS		
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)		2,497,736
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
7	ROUTINE SERVICE CHARGES		
8	ANCILLARY 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	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		2,497,736
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		453,935
21	EXCESS REASONABLE COST		
22	SUBTOTAL		2,043,801
23	COINSURANCE		4,400
24	SUBTOTAL		2,039,401
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		66,183
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		66,183
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		55,241
26	SUBTOTAL		2,105,584
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		2,105,584
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		2,383,264
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		-277,680
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		25,948

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		3,634,461		
2 NET INCOME (LOSS)		1,447,433		
3 TOTAL		5,081,894		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		5,081,894		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		5,081,894		

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

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	47,430	47,430	
2	PHYSICIAN ASSISTANT	171,297	171,297	
3	NURSE PRACTITIONER	28,815	28,815	
4	VISITING NURSE			
5	OTHER NURSE	60,663	60,663	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	308,205	308,205	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		4,204	4,204
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)		4,204	4,204
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES			
16	TRANSPORTATION (HEALTH CARE STAFF)			
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)			
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	308,205	4,204	312,409
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		1,077	1,077
30	ADMINISTRATIVE COSTS	38,598	22,716	61,314
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	38,598	23,793	62,391
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	346,803	27,997	374,800

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1342	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET M-2
14-3975		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.55	1,107	4,200	2,310
2	PHYSICIAN ASSISTANTS	1.80	4,060	2,100	3,780
3	NURSE PRACTITIONERS	.24	3,110	2,100	504
4	SUBTOTAL (SUM OF LINES 1-3)	2.59	8,277		6,594
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.59	8,277		
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)	312,409			
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)	312,409			
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)	57,316			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	326,410			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	383,726			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	383,726			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	383,726			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	696,135			
		GREATER OF COL. 2 OR COL. 4 5			
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	8,277			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	8,277			
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.

