

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY PROVIDER NO: 14-1349 PERIOD FROM 7/1/2009 TO 6/30/2010 INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 11/15/2010 TIME 7:38

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: SPARTA COMMUNITY HOSPITAL 14-1349 FOR THE COST REPORTING PERIOD BEGINNING 7/1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION DATE: 11/15/2010 TIME 7:38

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PI ENCRYPTION INFORMATION DATE: 11/15/2010 TIME 7:38

BDXzDhVGqDCL.n2Xo8zCTORZaj NN10 xvNu50dYz4CaLFTYguyhbNHaGVpTzi L2to4dKA5NODJR9d

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with 5 columns: TITLE V, A, B, C, D. Rows include HOSPITAL, SWING BED - SNF, HOSPITAL-BASED HHA, RHC, RHC II, RHC III, RHC IV, RHC V, RHC VI, and TOTAL.

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 AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 818 EAST BROADWAY P. O. BOX:
 1.01 CITY: SPARTA STATE: IL ZIP CODE: 62286- COUNTY: RANDOLPH

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	14-1349	2.01	11/ 3/2005	4	5	6
04.00	SWING BED - SNF	14-Z349		11/ 1/2005	N	O	N
09.00	HOSPITAL-BASED HHA	14-7694		8/ 7/1998	N	P	N
14.00	HOSPITAL-BASED RHC	14-3464		10/ 6/2004	N	O	N
14.01	HOSPITAL-BASED RHC 2	14-3465		10/ 7/2004	N	O	N
14.02	HOSPITAL-BASED RHC 3	14-3466		10/ 6/2004	N	O	N
14.03	HOSPITAL-BASED RHC 4	14-3467		10/ 5/2004	N	O	N
14.04	HOSPITAL-BASED RHC 5	14-3490		1/18/2007	N	O	N
14.05	HOSPITAL-BASED RHC 6	14-3489		1/18/2007	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 1 2
11

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
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 42.105 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. N

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. 2 Y

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 2

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 2

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. N

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) N N

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 PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

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). / /

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). 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. 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 9/17/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1349
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/15/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	TITLE V	I/P DAYS / TITLE XVII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	25	9,125	68,424.00			1,819	270
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						720	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	68,424.00			2,539	270
11 NURSERY							84
12 TOTAL	25	9,125	68,424.00			2,539	354
13 RPCH VISITS							
18 HOME HEALTH AGENCY						3,353	
24 RURAL HEALTH CLINIC						10,666	
25 TOTAL	25						
26 OBSERVATION BED DAYS							94
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION NOT ADMITTED	BEDS / ALL PATS	O/P VISITS / TOTAL	TRIPS / TOTAL ADMITTED	INTERNS & RES. / TOTAL	FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	2,842	6.01	6.02	7
2 HMO							8
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF				720			
4 ADULTS & PED-SB NF				48			
5 TOTAL ADULTS AND PEDS				3,610			
11 NURSERY				162			
12 TOTAL				3,772			
13 RPCH VISITS							
18 HOME HEALTH AGENCY				5,571			
24 RURAL HEALTH CLINIC				44,191			
25 TOTAL							
26 OBSERVATION BED DAYS		4	90	398	33	365	
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS				11			
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					496	103	896
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
11 NURSERY							
12 TOTAL		188.74			496	103	896
13 RPCH VISITS							
18 HOME HEALTH AGENCY		8.26					
24 RURAL HEALTH CLINIC		50.13					
25 TOTAL		247.13					
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: 14-1349
HHA NO: 14-7694
COUNTY: RANDOLPH
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/15/2010
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	120	0	0
2 UNDUPLICATED CENSUS COUNT		247.00		110.00
TOTAL	5			

1 HOME HEALTH AIDE HOURS	120
2 UNDUPLICATED CENSUS COUNT	357.00

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)	1.10		1.10
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.29		1.29
5 OTHER ADMINISTRATIVE PERSONEL	4.50		4.50
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	1.24	.06	1.30
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE		.18	.18
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.05	.05
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.01		.01
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.12	.03	.15
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		

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

	WITHOUT OUTLIERS 1	FULL EPI SODES WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	1,835	47	87	6
22 SKILLED NURSING VISIT CHARGES	367,008	11,049	18,232	1,207
23 PHYSICAL THERAPY VISITS	1,137	1	10	9
24 PHYSICAL THERAPY VISIT CHARGES	186,683	261	2,291	1,436
25 OCCUPATIONAL THERAPY VISITS	112	2	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	18,644	396	0	0
27 SPEECH PATHOLOGY VISITS	61	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	12,276	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	6	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	1,694	0	0	0
31 HOME HEALTH AIDE VISITS	40	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	4,360	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,191	50	97	15
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	590,665	11,706	20,523	2,643
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	234	0	32	2
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	8,250	42	1,121	0

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

PROVIDER NO: 14-1349
 HHA NO: 14-7694
 COUNTY: RANDOLPH
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,975
22 SKILLED NURSING VISIT CHARGES	0	0	397,496
23 PHYSICAL THERAPY VISITS	0	0	1,157
24 PHYSICAL THERAPY VISIT CHARGES	0	0	190,671
25 OCCUPATIONAL THERAPY VISITS	0	0	114
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	19,040
27 SPEECH PATHOLOGY VISITS	0	0	61
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	12,276
29 MEDICAL SOCIAL SERVICE VISITS	0	0	6
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,694
31 HOME HEALTH AIDE VISITS	0	0	40
32 HOME HEALTH AIDE VISIT CHARGES	0	0	4,360
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,353
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	625,537
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	268
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	9,413

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1300 NORTH MARKET
 1.01 CITY: SPARTA STATE: IL ZIP CODE: 62286 COUNTY: RANDOLPH
 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
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC														
12.01 NORTH CAMPUS	1300	1700	1130	1900	1130	1900	1130	1900	1130	1900	1130	1900	1000	1500
12.02 SPARTA MEDICAL OFFICE			830	1700	830	1700	830	1700	830	1700	830	1700		
12.03 MARISSA MEDICAL CLINIC			830	1700	830	1700	830	1700	830	1700	830	1700		
12.04 FAMILY HEALTH CENTER			830	1700	830	1700	830	1700	830	1700	830	1700		
12.05 COULTERVILLE MEDICAL CLINIC			830	1700	830	1700	830	1700	830	1700	830	1700		
12.06 STEELVILLE CLINIC			830	1700	830	1700	830	1700	830	1700	830	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. Y 6

15 PROVIDER NAME: NORTH CAMPUS PROVIDER NUMBER: 143464
 15.01 PROVIDER NAME: SPARTA MEDICAL OFFICE PROVIDER NUMBER: 143489
 15.02 PROVIDER NAME: MARISSA MEDICAL CLINIC PROVIDER NUMBER: 143490
 15.03 PROVIDER NAME: FAMILY HEALTH CENTER PROVIDER NUMBER: 143466
 15.04 PROVIDER NAME: COULTERVILLE MEDICAL CLINIC PROVIDER NUMBER: 143465
 15.05 PROVIDER NAME: STEELVILLE CLINIC PROVIDER NUMBER: 143467

TITLE V TITLE XVIII TITLE XIX

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

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1349	FROM 7/ 1/2009	11/15/2010
	TO 6/30/2010	WORKSHEET S-10

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	7,377,869
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,429,964
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,152,222
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,000,566
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,429,964

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1349

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

PREPARED 11/15/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		768,287	768,287	43,766	812,053
3.01	0301 NEW CAP REL COSTS-NORTH CAMPUS BLDG				217,202	217,202
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		657,541	657,541	16,863	674,404
5	0500 EMPLOYEE BENEFITS		2,723,274	2,723,274		2,723,274
6	0600 ADMINSTRATIVE & GENERAL	1,633,081	2,226,884	3,859,965	584,585	4,444,550
7	0700 MAINTENANCE & REPAIRS	210,660	3,598	214,258		214,258
8	0800 OPERATION OF PLANT		410,816	410,816		410,816
9	0900 LAUNDRY & LINEN SERVICE		35,317	35,317		35,317
10	1000 HOUSEKEEPING	255,114	31,695	286,809		286,809
11	1100 DIETARY	222,818	125,744	348,562		348,562
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	90,857	4,093	94,950		94,950
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY		901,521	901,521		901,521
17	1700 MEDICAL RECORDS & LIBRARY	131,338	39,677	171,015	-1,458	169,557
18	1800 SOCIAL SERVICE	27,856	839	28,695		28,695
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS				543,677	543,677
25	2500 ADULTS & PEDIATRICS	1,366,423	210,295	1,576,718	-69,594	1,507,124
33	3300 NURSERY ANCILLARY SRVC COST CNTRS				45,489	45,489
37	3700 OPERATING ROOM	512,739	761,935	1,274,674	-255,562	1,019,112
39	3900 DELIVERY ROOM & LABOR ROOM				23,619	23,619
40	4000 ANESTHESIOLOGY	275,710	395,307	671,017	-597,335	73,682
41	4100 RADIOLOGY-DIAGNOSTIC	451,535	1,198,117	1,649,652		1,649,652
44	4400 LABORATORY	500,687	838,164	1,338,851	-19,351	1,319,500
49	4900 RESPIRATORY THERAPY	46,786	32,128	78,914		78,914
49.01	4901 SLEEP LAB		127,200	127,200		127,200
50	5000 PHYSICAL THERAPY	504,364	53,214	557,578	-1,952	555,626
53	5300 ELECTROCARDIOLOGY	16,647	10,049	26,696	19,351	46,047
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				255,562	255,562
56	5600 DRUGS CHARGED TO PATIENTS					
59	3020 CHEMOTHERAPY					
59.01	3021 CARDIAC REHAB OUTPAT SERVICE COST CNTRS	62,007	8,106	70,113		70,113
61	6100 EMERGENCY	524,791	919,909	1,444,700		1,444,700
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	2,802,333	1,786,190	4,588,523	-658,069	3,930,454
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	439,240	121,245	560,485	-16,955	543,530
88	8800 INTEREST EXPENSE		233,218	233,218	-233,218	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS NONREIMBURS COST CENTERS	10,074,986	14,624,363	24,699,349	-103,380	24,595,969
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		6,083	6,083		6,083
100	7950 FREESTANDING CLINICS	890,252	-220,203	670,049	103,380	773,429
100.01	7951 UNUSED SPACE					
101	TOTAL	10,965,238	14,410,243	25,375,481	-0-	25,375,481

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1349
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/15/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-61,580	750,473
3.01	0301 NEW CAP REL COSTS-NORTH CAMPUS BLDG		217,202
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-932	673,472
5	0500 EMPLOYEE BENEFITS	-452,810	2,270,464
6	0600 ADMINISTRATIVE & GENERAL	-284,823	4,159,727
7	0700 MAINTENANCE & REPAIRS		214,258
8	0800 OPERATION OF PLANT		410,816
9	0900 LAUNDRY & LINEN SERVICE		35,317
10	1000 HOUSEKEEPING		286,809
11	1100 DIETARY	-51,628	296,934
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		94,950
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		901,521
17	1700 MEDICAL RECORDS & LIBRARY	-33,158	136,399
18	1800 SOCIAL SERVICE		28,695
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	-543,677	
25	2500 ADULTS & PEDIATRICS	-880	1,506,244
33	3300 NURSERY		45,489
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,019,112
39	3900 DELIVERY ROOM & LABOR ROOM		23,619
40	4000 ANESTHESIOLOGY	-24,000	49,682
41	4100 RADIOLOGY-DIAGNOSTIC	-1,088	1,648,564
44	4400 LABORATORY		1,319,500
49	4900 RESPIRATORY THERAPY		78,914
49.01	4901 SLEEP LAB		127,200
50	5000 PHYSICAL THERAPY		555,626
53	5300 ELECTROCARDIOLOGY		46,047
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-873	254,689
56	5600 DRUGS CHARGED TO PATIENTS		
59	3020 CHEMOTHERAPY		
59.01	3021 CARDIAC REHAB		70,113
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-541,840	902,860
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC	-259,831	3,670,623
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		543,530
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-2,257,120	22,338,849
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		6,083
100	7950 FREESTANDING CLINICS		773,429
100.01	7951 UNUSED SPACE		
101	TOTAL	-2,257,120	23,118,361

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NORTH CAMPUS BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
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	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CHEMOTHERAPY	3020	ACUPUNCTURE
59.01	CARDIAC REHAB	3021	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	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		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	FREESTANDING CLINICS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	UNUSED SPACE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141349

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

PREPARED 11/15/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS COST OF SUPPLIES SOLD	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		255,562
2 TO RECLASS INTEREST EXPENSE	C	ADMINISTRATIVE & GENERAL	6		738
3		NEW CAP REL COSTS-BLDG & FIXT	3		232,480
4 TO RECLASS EKG SALARIES	D	ELECTROCARDIOLOGY	53	19,351	
5 TO RECLASS NURSERY AND LABOR EXPENSE	E	NURSERY	33	40,873	4,616
6		DELIVERY ROOM & LABOR ROOM	39	21,222	2,397
7 TO RECLASS ADMINISTRATIVE EXPENSES	F	FREESTANDING CLINICS	100		504,696
8					
9		ADMINISTRATIVE & GENERAL	6	393,710	174,682
10 TO RECLASS CRNA EXPENSES	G	NONPHYSICIAN ANESTHETISTS	20	275,710	267,967
11 TO RECLASS PHYSICIAN RECRUITING EXP	H	RURAL HEALTH CLINIC	63.50		15,864
12 TO RECLASS PROPERTY INSURANCE EXP	I	OTHER CAPITAL RELATED COSTS	90		45,351
13 TO RECLASS TELEPHONE EXPENSE	J	ADMINISTRATIVE & GENERAL	6		66,015
14					
15					
16					
17					
18					
19 TO RECLASS HH BILLER SALARIES	K	ADMINISTRATIVE & GENERAL	6	10,655	
20 TO RECLASS NORTH CAMPUS BLDG	L	NEW CAP REL COSTS-NORTH CAMPUS BLDG	3.01		211,725
36 TOTAL RECLASSIFICATIONS				761,521	1,782,093

(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:
141349

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

PREPARED 11/15/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 1	DECREASE				A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9		
1 TO RECLASS COST OF SUPPLIES SOLD	A	OPERATING ROOM	37		255,562		
2 TO RECLASS INTEREST EXPENSE	C	INTEREST EXPENSE	88		233,218	11	
3						11	
4 TO RECLASS EKG SALARIES	D	LABORATORY	44	19,351			
5 TO RECLASS NURSERY AND LABOR EXPENSE	E	ADULTS & PEDIATRICS	25	62,095	7,013		
6							
7 TO RECLASS ADMINISTRATIVE EXPENSES	F	RURAL HEALTH CLINIC	63.50		625,720		
8		ANESTHESIOLOGY	40		53,658	9	
9		FREESTANDING CLINICS	100	393,710			
10 TO RECLASS CRNA EXPENSES	G	ANESTHESIOLOGY	40	275,710	267,967		
11 TO RECLASS PHYSICIAN RECRUITING EXP	H	ADMINISTRATIVE & GENERAL	6		15,864		
12 TO RECLASS PROPERTY INSURANCE EXP	I	ADMINISTRATIVE & GENERAL	6		45,351		
13 TO RECLASS TELEPHONE EXPENSE	J	ADULTS & PEDIATRICS	25		486		
14		HOME HEALTH AGENCY	71		6,300		
15		PHYSICAL THERAPY	50		1,952		
16		MEDICAL RECORDS & LIBRARY	17		1,458		
17		RURAL HEALTH CLINIC	63.50		48,213		
18		FREESTANDING CLINICS	100		7,606		
19 TO RECLASS HH BILLER SALARIES	K	HOME HEALTH AGENCY	71	10,655			
20 TO RECLASS NORTH CAMPUS BLDG	L	NEW CAP REL COSTS-BLDG & FIXT	3		211,725	9	
36 TOTAL RECLASSIFICATIONS				761,521	1,782,093		

(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:
141349

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

PREPARED 11/15/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS COST OF SUPPLIES SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	255,562	OPERATING ROOM	37	255,562	
TOTAL RECLASSIFICATIONS FOR CODE A			255,562				255,562

RECLASS CODE: C
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	738	INTEREST EXPENSE	88	233,218	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	232,480			0	
TOTAL RECLASSIFICATIONS FOR CODE C			233,218				233,218

RECLASS CODE: D
EXPLANATION : TO RECLASS EKG SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	19,351	LABORATORY	44	19,351	
TOTAL RECLASSIFICATIONS FOR CODE D			19,351				19,351

RECLASS CODE: E
EXPLANATION : TO RECLASS NURSERY AND LABOR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	45,489	ADULTS & PEDIATRICS	25	69,108	
2.00	DELIVERY ROOM & LABOR ROOM	39	23,619			0	
TOTAL RECLASSIFICATIONS FOR CODE E			69,108				69,108

RECLASS CODE: F
EXPLANATION : TO RECLASS ADMINISTRATIVE EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FREESTANDING CLINICS	100	504,696	RURAL HEALTH CLINIC	63.50	625,720	
2.00			0	ANESTHESIOLOGY	40	53,658	
3.00	ADMINISTRATIVE & GENERAL	6	568,392	FREESTANDING CLINICS	100	393,710	
TOTAL RECLASSIFICATIONS FOR CODE F			1,073,088				1,073,088

RECLASS CODE: G
EXPLANATION : TO RECLASS CRNA EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	543,677	ANESTHESIOLOGY	40	543,677	
TOTAL RECLASSIFICATIONS FOR CODE G			543,677				543,677

RECLASS CODE: H
EXPLANATION : TO RECLASS PHYSICIAN RECRUITING EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RURAL HEALTH CLINIC	63.50	15,864	ADMINISTRATIVE & GENERAL	6	15,864	
TOTAL RECLASSIFICATIONS FOR CODE H			15,864				15,864

RECLASS CODE: I
EXPLANATION : TO RECLASS PROPERTY INSURANCE EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	45,351	ADMINISTRATIVE & GENERAL	6	45,351	
TOTAL RECLASSIFICATIONS FOR CODE I			45,351				45,351

RECLASS CODE: J
EXPLANATION : TO RECLASS TELEPHONE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	66,015	ADULTS & PEDIATRICS	25	486	

RECLASSIFICATIONS

PROVIDER NO:
141349

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

PREPARED 11/15/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : TO RECLASS TELEPHONE EXPENSE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
2.00		0
3.00		0
4.00		0
5.00		0
6.00		0
TOTAL RECLASSIFICATIONS FOR CODE J		66,015

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
HOME HEALTH AGENCY	71	6,300
PHYSICAL THERAPY	50	1,952
MEDICAL RECORDS & LIBRARY	17	1,458
RURAL HEALTH CLINIC	63.50	48,213
FREESTANDING CLINICS	100	7,606
		66,015

RECLASS CODE: K
EXPLANATION : TO RECLASS HH BILLER SALARIES

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	10,655
TOTAL RECLASSIFICATIONS FOR CODE K		10,655

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
HOME HEALTH AGENCY	71	10,655
		10,655

RECLASS CODE: L
EXPLANATION : TO RECLASS NORTH CAMPUS BLDG

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-NORTH CAMPUS	211,725
TOTAL RECLASSIFICATIONS FOR CODE L		211,725

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	211,725
		211,725

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCR I PTION	BEGI NNI NG BALANCES 1	PURCHASES 2	ACQUI SI TI ONS		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDI NG BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND								
2	LAND I MPROVEMENTS								
3	BUI LDINGS & FI XTURE								
4	BUI LDING I MPROVEMEN								
5	FI XED EQUI PMENT								
6	MOVABLE EQUI PMENT								
7	SUBTOTAL								
8	RECONCI LI NG I TEMS								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCR I PTION	BEGI NNI NG BALANCES 1	PURCHASES 2	ACQUI SI TI ONS		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDI NG BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND	85,673						85,673	
2	LAND I MPROVEMENTS	663,393						663,393	
3	BUI LDINGS & FI XTURE	14,794,275	684,656			684,656	4,220	15,474,711	
4	BUI LDING I MPROVEMEN								
5	FI XED EQUI PMENT								
6	MOVABLE EQUI PMENT	10,258,343	864,393			864,393	1,569,796	9,552,940	
7	SUBTOTAL	25,801,684	1,549,049			1,549,049	1,574,016	25,776,717	
8	RECONCI LI NG I TEMS								
9	TOTAL	25,801,684	1,549,049			1,549,049	1,574,016	25,776,717	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	13,035,554		13,035,554	.507397	23,011			23,011
3 01	NEW CAP REL COSTS-NO	3,102,550		3,102,550	.120764	5,477			5,477
4	NEW CAP REL COSTS-MV	9,552,940		9,552,940	.371839	16,863			16,863
5	TOTAL	25,691,044		25,691,044	1.000000	45,351			45,351

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	556,562		170,900	23,011			750,473
3 01	NEW CAP REL COSTS-NO	211,725			5,477			217,202
4	NEW CAP REL COSTS-MV	656,609			16,863			673,472
5	TOTAL	1,424,896		170,900	45,351			1,641,147

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	768,287						768,287
3 01	NEW CAP REL COSTS-NO							
4	NEW CAP REL COSTS-MV	657,541						657,541
5	TOTAL	1,425,828						1,425,828

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-1349

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

PREPARED 11/15/2010
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-61,580	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-198	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-29,959	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-827,639			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-51,628	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES	B	-873	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-33,158	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			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-543,677	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 PHOTO COMMISSION	B	-1,072	ADMINISTRATIVE & GENERAL	6	
38 BILL COPY CHARGES	B	-4,633	ADMINISTRATIVE & GENERAL	6	
39 MISCELLANEOUS INCOME	B	-948	ADMINISTRATIVE & GENERAL	6	
40 TRANSMED SERVICE REVENUE	B	-2,716	ADMINISTRATIVE & GENERAL	6	
41 SCALE OF SCRAPE	B	-165	ADMINISTRATIVE & GENERAL	6	
42 PHYSICIAN RECRUITMENT COSTS	A	-43,721	ADMINISTRATIVE & GENERAL	6	
43 PERSONAL USE OF VEHICLES	A	-9,593	ADMINISTRATIVE & GENERAL	6	
44 CRNA BENEFITS	A	-28,684	ADMINISTRATIVE & GENERAL	6	
45 MARKETING SALARY	A	-4,659	ADMINISTRATIVE & GENERAL	6	
46 MARKETING EXPENSES	A	-123,402	ADMINISTRATIVE & GENERAL	6	
47 MARKETING EMPLOYEE BENEFITS	A	-23	EMPLOYEE BENEFITS	5	
48 MARKETING CAPITAL EXPENSE	A	-932	NEW CAP REL COSTS-MVBLE E	4	9
49 LOBBYING EXPENSES	A	-8,888	ADMINISTRATIVE & GENERAL	6	
49.01 SELF INSURANCE EXPENSE	A	-421,512	EMPLOYEE BENEFITS	5	
49.02 VOLUNTARY HOSPITAL CONTRIBUTION	A	-24,079	ADMINISTRATIVE & GENERAL	6	
49.03 PHYSICIAN EMPLOYEE BENEFITS	A	-31,275	EMPLOYEE BENEFITS	5	
49.04 FINES & PENALTIES	A	-2,106	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,257,120			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(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:
14-1349

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

PREPARED 11/15/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	LABORATORY-PATHOLOGY	20,400		20,400				
2 61	EMERGENCY ROOM	802,369	541,840	260,529				
3 41	RADIOLOGIST	1,088	1,088					
4 25	ADULTS & PEDS	880	880					
5 40	ANESTHESIA	24,000	24,000					
6 63 50	RURAL HEALTH CLINIC	259,831	259,831					
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	1,108,568	827,639	280,929				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-1349

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

PREPARED 11/15/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	44	LABORATORY-PATHOLOGY						
2	61	EMERGENCY ROOM						541,840
3	41	RADIOLOGIST						1,088
4	25	ADULTS & PEDS						880
5	40	ANESTHESIA						24,000
6	63 50	RURAL HEALTH CLINIC						259,831
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						827,639

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1349

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

PREPARED 11/15/2010 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS) 3
 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 45
 3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
 4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
 5 NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
 6 NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)
 7 STANDARD TRAVEL EXPENSE RATE 5.61
 8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9 TOTAL HOURS WORKED 128.50
 10 AHSEA (SEE INSTRUCTIONS) 70.40
 11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10) 35.20 35.20
 12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)
 12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)
 13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)
 13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)
 15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10) 9,046
 16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)
 17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS) 9,046
 18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)
 19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)
 20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS) 9,046

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)
 22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)
 23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 9,046

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
 STANDARD TRAVEL ALLOWANCE

24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
 25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
 26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
 27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)
 28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)
 30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)

REASONABLE COST DETERMINATION FOR THERAPY
 SERVICES FURNISHED BY OUTSIDE SUPPLIERS
 ON OR AFTER APRIL 10, 1998

PROVIDER NO:
 14-1349

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

PREPARED 11/15/2010
 WORKSHEET A-8-4
 PARTS I - VII

PHYSICAL THERAPY

- 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2,
LINE 11)
 - 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
LINE 11)
 - 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 - 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
LINES 5 AND 6)
 - 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
COLUMN 2, LINE 10)
 - 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
LINE 10)
 - 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 - 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES:
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 38 AND 39 -
SEE INSTRUCTIONS)
 - 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 39 AND 42 -
SEE INSTRUCTIONS)
 - 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 42 AND 43 -
SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 9,046
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
(FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

PROVIDER NO:
14-1349

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

PREPARED 11/15/2010
WORKSHEET A-8-4
PARTS I - VII

PHYSICAL THERAPY

61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	9,046
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	7,068
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	41
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	7,027
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	7,068
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	.005801
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	.994199
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1349

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

PREPARED 11/15/2010 WORKSHEET A-8-4 PARTS I - VII

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) 10
 (SEE INSTRUCTIONS)
 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 150
 3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
 4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
 5 NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
 6 NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)
 7 STANDARD TRAVEL EXPENSE RATE 5.61
 8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9 TOTAL HOURS WORKED
 10 AHSEA (SEE INSTRUCTIONS) 383.25
 11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10) 33.37 66.74 33.37
 12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)
 12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)
 13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)
 13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)
 15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10) 25,578
 16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)
 17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS) 25,578
 18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)
 19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)
 20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS) 25,578

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)
 22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)
 23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 25,578

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
 STANDARD TRAVEL ALLOWANCE

24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
 25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
 26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
 27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)
 28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)
 30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)

REASONABLE COST DETERMINATION FOR THERAPY
 SERVICES FURNISHED BY OUTSIDE SUPPLIERS
 ON OR AFTER APRIL 10, 1998

PROVIDER NO:
 14-1349

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

PREPARED 11/15/2010
 WORKSHEET A-8-4
 PARTS I - VII

OCCUPATIONAL THERAPY

- 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2,
LINE 11)
 - 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
LINE 11)
 - 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 - 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
LINES 5 AND 6)
 - 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
COLUMN 2, LINE 10)
 - 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
LINE 10)
 - 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 - 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES:
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 38 AND 39 -
SEE INSTRUCTIONS)
 - 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 39 AND 42 -
SEE INSTRUCTIONS)
 - 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 42 AND 43 -
SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 25,578
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
(FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

PROVIDER NO:
14-1349

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

PREPARED 11/15/2010
WORKSHEET A-8-4
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OCCUPATIONAL THERAPY

61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	25,578
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	17,400
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	530
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	16,870
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	17,400
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	.030460
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	.969540
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

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WORKSHEET A-8-4
PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)
(SEE INSTRUCTIONS) 5
2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 75
3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR
OR THERAPIST WAS ON PROVIDER SITE
(SEE INSTRUCTIONS)
4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY
ASSISTANT WAS ON PROVIDER SITE BUT NEITHER
SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE
(SEE INSTRUCTIONS)
5 NUMBER OF UNDUPLICATED OFFSITE VISITS -
SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
6 NUMBER OF UNDUPLICATED OFFSITE VISITS -
THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY
THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR
THERAPIST WAS NOT PRESENT DURING THE VISIT(S))
(SEE INSTRUCTIONS)
7 STANDARD TRAVEL EXPENSE RATE 5.61
8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9 TOTAL HOURS WORKED 187.00
10 AHSEA (SEE INSTRUCTIONS) 64.13
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-
HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF
COLUMN 3, LINE 10) 32.07 32.07
12 NUMBER OF TRAVEL HOURS
(SEE INSTRUCTIONS)
12.01 NUMBER OF TRAVEL HOURS OFFSITE
(SEE INSTRUCTIONS)
13 NUMBER OF MILES DRIVEN
(SEE INSTRUCTIONS)
13.01 NUMBER OF MILES DRIVEN OFFSITE
(SEE INSTRUCTIONS)

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1,
LINE 10)
15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2,
LINE 10) 11,992
16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3,
LINE 10)
17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT
OR LINES 14-16 FOR ALL OTHERS) 11,992
18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)
19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5,
LINE 10)
20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT
OR LINES 17 AND 18 FOR ALL OTHERS) 11,992

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES
(SEE INSTRUCTIONS)
22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES
(SEE INSTRUCTIONS)
23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 11,992

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES
3 AND 4)
28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD
TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES
26 AND 27)
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE
29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF
COLUMNS 1 AND 2, LINE 12)
30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3,
LINE 12)

REASONABLE COST DETERMINATION FOR THERAPY
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SPEECH PATHOLOGY

- 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2,
LINE 11)
 - 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
LINE 11)
 - 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 - 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
LINES 5 AND 6)
 - 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
COLUMN 2, LINE 10)
 - 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
LINE 10)
 - 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 - 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES:
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 38 AND 39 -
SEE INSTRUCTIONS)
 - 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 39 AND 42 -
SEE INSTRUCTIONS)
 - 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 42 AND 43 -
SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 11,992
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
(FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

REASONABLE COST DETERMINATION FOR THERAPY
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WORKSHEET A-8-4
PARTS I - VII

SPEECH PATHOLOGY

61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	11,992
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	10,285
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	4,771
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	5,514
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	10,285
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	.463879
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	.536121
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-NORTH CAMPUS BLDG	2	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	12	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUIS.	ENTERED
16	PHARMACY	14	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	15	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	16	PATIENT	DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	17	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NORTH C	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	5	5a.00	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	750,473	750,473					
004 NEW CAP REL COSTS-NORTH C	217,202		217,202				
005 NEW CAP REL COSTS-MVBLE E	673,472			673,472			
006 EMPLOYEE BENEFITS	2,270,464				2,270,464		
007 ADMINSTRATIVE & GENERAL	4,159,727	94,279		73,638	439,322	4,766,966	4,766,966
008 MAINTENANCE & REPAIRS	214,258	17,789		543	45,527	278,117	72,244
009 OPERATION OF PLANT	410,816	43,222		52,419		506,457	131,557
010 LAUNDRY & LINEN SERVICE	35,317	8,541				43,858	11,393
011 HOUSEKEEPING	286,809	7,106		1,173	55,135	350,223	90,974
012 DIETARY	296,934	17,172		3,447	48,155	365,708	94,996
014 CAFETERIA		10,323				10,323	2,682
015 NURSING ADMINISTRATION	94,950	5,537		187	19,636	120,310	31,252
016 CENTRAL SERVICES & SUPPLY		12,083				12,083	3,139
017 PHARMACY	901,521	5,672		3,647		910,840	236,600
018 MEDICAL RECORDS & LIBRARY	136,399	4,069		10,909	28,385	179,762	46,695
020 SOCIAL SERVICE	28,695				6,020	34,715	9,018
025 NONPHYSICIAN ANESTHETISTS							
033 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	1,506,244	64,070		60,922	281,889	1,913,125	496,953
NURSERY	45,489	2,208		4,273	8,833	60,803	15,794
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	1,019,112	76,624		121,933	110,812	1,328,481	345,086
039 DELIVERY ROOM & LABOR ROO	23,619	4,248		2,219	4,586	34,672	9,006
040 ANESTHESIOLOGY	49,682	975		18,829		69,486	18,050
041 RADIOLOGY-DIAGNOSTIC	1,648,564	37,292		148,348	97,585	1,931,789	501,802
044 LABORATORY	1,319,500	18,203		31,767	104,025	1,473,495	382,755
049 RESPIRATORY THERAPY	78,914	1,883		6,934	10,111	97,842	25,415
049 01 SLEEP LAB	127,200	4,708		1,467		133,375	34,645
050 PHYSICAL THERAPY	555,626		142,335	29,469	109,002	836,432	217,272
053 ELECTROCARDIOLOGY	46,047	5,380		6,012	7,780	65,219	16,941
055 MEDICAL SUPPLIES CHARGED	254,689					254,689	66,158
056 DRUGS CHARGED TO PATIENTS							
059 CHEMOTHERAPY							
059 01 CARDIAC REHAB	70,113	24,267		227	13,401	108,008	28,056
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	902,860	42,370		18,041	113,417	1,076,688	279,680
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	3,670,623	172,261	74,867	45,062	566,906	4,529,719	1,176,648
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY	543,530	16,074		14,904	92,625	667,133	173,294
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	22,338,849	696,356	217,202	656,370	2,163,152	22,160,318	4,518,105
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP		2,242				2,242	582
098 PHYSICIANS' PRIVATE OFFIC	6,083					6,083	1,580
100 FREESTANDING CLINICS	773,429	25,893		17,102	107,312	923,736	239,950
100 01 UNUSED SPACE		25,982				25,982	6,749
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	23,118,361	750,473	217,202	673,472	2,270,464	23,118,361	4,766,966

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF		LAUNDRY & LINEN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	REPAIRS	PLANT	SERVICE				
	7	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NORTH C							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS	350,361						
009 OPERATION OF PLANT	17,031	655,045					
010 LAUNDRY & LINEN SERVICE	3,366	15,686	74,303				
011 HOUSEKEEPING	2,800	13,051	37	457,085			
012 DIETARY	6,766	31,536	519	5,005	504,530		
014 CAFETERIA	4,068	18,958		11,401	379,408	426,840	
015 NURSING ADMINISTRATION	2,182	10,169				3,820	167,733
016 CENTRAL SERVICES & SUPPLY	4,761	22,190					
017 PHARMACY	2,235	10,416		2,364			
018 MEDICAL RECORDS & LIBRARY	1,603	7,472		6,423		21,393	
020 SOCIAL SERVICE						3,693	
025 NONPHYSICIAN ANESTHETISTS							
033 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	25,246	117,662	38,019	190,626	125,122	134,850	98,587
NURSERY	870	4,055	59	1,624		3,183	2,531
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	30,193	140,716	9,357	79,221		36,674	31,208
040 DELIVERY ROOM & LABOR ROO	1,674	7,802	32	3,120		1,655	1,315
041 ANESTHESIOLOGY	384	1,791				4,330	
044 RADIOLOGY-DIAGNOSTIC	14,694	68,485	7,191	30,559		38,584	
049 LABORATORY	7,173	33,429		35,731		46,988	
049 01 RESPIRATORY THERAPY	742	3,458				4,330	
050 SLEEP LAB	1,855	8,646					
053 PHYSICAL THERAPY	64,749		9,502				
055 ELECTROCARDIOLOGY	2,120	9,881		528			
056 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
059 CHEMOTHERAPY							
059 01 CARDIAC REHAB	9,562					4,712	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	16,695	77,810	8,555	88,314		45,460	34,092
063 OBSERVATION BEDS (NON-DIS							
063 50 OTHER OUTPATIENT SERVICE							
071 RURAL HEALTH CLINIC	101,934		920			50,299	
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY	6,334						
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	329,037	603,213	74,191	454,916	504,530	399,971	167,733
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	883	4,117					
100 PHYSICIANS' PRIVATE OFFIC							
100 01 FREESTANDING CLINICS	10,203		112	2,169		26,869	
101 UNUSED SPACE	10,238	47,715					
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	350,361	655,045	74,303	457,085	504,530	426,840	167,733

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	15	16	17	18	20	25	
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NORTH C							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	42,173						
016 CENTRAL SERVICES & SUPPLY		1,162,455					
017 PHARMACY			263,348				
018 MEDICAL RECORDS & LIBRARY				47,426			
020 SOCIAL SERVICE							
025 NONPHYSICIAN ANESTHETISTS							
033 INPAT ROUTINE SRVC CNTRS			48,768	45,566		3,234,524	
037 ADULTS & PEDIATRICS					1,860	90,779	
039 NURSERY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM			17,246			2,018,182	
044 DELIVERY ROOM & LABOR ROO						59,276	
049 ANESTHESIOLOGY						94,041	
050 RADIOLOGY-DIAGNOSTIC			96,547			2,689,651	
053 LABORATORY			31,805			2,011,376	
055 RESPIRATORY THERAPY						131,787	
056 01 SLEEP LAB						178,521	
059 PHYSICAL THERAPY			2,544			1,130,499	
059 01 ELECTROCARDIOLOGY						94,689	
061 MEDICAL SUPPLIES CHARGED	42,173					363,020	
062 DRUGS CHARGED TO PATIENTS		1,162,455				1,162,455	
063 CHEMOTHERAPY							
063 50 CARDIAC REHAB						150,338	
063 50 OUTPAT SERVICE COST CNTRS							
071 EMERGENCY			32,371			1,659,665	
095 OBSERVATION BEDS (NON-DIS							
098 OTHER OUTPATIENT SERVICE							
100 01 RURAL HEALTH CLINIC			34,067			5,893,587	
101 OTHER REIMBURS COST CNTRS							
102 HOME HEALTH AGENCY						846,761	
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	42,173	1,162,455	263,348	47,426		21,809,151	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP						7,824	
100 01 PHYSICIANS' PRIVATE OFFIC						7,663	
101 FREESTANDING CLINICS						1,203,039	
102 01 UNUSED SPACE						90,684	
103 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	42,173	1,162,455	263,348	47,426		23,118,361	

COST ALLOCATION - GENERAL SERVICE COSTS

TOTAL

COST CENTER DESCRIPTION		TOTAL
		27
	GENERAL SERVICE COST CNTR	
003	NEW CAP REL COSTS-BLDG &	
003 01	NEW CAP REL COSTS-NORTH C	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	3,234,524
033	NURSERY	90,779
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,018,182
039	DELIVERY ROOM & LABOR ROO	59,276
040	ANESTHESIOLOGY	94,041
041	RADIOLOGY-DIAGNOSTIC	2,689,651
044	LABORATORY	2,011,376
049	RESPIRATORY THERAPY	131,787
049 01	SLEEP LAB	178,521
050	PHYSICAL THERAPY	1,130,499
053	ELECTROCARDIOLOGY	94,689
055	MEDICAL SUPPLIES CHARGED	363,020
056	DRUGS CHARGED TO PATIENTS	1,162,455
059	CHEMOTHERAPY	
059 01	CARDIAC REHAB	150,338
	OUTPAT SERVICE COST CNTRS	
061	EMERGENCY	1,659,665
062	OBSERVATION BEDS (NON-DIS	
063	OTHER OUTPATIENT SERVICE	
063 50	RURAL HEALTH CLINIC	5,893,587
	OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY	846,761
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	21,809,151
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	7,824
098	PHYSICIANS' PRIVATE OFFIC	7,663
100	FREESTANDING CLINICS	1,203,039
100 01	UNUSED SPACE	90,684
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	23,118,361

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NORTH C	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	4a	5	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NORTH C							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	42,914	94,279		73,638	210,831		210,831
008 MAINTENANCE & REPAIRS	269	17,789		543	18,601		3,195
009 OPERATION OF PLANT	1,380	43,222		52,419	97,021		5,819
010 LAUNDRY & LINEN SERVICE		8,541			8,541		504
011 HOUSEKEEPING		7,106		1,173	8,279		4,024
012 DIETARY		17,172		3,447	20,619		4,202
014 CAFETERIA		10,323			10,323		119
015 NURSING ADMINISTRATION	114	5,537		187	5,838		1,382
016 CENTRAL SERVICES & SUPPLY		12,083			12,083		139
017 PHARMACY	6,840	5,672		3,647	16,159		10,465
018 MEDICAL RECORDS & LIBRARY		4,069		10,909	14,978		2,065
020 SOCIAL SERVICE							399
025 NONPHYSICIAN ANESTHETISTS							
033 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	23,116	64,070		60,922	148,108		21,980
NURSERY		2,208		4,273	6,481		699
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,238	76,624		121,933	200,795		15,263
040 DELIVERY ROOM & LABOR ROO		4,248		2,219	6,467		398
041 ANESTHESIOLOGY	133	975		18,829	19,937		798
044 RADIOLOGY-DIAGNOSTIC	156,338	37,292		148,348	341,978		22,194
049 LABORATORY	260	18,203		31,767	50,230		16,929
049 01 RESPIRATORY THERAPY	15,475	1,883		6,934	24,292		1,124
050 SLEEP LAB		4,708		1,467	6,175		1,532
053 PHYSICAL THERAPY			142,335	29,469	171,804		9,610
055 ELECTROCARDIOLOGY		5,380		6,012	11,392		749
056 MEDICAL SUPPLIES CHARGED							2,926
059 DRUGS CHARGED TO PATIENTS							
059 01 CHEMOTHERAPY							
CARDIAC REHAB	12	24,267		227	24,506		1,241
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	12	42,370		18,041	60,423		12,370
063 OBSERVATION BEDS (NON-DIS							
063 50 OTHER OUTPATIENT SERVICE							
RURAL HEALTH CLINIC	8,001	172,261	74,867	45,062	300,191		52,032
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY	107	16,074		14,904	31,085		7,665
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	257,209	696,356	217,202	656,370	1,827,137		199,823
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		2,242			2,242		26
100 PHYSICIANS' PRIVATE OFFIC							70
100 01 FREESTANDING CLINICS	648	25,893		17,102	43,643		10,613
101 UNUSED SPACE		25,982			25,982		299
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	257,857	750,473	217,202	673,472	1,899,004		210,831

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS	REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14	
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG &								
004 NEW CAP REL COSTS-NORTH C								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS	21,796							
009 OPERATION OF PLANT	1,059	103,899						
010 LAUNDRY & LINEN SERVICE	209	2,488	11,742					
011 HOUSEKEEPING	174	2,070	6	14,553				
012 DIETARY	421	5,002	82	159	30,485			
014 CAFETERIA	253	3,007		363	22,925	36,990		
015 NURSING ADMINISTRATION	136	1,613				331	9,300	
016 CENTRAL SERVICES & SUPPLY	296	3,520						
017 PHARMACY	139	1,652		75				
018 MEDICAL RECORDS & LIBRARY	100	1,185		205		1,854		
020 SOCIAL SERVICE						320		
025 NONPHYSICIAN ANESTHETISTS								
033 INPAT ROUTINE SRVC CNTRS								
ADULTS & PEDIATRICS	1,571	18,663	6,008	6,069	7,560	11,687	5,467	
NURSERY	54	643	9	52		276	140	
037 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM	1,878	22,320	1,479	2,522		3,178	1,730	
040 DELIVERY ROOM & LABOR ROO	104	1,237	5	99		143	73	
041 ANESTHESIOLOGY	24	284				375		
044 RADIOLOGY-DIAGNOSTIC	914	10,863	1,136	973		3,344		
049 LABORATORY	446	5,302		1,138		4,072		
049 01 RESPIRATORY THERAPY	46	549				375		
050 SLEEP LAB	115	1,371						
053 PHYSICAL THERAPY	4,028		1,502					
055 ELECTROCARDIOLOGY	132	1,567		17				
056 MEDICAL SUPPLIES CHARGED								
059 DRUGS CHARGED TO PATIENTS								
059 CHEMOTHERAPY								
059 01 CARDIAC REHAB	595					408		
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY	1,039	12,342	1,352	2,812		3,940	1,890	
063 OBSERVATION BEDS (NON-DIS								
063 50 OTHER OUTPATIENT SERVICE								
063 RURAL HEALTH CLINIC	6,342		145			4,359		
071 OTHER REIMBURS COST CNTRS								
HOME HEALTH AGENCY	394							
095 SPEC PURPOSE COST CENTERS								
SUBTOTALS	20,469	95,678	11,724	14,484	30,485	34,662	9,300	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP	55	653						
100 PHYSICIANS' PRIVATE OFFIC								
100 01 FREESTANDING CLINICS	635		18	69		2,328		
101 UNUSED SPACE	637	7,568						
102 CROSS FOOT ADJUSTMENTS								
103 NEGATIVE COST CENTER								
TOTAL	21,796	103,899	11,742	14,553	30,485	36,990	9,300	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	18	20		
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NORTH C							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	16,038						
017 PHARMACY		28,490					
018 MEDICAL RECORDS & LIBRARY			20,387				
020 SOCIAL SERVICE				719			
025 NONPHYSICIAN ANESTHETISTS							
033 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS			3,775		691	231,579	
039 NURSERY					28	8,382	
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM			1,335			250,500	
044 DELIVERY ROOM & LABOR ROO						8,526	
049 ANESTHESIOLOGY						21,418	
050 RADIOLOGY-DIAGNOSTIC			7,475			388,877	
053 LABORATORY			2,462			80,579	
055 RESPIRATORY THERAPY						26,386	
056 01 SLEEP LAB						9,193	
059 PHYSICAL THERAPY			197			187,141	
061 ELECTROCARDIOLOGY						13,857	
062 MEDICAL SUPPLIES CHARGED	16,038					18,964	
063 DRUGS CHARGED TO PATIENTS		28,490				28,490	
063 50 CHEMOTHERAPY							
071 01 CARDIAC REHAB						26,750	
095 OUTPAT SERVICE COST CNTRS							
096 EMERGENCY			2,506			98,674	
098 OBSERVATION BEDS (NON-DIS							
100 OTHER OUTPATIENT SERVICE							
101 50 RURAL HEALTH CLINIC			2,637			365,706	
102 OTHER REIMBURS COST CNTRS							
103 HOME HEALTH AGENCY						39,144	
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	16,038	28,490	20,387	719		1,804,166	
098 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP						2,976	
101 PHYSICIANS' PRIVATE OFFIC						70	
102 FREESTANDING CLINICS						57,306	
103 01 UNUSED SPACE						34,486	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	16,038	28,490	20,387	719		1,899,004	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
003	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-NORTH C	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
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	
020	SOCIAL SERVICE	
025	NONPHYSICIAN ANESTHETISTS	
033	INPAT ROUTINE SRVC CNTRS	
037	ADULTS & PEDIATRICS	231,579
039	NURSERY	8,382
040	ANCILLARY SRVC COST CNTRS	
041	OPERATING ROOM	250,500
044	DELIVERY ROOM & LABOR ROO	8,526
049	ANESTHESIOLOGY	21,418
050	RADIOLOGY-DIAGNOSTIC	388,877
053	LABORATORY	80,579
055	RESPIRATORY THERAPY	26,386
056	01 SLEEP LAB	9,193
059	PHYSICAL THERAPY	187,141
061	ELECTROCARDIOLOGY	13,857
062	MEDICAL SUPPLIES CHARGED	18,964
063	DRUGS CHARGED TO PATIENTS	28,490
063	CHEMOTHERAPY	
063	01 CARDIAC REHAB	26,750
071	OUTPAT SERVICE COST CNTRS	
095	EMERGENCY	98,674
098	OBSERVATION BEDS (NON-DIS	
100	OTHER OUTPATIENT SERVICE	
101	50 RURAL HEALTH CLINIC	365,706
102	OTHER REIMBURS COST CNTRS	
103	HOME HEALTH AGENCY	39,144
104	SPEC PURPOSE COST CENTERS	
105	01 SUBTOTALS	1,804,166
106	NONREIMBURS COST CENTERS	
107	01 GIFT, FLOWER, COFFEE SHOP	2,976
108	PHYSICIANS' PRIVATE OFFIC	70
109	FREESTANDING CLINICS	57,306
110	01 UNUSED SPACE	34,486
111	CROSS FOOT ADJUSTMENTS	
112	NEGATIVE COST CENTER	
113	103 TOTAL	1,899,004

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
14-1349

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

PREPARED 11/15/2010
WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-NORTH C (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	3	3.01	4	5	6a.00	6
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	66,953					
004 NEW CAP REL COSTS-NOR		22,371				
005 NEW CAP REL COSTS-MVB			656,609			
006 EMPLOYEE BENEFITS				10,505,661		
007 ADMINISTRATIVE & GENE	8,411		71,794	2,032,787	-4,766,966	18,351,395
008 MAINTENANCE & REPAIRS	1,587		529	210,660		278,117
009 OPERATION OF PLANT	3,856		51,106			506,457
010 LAUNDRY & LINEN SERVI	762					43,858
011 HOUSEKEEPING	634		1,144	255,114		350,223
012 DIETARY	1,532		3,361	222,818		365,708
014 CAFETERIA	921					10,323
015 NURSING ADMINISTRATION	494		182	90,857		120,310
016 CENTRAL SERVICES & SU	1,078					12,083
017 PHARMACY	506		3,556			910,840
018 MEDICAL RECORDS & LIB	363		10,636	131,338		179,762
020 SOCIAL SERVICE				27,856		34,715
025 NONPHYSICIAN ANESTHET						
033 INPAT ROUTINE SRVC CN	5,716		59,397	1,304,328		1,913,125
037 ADULTS & PEDIATRICS	197		4,166	40,873		60,803
039 ANCILLARY SRVC COST C						
040 OPERATING ROOM	6,836		118,880	512,739		1,328,481
041 DELIVERY ROOM & LABOR	379		2,163	21,222		34,672
044 ANESTHESIOLOGY	87		18,358			69,486
049 RADIOLOGY-DIAGNOSTIC	3,327		144,634	451,535		1,931,789
050 LABORATORY	1,624		30,972	481,336		1,473,495
053 RESPIRATORY THERAPY	168		6,760	46,786		97,842
055 01 SLEEP LAB	420		1,430			133,375
056 PHYSICAL THERAPY		14,660	28,731	504,364		836,432
059 ELECTROCARDIOLOGY	480		5,861	35,998		65,219
061 MEDICAL SUPPLIES CHAR						254,689
062 DRUGS CHARGED TO PATI						
063 CHEMOTHERAPY						
066 01 CARDIAC REHAB	2,165		221	62,007		108,008
067 OUTPAT SERVICE COST C						
068 EMERGENCY	3,780		17,589	524,791		1,076,688
069 OBSERVATION BEDS (NON						
070 OTHER OUTPATIENT SERV						
071 50 RURAL HEALTH CLINIC	15,368	7,711	43,934	2,623,125		4,529,719
072 OTHER REIMBURS COST C						
073 HOME HEALTH AGENCY	1,434		14,531	428,585		667,133
074 SPEC PURPOSE COST CEN						
075 SUBTOTALS	62,125	22,371	639,935	10,009,119	-4,766,966	17,393,352
076 NONREIMBURS COST CENT						
077 GIFT, FLOWER, COFFEE	200					2,242
078 PHYSICIANS' PRIVATE O						6,083
079 FREESTANDING CLINICS	2,310		16,674	496,542		923,736
080 01 UNUSED SPACE	2,318					25,982
081 CROSS FOOT ADJUSTMENT						
082 NEGATIVE COST CENTER						
083 COST TO BE ALLOCATED	750,473	217,202	673,472	2,270,464		4,766,966
084 (WRKSHT B, PART I)						
085 UNIT COST MULTIPLIER	11.208953		1.025682			
086 (WRKSHT B, PT I)		9.709088		.216118		.259760
087 COST TO BE ALLOCATED						
088 (WRKSHT B, PART II)						
089 UNIT COST MULTIPLIER						
090 (WRKSHT B, PT II)						
091 COST TO BE ALLOCATED						210,831
092 (WRKSHT B, PART III)						
093 UNIT COST MULTIPLIER						
094 (WRKSHT B, PT III)						.011489

	COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSING HRS)
		7	8	9	10	11	12	14
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-NOR							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS	79,326						
008	OPERATION OF PLANT	3,856	31,822					
009	LAUNDRY & LINEN SERVICE	762	762	13,888				
010	HOUSEKEEPING	634	634	7	82,190			
011	DIETARY	1,532	1,532	97	900	48,440		
012	CAFETERIA	921	921		2,050	36,427	3,352	
014	NURSING ADMINISTRATION	494	494				30	115,659
015	CENTRAL SERVICES & SUPPORT	1,078	1,078					
016	PHARMACY	506	506		425			
017	MEDICAL RECORDS & LIBRARY	363	363		1,155		168	
018	SOCIAL SERVICE						29	
020	NONPHYSICIAN ANESTHETIC							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	5,716	5,716	7,106	34,277	12,013	1,059	67,980
033	NURSERY	197	197	11	292		25	1,745
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	6,836	6,836	1,749	14,245		288	21,519
039	DELIVERY ROOM & LABOR	379	379	6	561		13	907
040	ANESTHESIOLOGY	87	87				34	
041	RADIOLOGY-DIAGNOSTIC	3,327	3,327	1,344	5,495		303	
044	LABORATORY	1,624	1,624		6,425		369	
049	RESPIRATORY THERAPY	168	168				34	
049 01	SLEEP LAB	420	420					
050	PHYSICAL THERAPY	14,660		1,776				
053	ELECTROCARDIOLOGY	480	480		95			
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATIENT							
059	CHEMOTHERAPY							
059 01	CARDIAC REHAB	2,165					37	
	OUTPAT SERVICE COST C							
061	EMERGENCY	3,780	3,780	1,599	15,880		357	23,508
062	OBSERVATION BEDS (NON)							
063	OTHER OUTPATIENT SERVICE							
063 50	RURAL HEALTH CLINIC	23,079		172			395	
	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY	1,434						
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	74,498	29,304	13,867	81,800	48,440	3,141	115,659
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	200	200					
098	PHYSICIANS' PRIVATE OFFICE							
100	FREESTANDING CLINICS	2,310		21	390		211	
100 01	UNUSED SPACE	2,318	2,318					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	350,361	655,045	74,303	457,085	504,530	426,840	167,733
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.416723	20.584658	5.350158	5.561321	10.415566	127.338902	1.450237
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)	21,796	103,899	11,742	14,553	30,485	36,990	9,300
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.274765	3.265005	.845478	.177065	.629335	11.035203	.080409

COST ALLOCATION - STATISTICAL BASIS

14-1349

FROM 7/ 1/2009

WORKSHEET B-1

TO 6/30/2010

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	15	16	17	18	20
003 GENERAL SERVICE COST					
003 01 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-NOR					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENE					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVI					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION	100				
016 CENTRAL SERVICES & SU		100			
017 PHARMACY			1,863		
018 MEDICAL RECORDS & LIB				4,181	
020 SOCIAL SERVICE					100
025 NONPHYSICIAN ANESTHET					
033 INPAT ROUTINE SRVC CN			345	4,017	
ADULTS & PEDIATRICS				164	
037 NURSERY					
039 ANCILLARY SRVC COST C					
040 OPERATING ROOM			122		
041 DELIVERY ROOM & LABOR					100
044 ANESTHESIOLOGY					
049 RADIOLOGY-DIAGNOSTIC			683		
049 01 LABORATORY			225		
050 RESPIRATORY THERAPY					
053 SLEEP LAB			18		
055 PHYSICAL THERAPY	100				
056 ELECTROCARDIOLOGY					
059 MEDICAL SUPPLIES CHAR		100			
061 DRUGS CHARGED TO PATI					
062 CHEMOTHERAPY					
063 01 CARDIAC REHAB					
063 OUTPAT SERVICE COST C					
063 EMERGENCY			229		
063 50 OBSERVATION BEDS (NON					
071 OTHER OUTPATIENT SERV			241		
071 50 RURAL HEALTH CLINIC					
095 OTHER REIMBURS COST C					
HOME HEALTH AGENCY					
095 SPEC PURPOSE COST CEN	100	100	1,863	4,181	100
096 SUBTOTALS					
098 NONREIMBURS COST CENT					
100 GIFT, FLOWER, COFFEE					
100 01 PHYSICIANS' PRIVATE O					
101 FREESTANDING CLINICS					
102 UNUSED SPACE					
103 CROSS FOOT ADJUSTMENT					
103 NEGATIVE COST CENTER	42,173	1,162,455	263,348	47,426	
104 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		11,624.550000		11.343219	
(WRKSHT B, PT I)	421.730000		141.356951		
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	16,038	28,490	20,387	719	
107 (PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		284.900000		.171968	
(WRKSHT B, PT III)	160.380000		10.943103		

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1349

FROM 7/ 1/2009

WORKSHEET C

1

TO 6/30/2010

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,681,171		1,681,171			
33	NURSERY	54,160		54,160			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	680,886	3,270,150	3,951,036	.510798	.510798	.510798
39	DELIVERY ROOM & LABOR ROO	63,500		63,500	.933480	.933480	.933480
40	ANESTHESIOLOGY	36,170	481,593	517,763	.181629	.181629	.181629
41	RADIOLOGY-DIAGNOSTIC	1,050,146	13,370,442	14,420,588	.186515	.186515	.186515
44	LABORATORY	977,419	5,769,027	6,746,446	.298139	.298139	.298139
49	RESPIRATORY THERAPY	163,134	188,793	351,927	.374473	.374473	.374473
49	01 SLEEP LAB		575,403	575,403	.310254	.310254	.310254
50	PHYSICAL THERAPY	302,298	3,359,507	3,661,805	.308727	.308727	.308727
53	ELECTROCARDIOLOGY	34,923	317,585	352,508	.268615	.268615	.268615
55	MEDICAL SUPPLIES CHARGED	216,370	517,318	733,688	.494788	.494788	.494788
56	DRUGS CHARGED TO PATIENTS	1,912,578	1,648,914	3,561,492	.326396	.326396	.326396
59	CHEMOTHERAPY						
59	01 CARDIAC REHAB		202,172	202,172	.743614	.743614	.743614
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	179,422	3,196,316	3,375,738	.491645	.491645	.491645
62	OBSERVATION BEDS (NON-DIS	17,910	204,850	222,760	1.456837	1.456837	1.456837
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		4,618,057	4,618,057	1.276205	1.276205	1.276205
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,370,087	37,720,127	45,090,214			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,370,087	37,720,127	45,090,214			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,681,171		1,681,171			
33	NURSERY	54,160		54,160			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	680,886	3,270,150	3,951,036	.510798	.510798	.510798
39	DELIVERY ROOM & LABOR ROO	63,500		63,500	.933480	.933480	.933480
40	ANESTHESIOLOGY	36,170	481,593	517,763	.181629	.181629	.181629
41	RADIOLOGY-DIAGNOSTIC	1,050,146	13,370,442	14,420,588	.186515	.186515	.186515
44	LABORATORY	977,419	5,769,027	6,746,446	.298139	.298139	.298139
49	RESPIRATORY THERAPY	163,134	188,793	351,927	.374473	.374473	.374473
49	01 SLEEP LAB		575,403	575,403	.310254	.310254	.310254
50	PHYSICAL THERAPY	302,298	3,359,507	3,661,805	.308727	.308727	.308727
53	ELECTROCARDIOLOGY	34,923	317,585	352,508	.268615	.268615	.268615
55	MEDICAL SUPPLIES CHARGED	216,370	517,318	733,688	.494788	.494788	.494788
56	DRUGS CHARGED TO PATIENTS	1,912,578	1,648,914	3,561,492	.326396	.326396	.326396
59	CHEMOTHERAPY						
59	01 CARDIAC REHAB		202,172	202,172	.743614	.743614	.743614
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	179,422	3,196,316	3,375,738	.491645	.491645	.491645
62	OBSERVATION BEDS (NON-DIS	17,910	204,850	222,760	1.456837	1.456837	1.456837
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		4,618,057	4,618,057	1.276205	1.276205	1.276205
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,370,087	37,720,127	45,090,214			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,370,087	37,720,127	45,090,214			

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	2,018,182	250,500	1,767,682			2,018,182
39	DELIVERY ROOM & LABOR ROO	59,276	8,526	50,750			59,276
40	ANESTHESIOLOGY	94,041	21,418	72,623			94,041
41	RADIOLOGY-DIAGNOSTIC	2,689,651	388,877	2,300,774			2,689,651
44	LABORATORY	2,011,376	80,579	1,930,797			2,011,376
49	RESPIRATORY THERAPY	131,787	26,386	105,401			131,787
49	01 SLEEP LAB	178,521	9,193	169,328			178,521
50	PHYSICAL THERAPY	1,130,499	187,141	943,358			1,130,499
53	ELECTROCARDIOLOGY	94,689	13,857	80,832			94,689
55	MEDICAL SUPPLIES CHARGED	363,020	18,964	344,056			363,020
56	DRUGS CHARGED TO PATIENTS	1,162,455	28,490	1,133,965			1,162,455
59	CHEMOTHERAPY						
59	01 CARDIAC REHAB	150,338	26,750	123,588			150,338
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,659,665	98,674	1,560,991			1,659,665
62	OBSERVATION BEDS (NON-DIS	324,525		324,525			324,525
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	5,893,587	365,706	5,527,881			5,893,587
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	17,961,612	1,525,061	16,436,551			17,961,612
102	LESS OBSERVATION BEDS	324,525		324,525			324,525
103	TOTAL	17,637,087	1,525,061	16,112,026			17,637,087

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	3,951,036	.510798	.510798
39	DELIVERY ROOM & LABOR ROO	63,500	.933480	.933480
40	ANESTHESIOLOGY	517,763	.181629	.181629
41	RADIOLOGY-DIAGNOSTIC	14,420,588	.186515	.186515
44	LABORATORY	6,746,446	.298139	.298139
49	RESPIRATORY THERAPY	351,927	.374473	.374473
49	01 SLEEP LAB	575,403	.310254	.310254
50	PHYSICAL THERAPY	3,661,805	.308727	.308727
53	ELECTROCARDIOLOGY	352,508	.268615	.268615
55	MEDICAL SUPPLIES CHARGED	733,688	.494788	.494788
56	DRUGS CHARGED TO PATIENTS	3,561,492	.326396	.326396
59	CHEMOTHERAPY			
59	01 CARDIAC REHAB	202,172	.743614	.743614
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	3,375,738	.491645	.491645
62	OBSERVATION BEDS (NON-DIS	222,760	1.456837	1.456837
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	4,618,057	1.276205	1.276205
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	43,354,883		
102	LESS OBSERVATION BEDS	222,760		
103	TOTAL	43,132,123		

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	2,018,182	250,500	1,767,682			2,018,182
39	DELIVERY ROOM & LABOR ROO	59,276	8,526	50,750			59,276
40	ANESTHESIOLOGY	94,041	21,418	72,623			94,041
41	RADIOLOGY-DIAGNOSTIC	2,689,651	388,877	2,300,774			2,689,651
44	LABORATORY	2,011,376	80,579	1,930,797			2,011,376
49	RESPIRATORY THERAPY	131,787	26,386	105,401			131,787
49	01 SLEEP LAB	178,521	9,193	169,328			178,521
50	PHYSICAL THERAPY	1,130,499	187,141	943,358			1,130,499
53	ELECTROCARDIOLOGY	94,689	13,857	80,832			94,689
55	MEDICAL SUPPLIES CHARGED	363,020	18,964	344,056			363,020
56	DRUGS CHARGED TO PATIENTS	1,162,455	28,490	1,133,965			1,162,455
59	CHEMOTHERAPY						
59	01 CARDIAC REHAB	150,338	26,750	123,588			150,338
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,659,665	98,674	1,560,991			1,659,665
62	OBSERVATION BEDS (NON-DIS	324,525		324,525			324,525
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	5,893,587	365,706	5,527,881			5,893,587
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	17,961,612	1,525,061	16,436,551			17,961,612
102	LESS OBSERVATION BEDS	324,525		324,525			324,525
103	TOTAL	17,637,087	1,525,061	16,112,026			17,637,087

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	3,951,036	.510798	.510798
39	DELIVERY ROOM & LABOR ROO	63,500	.933480	.933480
40	ANESTHESIOLOGY	517,763	.181629	.181629
41	RADIOLOGY-DIAGNOSTIC	14,420,588	.186515	.186515
44	LABORATORY	6,746,446	.298139	.298139
49	RESPIRATORY THERAPY	351,927	.374473	.374473
49	01 SLEEP LAB	575,403	.310254	.310254
50	PHYSICAL THERAPY	3,661,805	.308727	.308727
53	ELECTROCARDIOLOGY	352,508	.268615	.268615
55	MEDICAL SUPPLIES CHARGED	733,688	.494788	.494788
56	DRUGS CHARGED TO PATIENTS	3,561,492	.326396	.326396
59	CHEMOTHERAPY			
59	01 CARDIAC REHAB	202,172	.743614	.743614
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	3,375,738	.491645	.491645
62	OBSERVATION BEDS (NON-DIS	222,760	1.456837	1.456837
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	4,618,057	1.276205	1.276205
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	43,354,883		
102	LESS OBSERVATION BEDS	222,760		
103	TOTAL	43,132,123		

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	.326396
3	PROGRAM COSTS	3,599
		1,175

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		909,500	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.510798	260,728	133,179
39	DELIVERY ROOM & LABOR ROOM	.933480		
40	ANESTHESIOLOGY	.181629	10,202	1,853
41	RADIOLOGY-DIAGNOSTIC	.186515	580,999	108,365
44	LABORATORY	.298139	550,381	164,090
49	RESPIRATORY THERAPY	.374473	96,977	36,315
49	01 SLEEP LAB	.310254		
50	PHYSICAL THERAPY	.308727	101,780	31,422
53	ELECTROCARDIOLOGY	.268615	21,520	5,781
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.494788	111,551	55,194
56	DRUGS CHARGED TO PATIENTS	.326396	1,061,282	346,398
59	CHEMOTHERAPY			
59	01 CARDIAC REHAB	.743614		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.491645	1,200	590
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.456837	520	758
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
101	TOTAL		2,797,140	883,945
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,797,140	

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			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.510798	2,870	1,466
39	DELIVERY ROOM & LABOR ROOM	.933480		
40	ANESTHESIOLOGY	.181629		
41	RADIOLOGY-DIAGNOSTIC	.186515	59,994	11,190
44	LABORATORY	.298139	69,826	20,818
49	RESPIRATORY THERAPY	.374473	26,314	9,854
49 01	SLEEP LAB	.310254		
50	PHYSICAL THERAPY	.308727	169,724	52,398
53	ELECTROCARDIOLOGY	.268615	1,158	311
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.494788	11,541	5,710
56	DRUGS CHARGED TO PATIENTS	.326396	300,946	98,228
59	CHEMOTHERAPY			
59 01	CARDIAC REHAB	.743614		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.491645		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.456837		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
101	TOTAL		642,373	199,975
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		642,373	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,494,303
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)	3,494,303

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)	3,529,246
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	48,401
18.01	CAH ACTUAL BILLED COINSURANCE	1,798,623
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,682,222
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	1,682,222
24	PRIMARY PAYER PAYMENTS	283
25	SUBTOTAL	1,681,939

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	225,219
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	225,219
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	225,219
28	SUBTOTAL	1,907,158
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	1,907,158
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,786,908
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	120,250
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: 14-1349
 COMPONENT NO: 14-1349
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 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		1,922,756		2,007,190
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	5/14/2010 17,349		
ADJUSTMENTS TO PROVIDER	.02	1/8/2010 90,576		
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50		5/14/2010 62,020	
ADJUSTMENTS TO PROGRAM	.51		1/18/2010 158,262	
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	107,925		-220,282
4 TOTAL INTERIM PAYMENTS		2,030,681		1,786,908
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)		63,477		120,250
7 TOTAL MEDICARE PROGRAM LIABILITY		2,094,158		1,907,158

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
14-1349	FROM 7/ 1/2009	11/15/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E-2
14-Z349		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

	PART A 1	PART B 2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	592,952	
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3 ANCILLARY SERVICES (SEE INSTRUCTIONS)	201,975	
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5 PROGRAM DAYS	720	
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8 SUBTOTAL	794,927	
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10 SUBTOTAL	794,927	
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12 SUBTOTAL	794,927	
13 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	12,546	
14 80% OF PART B COSTS		
15 SUBTOTAL	782,381	
16 OTHER ADJUSTMENTS (SPECIFY)		
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL	782,381	
19 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20 INTERIM PAYMENTS	775,854	
20.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21 BALANCE DUE PROVIDER/PROGRAM	6,527	
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
14-1349	FROM 7/ 1/2009	11/15/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E-3
14-1349		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,367,139
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,367,139
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,390,810

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
	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 LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,390,810
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	354,016
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,036,794
23	COINSURANCE	4,312
24	SUBTOTAL	2,032,482
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	61,676
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	61,676
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	61,676
26	SUBTOTAL	2,094,158
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
	OTHER ADJUSTMENTS (SPECIFY)	
28	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
29	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,094,158
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,030,681
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	63,477
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	5,918,335			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	6,786,861			
5	OTHER RECEIVABLES	200,000			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,549,526			
7	INVENTORY	484,430			
8	PREPAID EXPENSES	388,691			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	10,228,791			
FIXED ASSETS					
12	LAND	85,673			
12.01					
13	LAND IMPROVEMENTS	663,393			
13.01	LESS ACCUMULATED DEPRECIATION	-525,011			
14	BUILDINGS	15,474,710			
14.01	LESS ACCUMULATED DEPRECIATION	-7,807,447			
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	9,552,940			
18.01	LESS ACCUMULATED DEPRECIATION	-7,037,214			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	10,407,044			
OTHER ASSETS					
22	INVESTMENTS	1,511,693			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	139,009			
26	TOTAL OTHER ASSETS	1,650,702			
27	TOTAL ASSETS	22,286,537			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	561,617			
29 SALARIES, WAGES & FEES PAYABLE	629,705			
30 PAYROLL TAXES PAYABLE	761,433			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	346,957			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	28,768			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	2,328,480			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	5,087,154			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	5,087,154			
43 TOTAL LIABILITIES	7,415,634			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	14,870,903			
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	14,870,903			
52 TOTAL LIABILITIES AND FUND BALANCES	22,286,537			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		13,856,180		
2 OF PERIOD				
3 NET INCOME (LOSS)		1,014,723		
4 TOTAL		14,870,903		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		14,870,903		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		14,870,903		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
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				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-1349
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 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	1,685,670		1,685,670
4 00 SWING BED - SNF	100,800		100,800
5 00 SWING BED - NF	6,720		6,720
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,793,190		1,793,190
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,793,190		1,793,190
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE			
17 00 ANCILLARY SERVICES	5,727,698	33,200,686	38,928,384
18 00 OUTPATIENT SERVICES	17,910	204,850	222,760
18 50 RURAL HEALTH CLINIC		4,618,057	4,618,057
19 00 HOME HEALTH AGENCY		1,022,907	1,022,907
24 00 PHYSICIAN CLINICS		302,012	302,012
24 01 PROFESSIONAL FEES	1,260	497,761	499,021
24 02 NURSERY	54,710		54,710
25 00 TOTAL PATIENT REVENUES	7,594,768	39,846,273	47,441,041

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		25,375,481	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 INTEREST EXPENSE	233,218		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		233,218	
40 00 TOTAL OPERATING EXPENSES		25,142,263	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1349
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	47,441,041
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	21,641,342
3	NET PATIENT REVENUES	25,799,699
4	LESS: TOTAL OPERATING EXPENSES	25,142,263
5	NET INCOME FROM SERVICE TO PATIENTS	657,436
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	40,032
7	INCOME FROM INVESTMENTS	75,277
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	29,959
11	REBATES AND REFUNDS OF EXPENSES	165
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	51,628
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	873
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	33,158
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	18,900
23	GOVERNMENTAL APPROPRIATIONS	236,502
24	THE CENTER INCOME	92,220
24.01	MISCELLANEOUS INCOME	11,791
25	TOTAL OTHER INCOME	590,505
26	TOTAL	1,247,941
	OTHER EXPENSES	
27	INTEREST EXPENSE	233,218
28		
29		
30	TOTAL OTHER EXPENSES	233,218
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,014,723

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	127,028				45,671	172,699
HHA REIMBURSABLE SERVICES						
6	239,373		46,164			285,537
7	65,798			7,026		72,824
8				16,870		16,870
9				5,514		5,514
10	483					483
11	6,558					6,558
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	439,240		46,164	29,410	45,671	560,485

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-16,955	155,744		155,744
HHA REIMBURSABLE SERVICES				
6		285,537		285,537
7		72,824		72,824
8		16,870		16,870
9		5,514		5,514
10		483		483
11		6,558		6,558
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-16,955	543,530		543,530

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						155,744	155,744
HHA REIMBURSABLE SERVICES							
6						285,537	114,678
7						72,824	29,248
8						16,870	6,775
9						5,514	2,215
10						483	194
11						6,558	2,634
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						543,530	543,530

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						400,215	
7						102,072	
8						23,645	
9						7,729	
10						677	
11						9,192	
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						543,530	

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 5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		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				-155,744	387,786
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					285,537
7	PHYSICAL THERAPY					72,824
8	OCCUPATIONAL THERAPY					16,870
9	SPEECH PATHOLOGY					5,514
10	MEDICAL SOCIAL SERVICES					483
11	HOME HEALTH AIDE					6,558
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-155,744	387,786
25	COST TO BE ALLOCATED					155,744
26	UNIT COST MULTIPLIER					.401624

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-NORTH 3.01	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A
1 ADMIN & GENERAL		16,074		14,904	25,150	56,128
2 SKILLED NURSING CARE	400,215				51,734	451,949
3 PHYSICAL THERAPY	102,072				14,220	116,292
4 OCCUPATIONAL THERAPY	23,645					23,645
5 SPEECH PATHOLOGY	7,729					7,729
6 MEDICAL SOCIAL SERVICES	677				104	781
7 HOME HEALTH AIDE	9,192				1,417	10,609
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)	543,530	16,074		14,904	92,625	667,133
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	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	14,580	6,334				
2 SKILLED NURSING CARE	117,397					
3 PHYSICAL THERAPY	30,208					
4 OCCUPATIONAL THERAPY	6,142					
5 SPEECH PATHOLOGY	2,008					
6 MEDICAL SOCIAL SERVICES	203					
7 HOME HEALTH AIDE	2,756					
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)	173,294	6,334				
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	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
1						
2						
3						
4						
5						
6						
7						
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20						
21						

(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	NONPHYSICIAN ANESTHETIST 20	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1		77,042		77,042		
2		569,346		569,346	56,987	626,333
3		146,500		146,500	14,663	161,163
4		29,787		29,787	2,981	32,768
5		9,737		9,737	975	10,712
6		984		984	98	1,082
7		13,365		13,365	1,338	14,703
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20		846,761		846,761	77,042	846,761
21					0.100091	

(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-NORTH (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BENEFITS (GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST
	3	3.01	4	5	6A	6
1 ADMIN & GENERAL	1,434		14,531	116,373		56,128
2 SKILLED NURSING CARE				239,373		451,949
3 PHYSICAL THERAPY				65,798		116,292
4 OCCUPATIONAL THERAPY						23,645
5 SPEECH PATHOLOGY						7,729
6 MEDICAL SOCIAL SERVICES				483		781
7 HOME HEALTH AIDE				6,558		10,609
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,434		14,531	428,585		667,133
21 COST TO BE ALLOCATED	16,074		14,904	92,625		173,294
22 UNIT COST MULTIPLIER	11.209205		1.025669	0.216118		0.259759

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY	HOUSEKEEPING (HOURS OF SERVICE	DIETARY (MEALS SERVED	CAFETERIA (MEALS SERVED
	7	8	9	10	11	12
1 ADMIN & GENERAL	1,434					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,434					
21 COST TO BE ALLOCATED	6,334					
22 UNIT COST MULTIPLIER	4.417015					

HHA 1

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	626,333	2	626,333	3,505	178.70	1,432
2 PHYSICAL THERAPY	3	161,163		161,163	1,744	92.41	835
3 OCCUPATIONAL THERAPY	4	32,768		32,768	201	163.02	83
4 SPEECH PATHOLOGY	5	10,712		10,712	62	172.77	55
5 MEDICAL SOCIAL SERVICES	6	1,082		1,082	4	270.50	5
6 HOME HEALTH AIDE SERVICE	7	14,703		14,703	55	267.33	31
7 TOTAL		846,761		846,761	5,571		2,441

	-----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	
	7	8	9	10	11
1 SKILLED NURSING	543		255,898	97,034	352,932
2 PHYSICAL THERAPY	322		77,162	29,756	106,918
3 OCCUPATIONAL THERAPY	31		13,531	5,054	18,585
4 SPEECH PATHOLOGY	6		9,502	1,037	10,539
5 MEDICAL SOCIAL SERVICES	1		1,353	271	1,624
6 HOME HEALTH AIDE SERVICES	9		8,287	2,406	10,693
7 TOTAL	912		365,733	135,558	501,291

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

	-----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	
	7	8	9	10	11
8 SKILLED NURSING					12
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00		4,657	4,657	9,413	.494741	3,827
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES	5,586		1,893	2,764
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM F1)	9914	
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 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.308727			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.494788	9,413	4,657	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.326396			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----			
			PROGRAM VISITS PRIOR 1/1/1998 1	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PROGRAM COSTS PRIOR 1/1/1998 1	PROGRAM COSTS 1/1/1998 TO 12/31/1998 4
1 PHYSICAL THERAPY	2	92.41	2.01	3	3.01	
2 OCCUPATIONAL THERAPY	3	163.02				
3 SPEECH PATHOLOGY	4	172.77				
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1349	FROM 7/ 1/2009	11/15/2010
HHA NO:	TO 6/30/2010	WORKSHEET H-7
14-7694		PARTS I & II

TITLE XVIII

HHA 1

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

PART A	PART B	PART B
	NOT SUBJECT TO	SUBJECT TO
	DED & COINS	DED & COINS
1	2	3

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A	PART B
SERVICES	SERVICES
1	2

- 10 TOTAL REASONABLE COST
- 10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS 376,837 154,532
- 10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS 2,139
- 10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES 7,167 3,868
- 10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES 741
- 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 1,165
- 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 388,049 158,400
- 13 EXCESS REASONABLE COST
- 14 SUBTOTAL 388,049 158,400
- 15 COINSURANCE BILLED TO PROGRAM PATIENTS
- 16 NET COST 388,049 158,400
- 17 REIMBURSABLE BAD DEBTS
- 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)
- 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD 388,049 158,400
- 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 388,049 158,400
- 23 SEQUESTRATION ADJUSTMENT
- 24 SUBTOTAL 388,049 158,400
- 25 INTERIM PAYMENTS 388,049 158,400
- 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

TITLE XVIII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		388,049		158,400
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	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		388,049		158,400
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		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		388,049		158,400

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.

ALLOCATION OF OVERHEAD
TO RHC/FOHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1349	FROM 7/ 1/2009	11/15/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET M-2
14-3464		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	6.48	25,959	4,200	27,216
2	PHYSICIAN ASSISTANTS	2.57	8,937	2,100	5,397
3	NURSE PRACTITIONERS	2.29	9,295	2,100	4,809
4	SUBTOTAL (SUM OF LINES 1-3)	11.34	44,191		37,422
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	11.34	44,191		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FOHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	2,831,869			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	175,136			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	3,007,005			
13	RATIO OF RHC/FOHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.941757			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	663,618			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	2,222,964			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	2,886,582			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	2,886,582			
19	OVERHEAD APPLICABLE TO RHC/FOHC SERVICES (LINE 13 X LINE 18)	2,718,459			
20	TOTAL ALLOWABLE COST OF RHC/FOHC SERVICES (SUM OF LINES 10 AND 19)	5,550,328			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 11/15/2010
14-1349	FROM 7/ 1/2009	WORKSHEET M-2
COMPONENT NO:	TO 6/30/2010	
14-3464		

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	44,191
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	44,191
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
14-1349	FROM 7/ 1/2009	11/15/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET M-3
14-3464		

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	5,550,328
	(FROM WORKSHEET M-2, LINE 20)	
2	COST OF VACCINES AND THEIR ADMINISTRATION	56,572
	(FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	5,493,756
	(LINE 1 MINUS LINE 2)	
4	TOTAL VISITS	44,191
	(FROM WORKSHEET M-2, COLUMN 5, LINE 8)	
5	PHYSICIANS VISITS UNDER AGREEMENT	
	(FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	44,191
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	124.32

CALCULATION OF LIMIT (1)

	PRIOR TO	ON OR AFTER
	JANUARY 1	JANUARY 1
	1	2

8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84	77.76
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	124.32	124.32
10	CALCULATION OF SETTLEMENT		
	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	10,666	
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	1,325,997	
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)		
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)		
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)		
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		1,325,997
16.01	PRIMARY PAYER AMOUNT		126
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		124,890
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		1,200,981
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		960,785
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		25,004
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		985,789
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		4,585
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		4,585
23	OTHER ADJUSTMENTS (SPECIFY)		
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		990,374
25	INTERIM PAYMENTS		1,070,706
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		-80,332
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.

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1349	FROM 7/ 1/2009	11/15/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET M-4
14-3464		

TITLE XVIII

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	2,253,508	2,253,508	2,253,508	2,253,508
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000193	.002210	.000574	
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	435	4,980	1,294	
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	5,101	16,205		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	5,536	21,185	1,294	
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	2,831,869	2,831,869	2,831,869	2,831,869
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	2,886,582	2,886,582	2,886,582	2,886,582
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001955	.007481	.000457	
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	5,643	21,595	1,319	
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	11,179	42,780	2,613	
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	142	1,626	422	
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	78.73	26.31	6.19	
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	68	713	144	
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	5,354	18,759	891	
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		56,572		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		25,004		

