

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		26-0025		FROM 10/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/23/2011 TIME 9: 09

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: HANNIBAL REGIONAL HOSPITAL 26-0025 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	1,613,446	-417,436		0
2	SUBPROVIDER	0	0	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
9	RHC	0	0	1,067		0
9 .01	RHC II	0	0	705		0
9 .02	RHC III	0	0	1,670		0
100	TOTAL	0	1,613,446	-413,994		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: HIGHWAY 36, 6000 HOSPITAL DRIVE      P. O. BOX:  
 1.01 CITY: HANNI BAL      STATE: MO      ZIP CODE: 63401-      COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	HANNI BAL REGIONAL HOSPITAL	26-0025	2.01	3	4	5	6
03.00 SUBPROVIDER	HANNI BAL REGIONAL - PSYCH	26-S025		10/ 1/1983	N	P	0
09.00 HOSPITAL-BASED HHA	HANNI BAL REGIONAL - HHA	26-7282		4/10/1990	N	O	N
14.00 HOSPITAL-BASED RHC	HANNI BAL REG - SHELBI NA	26-8512		6/11/1997	N	O	0
14.01 HOSPITAL-BASED RHC 2	HANNI BAL REG - LAGRANGE	26-3984		4/ 3/1992	N	O	0
14.02 HOSPITAL-BASED RHC 3	HANNI BAL REG - MONROE CITY	26-8513		6/11/1997	N	O	0

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.      Y      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      99926

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.      Y

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)      Y      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.      2      N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?      Y

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).      / /







COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	83	30,295			11,173		1,209
2 HMO					552		1,784
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	83	30,295			11,173		1,209
6 INTENSIVE CARE UNIT	8	2,920			1,412		151
11 NURSERY							127
12 TOTAL	91	33,215			12,585		1,487
13 RPCH VISITS							
14 SUBPROVIDER	14	5,110			971		815
18 HOME HEALTH AGENCY					5,260		
24 RURAL HEALTH CLINIC					1,563		260
24 01 RURAL HEALTH CLINIC 2					746		537
24 02 RURAL HEALTH CLINIC 3					1,600		296
25 TOTAL	105						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			17,539				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			17,539				
6 INTENSIVE CARE UNIT			2,176				
11 NURSERY			1,447				
12 TOTAL			21,162				
13 RPCH VISITS							
14 SUBPROVIDER			2,933				
18 HOME HEALTH AGENCY			8,133				
24 RURAL HEALTH CLINIC			5,715				
24 01 RURAL HEALTH CLINIC 2			3,323				
24 02 RURAL HEALTH CLINIC 3			5,194				
25 TOTAL							
26 OBSERVATION BED DAYS			694				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,773	895	5,591
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		784.11			2,773	895	5,591
13 RPCH VISITS							
14 SUBPROVIDER		15.99			120	174	422
18 HOME HEALTH AGENCY		13.98					
24 RURAL HEALTH CLINIC		9.51					
24 01 RURAL HEALTH CLINIC 2		5.25					
24 02 RURAL HEALTH CLINIC 3		8.20					
25 TOTAL		837.04					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 26-0025  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/23/2011  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	48,057,724		48,057,724	1,741,050.00	27.60	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	322,551		322,551	1,378.00	234.07	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	6,270,926		6,270,926	46,348.00	135.30	
5.01 NON-PHYSICIAN - PART B	767,070		767,070	40,643.00	18.87	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	8,710,070		8,710,070	249,567.00	34.90	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	13,135		13,135	171.00	76.81	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	549,851		549,851	2,584.00	212.79	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	11,936,075		11,936,075			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,543,439		2,543,439			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	17,383		17,383			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	584,762		584,762			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)	318,148		318,148			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	452,668		452,668	20,277.00	22.32	
22 ADMINISTRATIVE & GENERAL	7,633,791		7,633,791	287,060.00	26.59	
22.01 A & G UNDER CONTRACT	578,889		578,889	2,948.00	196.37	
23 MAINTENANCE & REPAIRS	178,819		178,819	14,687.00	12.18	
24 OPERATION OF PLANT	579,921		579,921	30,130.00	19.25	
25 LAUNDRY & LINEN SERVICE	29,580		29,580	2,878.00	10.28	
26 HOUSEKEEPING	538,854		538,854	52,725.00	10.22	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	750,302		750,302	57,959.00	12.95	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	349,675		349,675	10,904.00	32.07	
31 CENTRAL SERVICE AND SUPPLY	112,603		112,603	7,349.00	15.32	
32 PHARMACY	1,519,600		1,519,600	52,450.00	28.97	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	636,756		636,756	37,008.00	17.21	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	41,598,617		41,598,617	1,657,007.00	25.10	
2 EXCLUDED AREA SALARIES	8,710,070		8,710,070	249,567.00	34.90	
3 SUBTOTAL SALARIES	32,888,547		32,888,547	1,407,440.00	23.37	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	562,986		562,986	2,755.00	204.35	
5 SUBTOTAL WAGE-RELATED COSTS	11,953,458		11,953,458		36.35	
6 TOTAL	45,404,991		45,404,991	1,410,195.00	32.20	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	13,361,458		13,361,458	576,375.00	23.18	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	737	0	9
2 UNDUPLICATED CENSUS COUNT		333.00	30.00	147.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	746
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	2.01		2.01
5 OTHER ADMINISTRATIVE PERSONEL	1.22		1.22
6 DIRECTING NURSING SERVICE	5.69		5.69
7 NURSING SUPERVISOR	3.19		3.19
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.88		.88
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	1	
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	50031	

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	2,660	0	71	65
22 SKILLED NURSING VISIT CHARGES	369,740	0	9,955	9,025
23 PHYSICAL THERAPY VISITS	1,399	0	8	45
24 PHYSICAL THERAPY VISIT CHARGES	208,585	0	1,190	6,715
25 OCCUPATIONAL THERAPY VISITS	292	0	2	8
26 OCCUPATIONAL THERAPY VISIT CHARGES	43,370	145	455	920
27 SPEECH PATHOLOGY VISITS	34	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	5,000	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	18	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	2,690	0	0	0
31 HOME HEALTH AIDE VISITS	647	0	3	8
32 HOME HEALTH AIDE VISIT CHARGES	43,040	0	210	545
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	5,050	0	84	126
34 OTHER CHARGES	341	0	31	13
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	672,766	145	11,841	17,218
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	10,253	0	389	38
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	10,253	0	389	38

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	2,796
22 SKILLED NURSING VISIT CHARGES	0	0	388,720
23 PHYSICAL THERAPY VISITS	0	0	1,452
24 PHYSICAL THERAPY VISIT CHARGES	0	0	216,490
25 OCCUPATIONAL THERAPY VISITS	0	0	302
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	44,890
27 SPEECH PATHOLOGY VISITS	0	0	34
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	5,000
29 MEDICAL SOCIAL SERVICE VISITS	0	0	18
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	2,690
31 HOME HEALTH AIDE VISITS	0	0	658
32 HOME HEALTH AIDE VISIT CHARGES	0	0	43,795
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	5,260
34 OTHER CHARGES	0	0	385
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	701,970
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	10,680
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	10,680

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 400 S. CENTER STREET  
 1.01 CITY: SHELBYNA STATE: MO ZIP CODE: 63468 COUNTY: SHELBY  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

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

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 210 NORTH 7TH STREET  
 1.01 CITY: CANTON STATE: MO ZIP CODE: 63435 COUNTY: LEWIS  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

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

RHC 3

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 821 BUSINESS HWYS 24 & 36  
 1.01 CITY: MONROE CITY STATE: MO ZIP CODE: 63456 COUNTY: MONROE  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 26-0025  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/23/2011  
 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 8,648,969
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 8,648,969
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .338833
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 31,232,330

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,582,544
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,748,552
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,286,632
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,582,544

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0025

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

PREPARED 2/23/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP REL COSTS-NEW BLDG				3,140,608	3,140,608
3.02	0302 NEW CAP REL COSTS-OLD BLDG					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4,718,165	4,718,165
5	0500 EMPLOYEE BENEFITS	452,668	10,232,726	10,685,394		10,685,394
6	0600 ADMINISTRATIVE & GENERAL	7,633,791	14,866,073	22,499,864	-8,668,254	13,831,610
7	0700 MAINTENANCE & REPAIRS	178,819	53,726	232,545		232,545
8	0800 OPERATION OF PLANT	579,921	1,386,543	1,966,464		1,966,464
9	0900 LAUNDRY & LINEN SERVICE	29,580	266,448	296,028		296,028
10	1000 HOUSEKEEPING	538,854	214,576	753,430		753,430
11	1100 DIETARY	750,302	779,687	1,529,989		1,529,989
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	349,675	74,019	423,694		423,694
15	1500 CENTRAL SERVICES & SUPPLY	112,603	163,809	276,412	-16,574	259,838
16	1600 PHARMACY	1,519,600	610,960	2,130,560		2,130,560
17	1700 MEDICAL RECORDS & LIBRARY	636,756	411,517	1,048,273		1,048,273
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,250,428	1,034,893	6,285,321	29,270	6,314,591
26	2600 INTENSIVE CARE UNIT	1,644,054	325,367	1,969,421	23,070	1,992,491
31	3100 SUBPROVIDER	865,628	182,855	1,048,483		1,048,483
33	3300 NURSERY	334,613	126,455	461,068	5,247	466,315
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,251,948	735,378	1,987,326	27,498	2,014,824
38	3800 RECOVERY ROOM	741,407	125,126	866,533		866,533
39	3900 DELIVERY ROOM & LABOR ROOM	623,345	139,997	763,342	5,191	768,533
40	4000 ANESTHESIOLOGY	2,898,564	784,144	3,682,708		3,682,708
41	4100 RADIOLOGY-DIAGNOSTIC	1,512,378	865,636	2,378,014	418,231	2,796,245
43	4300 RADIOISOTOPE	144,079	307,156	451,235	55,985	507,220
44	4400 LABORATORY	1,240,094	2,119,304	3,359,398	50,977	3,410,375
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	109,275	694,567	803,842		803,842
49	4900 RESPIRATORY THERAPY	736,348	222,921	959,269		959,269
50	5000 PHYSICAL THERAPY	1,759,295	452,708	2,212,003		2,212,003
52	5200 SPEECH PATHOLOGY	212,961	38,872	251,833		251,833
53	5300 ELECTROCARDIOLOGY	1,150,625	505,616	1,656,241	210,586	1,866,827
54	5400 ELECTROENCEPHALOGRAPHY	59,648	10,884	70,532		70,532
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,869,494	7,869,494		7,869,494
55.30	5530 IMPL. DEV. CHARGED TO PATIENT					
56	5600 DRUGS CHARGED TO PATIENTS		2,610,510	2,610,510		2,610,510
59	3480 CANCER CENTER	608,771	604,384	1,213,155		1,213,155
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	4,638,894	1,346,104	5,984,998		5,984,998
61.01	6101 OUTPATIENT PSYCH	309,616	67,190	376,806		376,806
61.02	6102 WOUND CARE	18,553	6,078	24,631		24,631
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4040 FAMILY PRACTICE					
63.50	6310 RURAL HEALTH CLINIC	538,341	180,252	718,593		718,593
63.51	6311 RURAL HEALTH CLINIC 2	232,832	57,922	290,754		290,754
63.52	6312 RURAL HEALTH CLINIC 3	549,016	183,336	732,352		732,352
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	785,685	232,453	1,018,138		1,018,138
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	40,998,967	50,889,686	91,888,653	-0-	91,888,653
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	2,762,390	1,107,954	3,870,344		3,870,344
99	9900 NONPAID WORKERS					
100	7950 RENTAL					
100.01	7951 CHILD DEVELOPMENT CENTER	912,454	340,461	1,252,915		1,252,915
100.02	7952 OTHER NONREIMBURSEABLE COST CENTERS					
100.03	7953 MEDICAL BUILDING	3,383,913	321,730	3,705,643		3,705,643
101	TOTAL	48,057,724	52,659,831	100,717,555	-0-	100,717,555

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0025

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

PREPARED 2/23/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		
3.01	0301 NEW CAP REL COSTS-NEW BLDG	-183,609	2,956,999
3.02	0302 NEW CAP REL COSTS-OLD BLDG		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,718,165
5	0500 EMPLOYEE BENEFITS	-1,581,527	9,103,867
6	0600 ADMINISTRATIVE & GENERAL	3,479,622	17,311,232
7	0700 MAINTENANCE & REPAIRS		232,545
8	0800 OPERATION OF PLANT	-8,311	1,958,153
9	0900 LAUNDRY & LINEN SERVICE		296,028
10	1000 HOUSEKEEPING		753,430
11	1100 DIETARY	-530,150	999,839
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-86	423,608
15	1500 CENTRAL SERVICES & SUPPLY		259,838
16	1600 PHARMACY	-13,472	2,117,088
17	1700 MEDICAL RECORDS & LIBRARY	-59,510	988,763
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-7,367	6,307,224
26	2600 INTENSIVE CARE UNIT		1,992,491
31	3100 SUBPROVIDER	-48,025	1,000,458
33	3300 NURSERY	-1,251	465,064
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-350,963	1,663,861
38	3800 RECOVERY ROOM		866,533
39	3900 DELIVERY ROOM & LABOR ROOM	-1,132	767,401
40	4000 ANESTHESIOLOGY	-3,058,138	624,570
41	4100 RADIOLOGY-DIAGNOSTIC	-35	2,796,210
43	4300 RADIOISOTOPE		507,220
44	4400 LABORATORY	-262,505	3,147,870
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		803,842
49	4900 RESPIRATORY THERAPY		959,269
50	5000 PHYSICAL THERAPY	-322,892	1,889,111
52	5200 SPEECH PATHOLOGY	-109,121	142,712
53	5300 ELECTROCARDIOLOGY		1,866,827
54	5400 ELECTROENCEPHALOGRAPHY	-14,383	56,149
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,869,494
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		
56	5600 DRUGS CHARGED TO PATIENTS		2,610,510
59	3480 CANCER CENTER	-45,035	1,168,120
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-3,314,597	2,670,401
61.01	6101 OUTPATIENT PSYCH	-162,820	213,986
61.02	6102 WOUND CARE		24,631
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4040 FAMILY PRACTICE		
63.50	6310 RURAL HEALTH CLINIC		718,593
63.51	6311 RURAL HEALTH CLINIC 2		290,754
63.52	6312 RURAL HEALTH CLINIC 3		732,352
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		1,018,138
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-6,595,307	85,293,346
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES	-24	3,870,320
99	9900 NONPAID WORKERS		
100	7950 RENTAL		
100.01	7951 CHILD DEVELOPMENT CENTER		1,252,915
100.02	7952 OTHER NONREIMBURSEABLE COST CENTERS		
100.03	7953 MEDICAL BUILDING		3,705,643
101	TOTAL	-6,595,331	94,122,224

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011  
 I 26-0025 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NEW BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-OLD BLDG	0302	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	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	CANCER CENTER	3480	ONCOLOGY
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
61.01	OUTPATIENT PSYCH	6101	EMERGENCY
61.02	WOUND CARE	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	FAMILY PRACTICE	4040	FAMILY PRACTICE
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
63.51	RURAL HEALTH CLINIC 2	6311	RURAL HEALTH CLINIC #####
63.52	RURAL HEALTH CLINIC 3	6312	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	
99	NONPAID WORKERS	9900	
100	RENTAL	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CHILD DEVELOPMENT CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSEABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MEDICAL BUILDING	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
260025

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

PREPARED 2/23/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 ADMISSION KITS	A	ADULTS & PEDIATRICS	25		6,136
2		NURSERY	33		5,247
3		DELIVERY ROOM & LABOR ROOM	39		5,191
4 INTEREST EXPENSE ON BONDS	B	NEW CAP REL COSTS-NEW BLDG	3.01		1,035,300
5 CAPITAL LEASE EXPENSE	C	ADMINISTRATIVE & GENERAL	6		74,638
6		ADULTS & PEDIATRICS	25		23,134
7		INTENSIVE CARE UNIT	26		23,070
8		OPERATING ROOM	37		27,498
9		RADIOLOGY-DIAGNOSTIC	41		418,231
10		RADIOISOTOPE	43		55,985
11		LABORATORY	44		50,977
12		ELECTROCARDIOLOGY	53		210,586
13 PROPERTY INSURANCE	D	NEW CAP REL COSTS-MVBLE EQUIP	4		57,492
14 DEPRECIATION	E	NEW CAP REL COSTS-NEW BLDG	3.01		2,105,308
15		NEW CAP REL COSTS-MVBLE EQUIP	4		5,544,792
36 TOTAL RECLASSIFICATIONS					9,643,585

(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:  
260025

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

PREPARED 2/23/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER	
1	A	CENTRAL SERVICES & SUPPLY	15	16,574	
2					
3					
4	B	ADMINISTRATIVE & GENERAL	6	1,035,300	11
5	C	NEW CAP REL COSTS-MVBLE EQUIP	4	884,119	9
6					
7					
8					
9					
10					
11					
12					
13	D	ADMINISTRATIVE & GENERAL	6	57,492	9
14	E	ADMINISTRATIVE & GENERAL	6	7,650,100	9
15					
36		TOTAL RECLASSIFICATIONS		9,643,585	

(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:  
260025

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

PREPARED 2/23/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : ADMISSION KITS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	6,136	15	CENTRAL SERVICES & SUPPLY	16,574
2.00	NURSERY	5,247			0
3.00	DELIVERY ROOM & LABOR ROOM	5,191			0
TOTAL	RECLASSIFICATIONS FOR CODE A	16,574			16,574

RECLASS CODE: B  
EXPLANATION : INTEREST EXPENSE ON BONDS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-NEW BLDG	1,035,300	6	ADMINISTRATIVE & GENERAL	1,035,300
TOTAL	RECLASSIFICATIONS FOR CODE B	1,035,300			1,035,300

RECLASS CODE: C  
EXPLANATION : CAPITAL LEASE EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	74,638	4	NEW CAP REL COSTS-MVBLE EQUIP	884,119
2.00	ADULTS & PEDIATRICS	23,134			0
3.00	INTENSIVE CARE UNIT	23,070			0
4.00	OPERATING ROOM	27,498			0
5.00	RADIOLOGY-DIAGNOSTIC	418,231			0
6.00	RADIOISOTOPE	55,985			0
7.00	LABORATORY	50,977			0
8.00	ELECTROCARDIOLOGY	210,586			0
TOTAL	RECLASSIFICATIONS FOR CODE C	884,119			884,119

RECLASS CODE: D  
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	57,492	6	ADMINISTRATIVE & GENERAL	57,492
TOTAL	RECLASSIFICATIONS FOR CODE D	57,492			57,492

RECLASS CODE: E  
EXPLANATION : DEPRECIATION

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-NEW BLDG	2,105,308	6	ADMINISTRATIVE & GENERAL	7,650,100
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5,544,792			0
TOTAL	RECLASSIFICATIONS FOR CODE E	7,650,100			7,650,100

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	2,186,770				14,000	2,172,770	
2 LAND IMPROVEMENTS	6,984,398	207,616		207,616		7,192,014	
3 BUILDINGS & FIXTURE	42,945,279				4,861	42,940,418	
4 BUILDING IMPROVEMENT	17,373,266	951,640		951,640		18,324,906	
5 FIXED EQUIPMENT	98,327					98,327	
6 MOVABLE EQUIPMENT	47,876,655	2,284,767		2,284,767		50,161,422	
7 SUBTOTAL	117,464,695	3,444,023		3,444,023	18,861	120,889,857	
8 RECONCILING ITEMS							
9 TOTAL	117,464,695	3,444,023		3,444,023	18,861	120,889,857	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-NE	67,728,059		67,728,059	.650075			
3 02	NEW CAP REL COSTS-OL	827,606		827,606	.007944			
4	NEW CAP REL COSTS-MV	42,895,362	7,266,060	35,629,302	.341981			
5	TOTAL	111,451,027	7,266,060	104,184,967	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-NE	2,105,308		851,691				2,956,999
3 02	NEW CAP REL COSTS-OL							
4	NEW CAP REL COSTS-MV	4,718,165						4,718,165
5	TOTAL	6,823,473		851,691				7,675,164

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							
3 01	NEW CAP REL COSTS-NE							
3 02	NEW CAP REL COSTS-OL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	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			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-34,991	NEW CAP REL COSTS-NEW BLD	3.01	11
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-500	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-8,311	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,817,995			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-530,150	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-59,510	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			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISCELLANEOUS INCOME	B	-23,422	ADMINISTRATIVE & GENERAL	6	
38 RECRUITMENT FEES	A	-81,176	ADMINISTRATIVE & GENERAL	6	
39 STAFF DEVELOPMENT	B	-13,556	ADMINISTRATIVE & GENERAL	6	
40 NONALLOWABLE ADVERTISING COSTS	A	-693,705	ADMINISTRATIVE & GENERAL	6	
41 NURSERY PHOTOS	B	-1,251	NURSERY	33	
42 ULTRAFAST LAB TEST	B	-1,385	LABORATORY	44	
43 MEDICAID FRA	A	5,104,159	ADMINISTRATIVE & GENERAL	6	
44 MHA/AHA LOBBYING EXPENSE	A	-12,705	ADMINISTRATIVE & GENERAL	6	
45 ALCOHOLIC BEVERAGE EXPENSE	A	-2,463	ADMINISTRATIVE & GENERAL	6	
46 ALCOHOLIC BEVERAGE EXPENSE	A	-86	NURSING ADMINISTRATION	14	
47 ALCOHOLIC BEVERAGE EXPENSE	A	-24	PHYSICIANS' PRIVATE OFFIC	98	
48 EEG CONTRACT SERVICE	B	-13,663	ELECTROENCEPHALOGRAPHY	54	
49 O/T CONTRACT SERVICE	B	-57,389	PHYSICAL THERAPY	50	
49.01 P/T CONTRACT SERVICE	B	-29,553	PHYSICAL THERAPY	50	
49.02 EMPLOYED PHYSICIAN BENEFITS	A	-1,581,527	EMPLOYEE BENEFITS	5	
49.03 DEVELOPMENT SALARIES	A	-249,183	ADMINISTRATIVE & GENERAL	6	
49.04 DEVELOPMENT EXPENSE	A	-134,574	ADMINISTRATIVE & GENERAL	6	
49.05 SPEECH CONTRACT SERVICE	B	-109,121	SPEECH PATHOLOGY	52	
49.06 OTHER - MISC	B	-52,433	ADMINISTRATIVE & GENERAL	6	
49.07 MISCELLANEOUS REVENUE	B	1,771	SUBPROVIDER	31	
49.08 MISCELLANEOUS REVENUE	B	-35	RADIOLOGY-DIAGNOSTIC	41	
49.09 MISCELLANEOUS REVENUE	B	-1,132	DELIVERY ROOM & LABOR ROO	39	
49.10 MISCELLANEOUS REVENUE	B	-7,367	ADULTS & PEDIATRICS	25	
49.11 DIABETES CTR OTHER REVENUE	B	-31,287	ADMINISTRATIVE & GENERAL	6	
49.12 OTHER RENTAL INCOME	B	-877	ADMINISTRATIVE & GENERAL	6	
49.13 BUILDING RENTAL INCOME	B	-148,618	NEW CAP REL COSTS-NEW BLD	3.01	11
49.14 CANCER CENTER OTHER REVENUE	B	-172	CANCER CENTER	59	
49.15 CONTRIBUTIONS	A	-3,100	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,595,331			

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0025  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED: 2/23/2011  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATIVE & GENERAL	398,311	312,261	86,050	159,800	947	72,755	3,638
2 16	PHARMACY	13,472	13,472					
3 31	SUPROVIDER - PSYCH	49,796	49,796					
4 37	OPERATING ROOM	350,963	350,963					
5 40	ANESTHESIOLOGY	3,087,934	2,985,865	102,069	167,500	370	29,796	1,490
6 44	LAB	403,920	120	403,800	208,000	1,428	142,800	7,140
7 50	PHYSICAL THERAPY	235,950	235,950					
8 54	EEG	720	720					
9 59	CANCER CENTER	60,920	920	60,000	159,800	209	16,057	803
10 61	EMERGENCY	3,392,038	3,171,555	220,483	159,800	1,008	77,441	3,872
11 61 1	OUTPATIENT PSYCH	162,820	162,820					
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	8,156,844	7,284,442	872,402		3,962	338,849	16,943

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
26-0025

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

PREPARED 2/23/2011  
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 6	ADMINISTRATIVE & GENERAL					72,755	13,295	325,556
2 16	PHARMACY							13,472
3 31	SUPROVIDER - PSYCH							49,796
4 37	OPERATING ROOM							350,963
5 40	ANESTHESIOLOGY					29,796	72,273	3,058,138
6 44	LAB					142,800	261,000	261,120
7 50	PHYSICAL THERAPY							235,950
8 54	EEG							720
9 59	CANCER CENTER					16,057	43,943	44,863
10 61	EMERGENCY					77,441	143,042	3,314,597
11 61 1	OUTPATIENT PSYCH							162,820
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					338,849	533,553	7,817,995

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0025  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/23/2011  
 NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:  
26-0025

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

PREPARED 2/23/2011  
WORKSHEET B  
PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-NEW BLD	NEW CAP REL C OSTS-OLD BLD	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	
		0	3	3.01	3.02	4	5	5a.00
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-OLD BLD	2,956,999		2,956,999				
004	NEW CAP REL COSTS-MVBLE E	4,718,165				4,718,165		
005	EMPLOYEE BENEFITS	9,103,867				8,275	9,112,142	
006	ADMINISTRATIVE & GENERAL	17,311,232		678,724		1,484,043	1,578,747	21,052,746
007	MAINTENANCE & REPAIRS	232,545				1,572	39,357	273,474
008	OPERATION OF PLANT	1,958,153		213,246		39,344	127,638	2,338,381
009	LAUNDRY & LINEN SERVICE	296,028		2,849		645	6,510	306,032
010	HOUSEKEEPING	753,430		8,670		4,160	118,600	884,860
011	DIETARY	999,839		33,123		16,405	165,138	1,214,505
012	CAFETERIA			27,425				27,425
014	NURSING ADMINISTRATION	423,608		5,255		25,730	76,962	531,555
015	CENTRAL SERVICES & SUPPLY	259,838		21,233		12,811	24,783	318,665
016	PHARMACY	2,117,088		18,826		212,570	334,458	2,682,942
017	MEDICAL RECORDS & LIBRARY	988,763		12,032		6,040	140,147	1,146,982
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	6,307,224		317,480		71,735	1,155,598	7,852,037
026	INTENSIVE CARE UNIT	1,992,491		48,269		65,168	361,850	2,467,778
031	SUBPROVIDER	1,000,458		69,183		4,562	190,521	1,264,724
033	NURSERY	465,064				8,292	73,647	547,003
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,663,861		63,742		349,157	198,303	2,275,063
038	RECOVERY ROOM	866,533		64,689		994	163,181	1,095,397
039	DELIVERY ROOM & LABOR ROO	767,401				12,558	137,196	917,155
040	ANESTHESIOLOGY	624,570		1,062		13,119	86,130	724,881
041	RADIOLOGY-DIAGNOSTIC	2,796,210		115,107		516,206	332,868	3,760,391
043	RADIOISOTOPE	507,220		3,397			31,711	542,328
044	LABORATORY	3,147,870		58,708		149,484	272,940	3,629,002
046	WHOLE BLOOD & PACKED RED	803,842		885		4,812	24,051	833,590
049	RESPIRATORY THERAPY	959,269		22,046		28,367	162,067	1,171,749
050	PHYSICAL THERAPY	1,889,111		34,008		30,312	335,282	2,288,713
052	SPEECH PATHOLOGY	142,712				1,828	46,872	191,412
053	ELECTROCARDIOLOGY	1,866,827		81,498		292,554	253,248	2,494,127
054	ELECTROENCEPHALOGRAPHY	56,149		1,769		2,869	13,128	73,915
055	MEDICAL SUPPLIES CHARGED	7,869,494						7,869,494
055	30 IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS	2,610,510						2,610,510
059	CANCER CENTER	1,168,120		157,475		347,319	133,988	1,806,902
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	2,670,401		247,059		562,540	473,731	3,953,731
061	01 OUTPATIENT PSYCH	213,986				9,728	32,309	256,023
061	02 WOUND CARE	24,631					4,083	28,714
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063	50 RURAL HEALTH CLINIC	718,593		28,310		5,051	118,487	870,441
063	51 RURAL HEALTH CLINIC 2	290,754		24,718		635	51,245	367,352
063	52 RURAL HEALTH CLINIC 3	732,352		59,717		16,810	120,836	929,715
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	1,018,138		32,291		32,400	172,926	1,255,755
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	85,293,346		2,452,796		4,338,095	7,558,538	82,855,469
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC	3,870,320		352,629		367,457	607,991	5,198,397
099	NONPAID WORKERS							
100	RENTAL							
100	01 CHILD DEVELOPMENT CENTER	1,252,915		151,574		11,274	200,827	1,616,590
100	02 OTHER NONREIMBURSEABLE CO							
100	03 MEDICAL BUILDING	3,705,643				1,339	744,786	4,451,768
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	94,122,224		2,956,999		4,718,165	9,112,142	94,122,224



COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	14	15	16	17	25	26	27
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-NEW BLD							
004 NEW CAP REL COSTS-OLD BLD							
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	706,196						
016 CENTRAL SERVICES & SUPPLY	8,708	472,430					
017 PHARMACY			3,545,207				
025 MEDICAL RECORDS & LIBRARY				1,537,676			
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	294,103			919,633	12,871,942		12,871,942
026 INTENSIVE CARE UNIT	79,005			200,323	3,704,350		3,704,350
031 SUBPROVIDER	39,420			107,851	2,041,289		2,041,289
033 NURSERY	22,450			76,832	821,229		821,229
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	44,417				3,203,582		3,203,582
039 RECOVERY ROOM	33,515				1,636,472		1,636,472
040 DELIVERY ROOM & LABOR ROO	25,703				1,226,962		1,226,962
041 ANESTHESIOLOGY	2,420				961,607		961,607
043 RADIOLOGY-DIAGNOSTIC					5,174,687		5,174,687
044 RADIOISOTOPE					710,082		710,082
046 LABORATORY					4,869,687		4,869,687
049 WHOLE BLOOD & PACKED RED					1,079,776		1,079,776
050 RESPIRATORY THERAPY					1,586,917		1,586,917
052 PHYSICAL THERAPY					3,084,747		3,084,747
053 SPEECH PATHOLOGY					253,434		253,434
054 ELECTROCARDIOLOGY	16,841				3,465,341		3,465,341
055 ELECTROENCEPHALOGRAPHY					101,011		101,011
056 MEDICAL SUPPLIES CHARGED		472,430			10,609,252		10,609,252
059 30 IMPL. DEV. CHARGED TO PAT			3,545,207		6,907,857		6,907,857
056 DRUGS CHARGED TO PATIENTS					2,690,762		2,690,762
059 CANCER CENTER							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	104,307			233,037	6,125,805		6,125,805
061 01 OUTPATIENT PSYCH					337,973		337,973
061 02 WOUND CARE	846				38,480		38,480
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY PRACTICE							
063 50 RURAL HEALTH CLINIC					1,201,555		1,201,555
063 51 RURAL HEALTH CLINIC 2					535,806		535,806
063 52 RURAL HEALTH CLINIC 3					1,344,902		1,344,902
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	34,461				1,749,389		1,749,389
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	706,196	472,430	3,545,207	1,537,676	78,334,896		78,334,896
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					7,556,110		7,556,110
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
100 RENTAL							
100 01 CHILD DEVELOPMENT CENTER					2,481,732		2,481,732
100 02 OTHER NONREIMBURSEABLE CO							
100 03 MEDICAL BUILDING					5,749,486		5,749,486
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	706,196	472,430	3,545,207	1,537,676	94,122,224		94,122,224

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0025  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/23/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NEW BLD	NEW CAP REL C OSTS-OLD BLD	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	3	3.01	3.02	4	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-OLD BLD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					8,275	8,275	8,275
006 ADMINISTRATIVE & GENERAL			678,724		1,484,043	2,162,767	1,429
007 MAINTENANCE & REPAIRS					1,572	1,572	36
008 OPERATION OF PLANT			213,246		39,344	252,590	116
009 LAUNDRY & LINEN SERVICE			2,849		645	3,494	6
010 HOUSEKEEPING			8,670		4,160	12,830	108
011 DIETARY			33,123		16,405	49,528	150
012 CAFETERIA			27,425			27,425	
014 NURSING ADMINISTRATION			5,255		25,730	30,985	70
015 CENTRAL SERVICES & SUPPLY			21,233		12,811	34,044	23
016 PHARMACY			18,826		212,570	231,396	304
017 MEDICAL RECORDS & LIBRARY			12,032		6,040	18,072	127
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			317,480		71,735	389,215	1,050
031 INTENSIVE CARE UNIT			48,269		65,168	113,437	329
033 SUBPROVIDER NURSERY			69,183		4,562	73,745	173
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM			63,742		349,157	412,899	180
039 RECOVERY ROOM			64,689		994	65,683	148
040 DELIVERY ROOM & LABOR ROO					12,558	12,558	125
041 ANESTHESIOLOGY			1,062		13,119	14,181	78
043 RADIOLOGY-DIAGNOSTIC			115,107		516,206	631,313	302
044 RADIOISOTOPE			3,397			3,397	29
046 LABORATORY			58,708		149,484	208,192	248
049 WHOLE BLOOD & PACKED RED			885		4,812	5,697	22
050 RESPIRATORY THERAPY			22,046		28,367	50,413	147
052 PHYSICAL THERAPY			34,008		30,312	64,320	305
053 SPEECH PATHOLOGY					1,828	1,828	43
054 ELECTROCARDIOLOGY			81,498		292,554	374,052	230
055 ELECTROENCEPHALOGRAPHY			1,769		2,869	4,638	12
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 CANCER CENTER			157,475		347,319	504,794	122
061 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY			247,059		562,540	809,599	430
061 02 OUTPATIENT PSYCH					9,728	9,728	29
062 WOUND CARE							4
063 OBSERVATION BEDS (NON-DIS							
063 50 FAMILY PRACTICE							
063 51 RURAL HEALTH CLINIC			28,310		5,051	33,361	108
063 52 RURAL HEALTH CLINIC 2			24,718		635	25,353	47
063 52 RURAL HEALTH CLINIC 3			59,717		16,810	76,527	110
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY			32,291		32,400	64,691	157
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			2,452,796		4,338,095	6,790,891	6,864
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
099 PHYSICIANS' PRIVATE OFFIC			352,629		367,457	720,086	552
100 NONPAID WORKERS							
100 RENTAL							
100 01 CHILD DEVELOPMENT CENTER			151,574		11,274	162,848	182
100 02 OTHER NONREIMBURSEABLE CO							
100 03 MEDICAL BUILDING					1,339	1,339	677
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			2,956,999		4,718,165	7,675,164	8,275

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL			MAINTENANCE & REPAIRS		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12			
003 GENERAL SERVICE COST CNTR										
003 01 NEW CAP REL COSTS-BLDG &										
003 02 NEW CAP REL COSTS-OLD BLD										
004 NEW CAP REL COSTS-MVBLE E										
005 EMPLOYEE BENEFITS										
006 ADMINISTRATIVE & GENERAL	2,164,196									
007 MAINTENANCE & REPAIRS	8,100	9,708								
008 OPERATION OF PLANT	69,258	909	322,873							
009 LAUNDRY & LINEN SERVICE	9,064	12	445	13,021						
010 HOUSEKEEPING	26,208	37	1,356		40,539					
011 DIETARY	35,971	141	5,179		654	91,623				
012 CAFETERIA	812	117	4,288		541	59,794			92,977	
014 NURSING ADMINISTRATION	15,744	22	822		104				797	
015 CENTRAL SERVICES & SUPPLY	9,438	90	3,320		419				537	
016 PHARMACY	79,463	80	2,944		372				3,835	
017 MEDICAL RECORDS & LIBRARY	33,971	51	1,881		238				2,705	
025 INPAT ROUTINE SRVC CNTRS										
025 ADULTS & PEDIATRICS	232,562	1,353	49,639	5,898	6,267	24,649			18,151	
026 INTENSIVE CARE UNIT	73,091	206	7,547	810	953	3,058			4,876	
031 SUBPROVIDER	37,459	295	10,817	301	1,366	4,122			2,432	
033 NURSERY	16,201								1,385	
037 ANCILLARY SRVC COST CNTRS										
037 OPERATING ROOM	67,383	272	9,966	1,599	1,258				3,192	
038 RECOVERY ROOM	32,443	276	10,114	794	1,277				2,068	
039 DELIVERY ROOM & LABOR ROO	27,164								1,586	
040 ANESTHESIOLOGY	21,470	5	166		21				1,848	
041 RADIOLOGY-DIAGNOSTIC	111,375	490	17,997	799	2,272				4,328	
043 RADIOISOTOPE	16,063	14	531		67				324	
044 LABORATORY	107,484	250	9,179		1,159				5,309	
046 WHOLE BLOOD & PACKED RED	24,689	4	138		17				325	
049 RESPIRATORY THERAPY	34,705	94	3,447		435				2,337	
050 PHYSICAL THERAPY	67,787	145	5,317	129	671				4,644	
052 SPEECH PATHOLOGY	5,669								549	
053 ELECTROCARDIOLOGY	73,871	347	12,742	520	1,609				3,297	
054 ELECTROENCEPHALOGRAPHY	2,189	8	277		35				154	
055 MEDICAL SUPPLIES CHARGED	233,104									
055 30 IMPL. DEV. CHARGED TO PAT										
056 DRUGS CHARGED TO PATIENTS	77,318									
059 CANCER CENTER	53,517	671	24,622	167	3,109				1,045	
061 OUTPAT SERVICE COST CNTRS										
061 EMERGENCY	117,102	1,053	38,628	1,914	4,877				7,639	
061 01 OUTPATIENT PSYCH	7,583								654	
061 02 WOUND CARE	850								52	
062 OBSERVATION BEDS (NON-DIS										
063 FAMILY PRACTICE										
063 50 RURAL HEALTH CLINIC	25,781	121	4,426	6	559				1,446	
063 51 RURAL HEALTH CLINIC 2	10,880	105	3,865		488				675	
063 52 RURAL HEALTH CLINIC 3	27,536	254	9,337	28	1,179				1,247	
071 OTHER REIMBURS COST CNTRS										
071 HOME HEALTH AGENCY	37,193	138	5,049		637				2,126	
095 SPEC PURPOSE COST CENTERS										
095 SUBTOTALS	1,830,498	7,560	244,039	12,965	30,584	91,623			79,563	
096 NONREIMBURS COST CENTERS										
096 GIFT, FLOWER, COFFEE SHOP										
098 PHYSICIANS' PRIVATE OFFIC	153,966	1,502	55,135	56	6,963				6,837	
099 NONPAID WORKERS										
100 RENTAL										
100 01 CHILD DEVELOPMENT CENTER	47,880	646	23,699		2,992				5,373	
100 02 OTHER NONREIMBURSEABLE CO										
100 03 MEDICAL BUILDING	131,852								1,204	
101 CROSS FOOT ADJUSTMENTS										
102 NEGATIVE COST CENTER										
103 TOTAL	2,164,196	9,708	322,873	13,021	40,539	91,623			92,977	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	14	15	16	17	25	26	27
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-NEW BLD							
004 NEW CAP REL COSTS-OLD BLD							
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	48,544						
015 CENTRAL SERVICES & SUPPLY	599	48,470					
016 PHARMACY			318,394				
017 MEDICAL RECORDS & LIBRARY				57,045			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,216			34,117	783,117		783,117
026 INTENSIVE CARE UNIT	5,431			7,432	217,170		217,170
031 SUBPROVIDER	2,710			4,001	137,421		137,421
033 NURSERY	1,543			2,850	30,338		30,338
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,053				499,802		499,802
038 RECOVERY ROOM	2,304				115,107		115,107
039 DELIVERY ROOM & LABOR ROO	1,767				43,200		43,200
040 ANESTHESIOLOGY	166				37,935		37,935
041 RADIOLOGY-DIAGNOSTIC					768,876		768,876
043 RADIOISOTOPE					20,425		20,425
044 LABORATORY					331,821		331,821
046 WHOLE BLOOD & PACKED RED					30,892		30,892
049 RESPIRATORY THERAPY					91,578		91,578
050 PHYSICAL THERAPY					143,318		143,318
052 SPEECH PATHOLOGY					8,089		8,089
053 ELECTROCARDIOLOGY	1,158				467,826		467,826
054 ELECTROENCEPHALOGRAPHY					7,313		7,313
055 MEDICAL SUPPLIES CHARGED		48,470			281,574		281,574
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS			318,394		395,712		395,712
059 CANCER CENTER					588,047		588,047
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	7,170			8,645	997,057		997,057
061 01 OUTPATIENT PSYCH					17,994		17,994
061 02 WOUND CARE	58				964		964
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY PRACTICE							
063 50 RURAL HEALTH CLINIC					65,808		65,808
063 51 RURAL HEALTH CLINIC 2					41,413		41,413
063 52 RURAL HEALTH CLINIC 3					116,218		116,218
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	2,369				112,360		112,360
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	48,544	48,470	318,394	57,045	6,351,375		6,351,375
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC					945,097		945,097
099 NONPAID WORKERS							
100 RENTAL							
100 01 CHILD DEVELOPMENT CENTER					243,620		243,620
100 02 OTHER NONREIMBURSEABLE CO							
100 03 MEDICAL BUILDING					135,072		135,072
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	48,544	48,470	318,394	57,045	7,675,164		7,675,164

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-NEW BLD (SQUARE FEET	NEW CAP REL C OSTS-OLD BLD (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE	EMPLOYEE BENE FITS (GROSS SALARIES	S RECONCILIATION
	3	3.01	3.02	4	5	6a.00
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD						
003 02 NEW CAP REL COSTS-NEW		334,241				
004 NEW CAP REL COSTS-OLD						
005 NEW CAP REL COSTS-MVB				3,299,059		
006 EMPLOYEE BENEFITS				5,786	41,400,806	
007 ADMIN STRATIVE & GENE		76,719		1,037,681	7,173,016	-21,052,746
008 MAINTENANCE & REPAIRS				1,099	178,819	
009 OPERATION OF PLANT		24,104		27,510	579,921	
010 LAUNDRY & LINEN SERVI		322		451	29,580	
011 HOUSEKEEPING		980		2,909	538,854	
012 DIETARY		3,744		11,471	750,302	
014 CAFETERIA		3,100				
014 NURSING ADMIN STRATIO		594		17,991	349,675	
015 CENTRAL SERVICES & SU		2,400		8,958	112,603	
016 PHARMACY		2,128		148,634	1,519,600	
017 MEDICAL RECORDS & LIB		1,360		4,223	636,756	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICALS		35,886		50,159	5,250,428	
031 INTENSIVE CARE UNIT		5,456		45,567	1,644,054	
033 SUBPROVIDER		7,820		3,190	865,628	
037 NURSERY				5,798	334,613	
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM		7,205		244,139	900,985	
038 RECOVERY ROOM		7,312		695	741,407	
039 DELIVERY ROOM & LABOR				8,781	623,345	
040 ANESTHESIOLOGY		120		9,173	391,331	
041 RADIOLOGY-DIAGNOSTIC		13,011		360,944	1,512,378	
043 RADIO SOTOPE		384			144,079	
044 LABORATORY		6,636		104,523	1,240,094	
046 WHOLE BLOOD & PACKED		100		3,365	109,275	
049 RESPIRATORY THERAPY		2,492		19,835	736,348	
050 PHYSICAL THERAPY		3,844		21,195	1,523,345	
052 SPEECH PATHOLOGY				1,278	212,961	
053 ELECTROCARDIOLOGY		9,212		204,561	1,150,625	
054 ELECTROENCEPHALOGRAPH		200		2,006	59,648	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
059 CANCER CENTER		17,800		242,854	608,771	
061 OUTPAT SERVICE COST C						
061 EMERGENCY		27,926		393,342	2,152,385	
061 01 OUTPATIENT PSYCH				6,802	146,796	
061 02 WOUND CARE					18,553	
062 OBSERVATION BEDS (NON						
063 FAMILY PRACTICE						
063 50 RURAL HEALTH CLINIC		3,200		3,532	538,341	
063 51 RURAL HEALTH CLINIC 2		2,794		444	232,832	
063 52 RURAL HEALTH CLINIC 3		6,750		11,754	549,016	
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY		3,650		22,655	785,685	
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS		277,249		3,033,305	34,342,049	-21,052,746
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O		39,859		256,935	2,762,390	
099 NONPAID WORKERS						
100 RENTAL						
100 01 CHILD DEVELOPMENT CEN		17,133		7,883	912,454	
100 02 OTHER NONREIMBURSEABL						
100 03 MEDICAL BUILDING				936	3,383,913	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED		2,956,999		4,718,165	9,112,142	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER						.220096
105 (WRKSHT B, PT I)		8.846907		1.430155		
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						8,275
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.000200
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 2/23/2011

26-0025

FROM 10/ 1/2009

WORKSHEET B-1

TO 9/30/2010

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTEs)		
	6	7	8	9	10	11	12			
GENERAL SERVICE COST										
003 NEW CAP REL COSTS-BLD										
003 01 NEW CAP REL COSTS-NEW										
003 02 NEW CAP REL COSTS-OLD										
004 NEW CAP REL COSTS-MVB										
005 EMPLOYEE BENEFITS										
006 ADMINISTRATIVE & GENERAL	73,069,478									
007 MAINTENANCE & REPAIRS	273,474	257,522								
008 OPERATION OF PLANT	2,338,381	24,104	233,418							
009 LAUNDRY & LINEN SERVICE	306,032	322	322	511,086						
010 HOUSEKEEPING	884,860	980	980			232,116				
011 DIETARY	1,214,505	3,744	3,744			3,744	255,423			
012 CAFETERIA	27,425	3,100	3,100			3,100	166,691		61,138	
014 NURSING ADMINISTRATIVE	531,555	594	594			594			524	
015 CENTRAL SERVICES & SUPPLY	318,665	2,400	2,400			2,400			353	
016 PHARMACY	2,682,942	2,128	2,128			2,128			2,522	
017 MEDICAL RECORDS & LIBRARY	1,146,982	1,360	1,360			1,360			1,779	
025 ADULTS & PEDIATRICS	7,852,037	35,886	35,886	231,461	35,886	68,716	11,934			
026 INTENSIVE CARE UNIT	2,467,778	5,456	5,456	31,781	5,456	8,525	3,206			
031 SUBPROVIDER	1,264,724	7,820	7,820	11,828	7,820	11,491	1,599			
033 NURSERY	547,003						911			
037 ANCILLARY SRVC COST CENTER										
038 OPERATING ROOM	2,275,063	7,205	7,205	62,774	7,205		2,099			
039 RECOVERY ROOM	1,095,397	7,312	7,312	31,169	7,312		1,360			
040 DELIVERY ROOM & LABOR	917,155						1,043			
041 ANESTHESIOLOGY	724,881	120	120			120	1,215			
043 RADIOLOGY-DIAGNOSTIC	3,760,391	13,011	13,011	31,346	13,011		2,846			
044 RADIOISOTOPE	542,328	384	384			384	213			
046 LABORATORY	3,629,002	6,636	6,636	11	6,636		3,491			
049 WHOLE BLOOD & PACKED	833,590	100	100			100	214			
050 RESPIRATORY THERAPY	1,171,749	2,492	2,492			2,492	1,537			
052 PHYSICAL THERAPY	2,288,713	3,844	3,844	5,078	3,844		3,054			
053 SPEECH PATHOLOGY	191,412						361			
054 ELECTROCARDIOLOGY	2,494,127	9,212	9,212	20,406	9,212		2,168			
055 ELECTROENCEPHALOGRAPH	73,915	200	200			200	101			
055 30 MEDICAL SUPPLIES CHARGED TO	7,869,494									
056 IMPL. DEV. CHARGED TO										
059 DRUGS CHARGED TO PATIENT	2,610,510									
061 CANCER CENTER	1,806,902	17,800	17,800	6,570	17,800		687			
061 01 OUTPAT SERVICE COST CENTER										
061 02 EMERGENCY	3,953,731	27,926	27,926	75,125	27,926		5,023			
062 01 OUTPATIENT PSYCH	256,023						430			
062 02 WOUND CARE	28,714						34			
063 OBSERVATION BEDS (NON-FAMILY PRACTICE)										
063 50 RURAL HEALTH CLINIC	870,441	3,200	3,200	243	3,200		951			
063 51 RURAL HEALTH CLINIC 2	367,352	2,794	2,794		2,794		444			
063 52 RURAL HEALTH CLINIC 3	929,715	6,750	6,750	1,105	6,750		820			
071 OTHER REIMBURSEMENT COST CENTER										
095 HOME HEALTH AGENCY	1,255,755	3,650	3,650			3,650	1,398			
095 SPEC PURPOSE COST CENTER										
095 SUBTOTALS	61,802,723	200,530	176,426	508,897	175,124	255,423	52,317			
096 NONREIMBURSEMENT COST CENTER										
098 GIFT, FLOWER, COFFEE										
099 PHYSICIANS' PRIVATE OFFICE	5,198,397	39,859	39,859	2,189	39,859		4,496			
100 NONPAID WORKERS										
100 01 RENTAL										
100 02 CHILD DEVELOPMENT CENTER	1,616,590	17,133	17,133		17,133		3,533			
100 03 OTHER NONREIMBURSEABLE										
101 MEDICAL BUILDING	4,451,768						792			
102 CROSS FOOT ADJUSTMENT										
103 NEGATIVE COST CENTER										
103 COST TO BE ALLOCATED	21,052,746	352,267	3,045,087	398,847	1,153,932	1,637,005	1,163,741			
104 (WRKSHT B, PART I)										
104 UNIT COST MULTIPLIER		1.367910		.780391		6.408996				
105 (WRKSHT B, PART II)	.288120		13.045639		4.971359		19.034659			
105 COST TO BE ALLOCATED										
106 (WRKSHT B, PART III)										
106 UNIT COST MULTIPLIER										
107 (WRKSHT B, PART III)										
107 COST TO BE ALLOCATED	2,164,196	9,708	322,873	13,021	40,539	91,623	92,977			
108 (WRKSHT B, PART III)										
108 UNIT COST MULTIPLIER	.029618	.037698	1.383240	.025477	.174650	.358711	1.520773			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0025  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/23/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINISTRATION (DIRECTING HRS)	CENTRAL SERVICES & SUPPLY NR(COSTED)EQUI S.	PHARMACY R(COSTED)EQUI S.	MEDICAL RECORDS & LIBRARY R(TIME)SPENT
GENERAL SERVICE COST	14	15	16	17
003 NEW CAP REL COSTS-BLD				
003 01 NEW CAP REL COSTS-NEW				
003 02 NEW CAP REL COSTS-OLD				
004 NEW CAP REL COSTS-MVB				
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	596,010			
015 CENTRAL SERVICES & SUPPLY	7,349	100		
016 PHARMACY			100	
017 MEDICAL RECORDS & LIBRARY				47,192
025 ADULTS & PEDIATRICS	248,216			28,224
026 INTENSIVE CARE UNIT	66,678			6,148
031 SUBPROVIDER	33,269			3,310
033 NURSERY	18,947			2,358
ANCILLARY SERVICE COST CENTER				
037 OPERATING ROOM	37,487			
038 RECOVERY ROOM	28,286			
039 DELIVERY ROOM & LABOR	21,693			
040 ANESTHESIOLOGY	2,042			
041 RADIOLOGY-DIAGNOSTIC				
043 RADIOISOTOPE				
044 LABORATORY				
046 WHOLE BLOOD & PACKED				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	14,213			
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHARACTER		100		
055 30 IMPL. DEV. CHARGED TO				
056 DRUGS CHARGED TO PATIENT			100	
059 CANCER CENTER				
061 OUTPAT SERVICE COST CENTER				
061 EMERGENCY	88,032			7,152
061 01 OUTPATIENT PSYCH				
061 02 WOUND CARE	714			
062 OBSERVATION BEDS (NON				
063 FAMILY PRACTICE				
063 50 RURAL HEALTH CLINIC				
063 51 RURAL HEALTH CLINIC 2				
063 52 RURAL HEALTH CLINIC 3				
OTHER REIMBURSEMENT COST CENTER				
071 HOME HEALTH AGENCY	29,084			
SPECIAL PURPOSE COST CENTER				
095 SUBTOTALS	596,010	100	100	47,192
NONREIMBURSEMENT COST CENTER				
096 GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE OFFICE				
099 NONPAID WORKERS				
100 RENTAL				
100 01 CHILD DEVELOPMENT CENTER				
100 02 OTHER NONREIMBURSEABLE				
100 03 MEDICAL BUILDING				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	706,196	472,430	3,545,207	1,537,676
(PER WORKSHEET B, PART				
UNIT COST MULTIPLIER		4,724.300000		32.583404
(WORKSHEET B, PART I)	1.184873		35,452.070000	
105 COST TO BE ALLOCATED				
(PER WORKSHEET B, PART				
UNIT COST MULTIPLIER				
(WORKSHEET B, PART II)				
107 COST TO BE ALLOCATED	48,544	48,470	318,394	57,045
(PER WORKSHEET B, PART				
UNIT COST MULTIPLIER		484.700000		1.208785
(WORKSHEET B, PART III)	.081448		3,183.940000	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,871,942		12,871,942		12,871,942
26	INTENSIVE CARE UNIT	3,704,350		3,704,350		3,704,350
31	SUBPROVIDER	2,041,289		2,041,289		2,041,289
33	NURSERY	821,229		821,229		821,229
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,203,582		3,203,582		3,203,582
38	RECOVERY ROOM	1,636,472		1,636,472		1,636,472
39	DELIVERY ROOM & LABOR ROO	1,226,962		1,226,962		1,226,962
40	ANESTHESIOLOGY	961,607		961,607	72,273	1,033,880
41	RADIOLOGY-DIAGNOSTIC	5,174,687		5,174,687		5,174,687
43	RADIOISOTOPE	710,082		710,082		710,082
44	LABORATORY	4,869,687		4,869,687	261,000	5,130,687
46	WHOLE BLOOD & PACKED RED	1,079,776		1,079,776		1,079,776
49	RESPIRATORY THERAPY	1,586,917		1,586,917		1,586,917
50	PHYSICAL THERAPY	3,084,747		3,084,747		3,084,747
52	SPEECH PATHOLOGY	253,434		253,434		253,434
53	ELECTROCARDIOLOGY	3,465,341		3,465,341		3,465,341
54	ELECTROENCEPHALOGRAPHY	101,011		101,011		101,011
55	MEDICAL SUPPLIES CHARGED	10,609,252		10,609,252		10,609,252
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	6,907,857		6,907,857		6,907,857
59	CANCER CENTER	2,690,762		2,690,762	43,943	2,734,705
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,125,805		6,125,805	143,042	6,268,847
61	01 OUTPATIENT PSYCH	337,973		337,973		337,973
61	02 WOUND CARE	38,480		38,480		38,480
62	OBSERVATION BEDS (NON-DIS	489,943		489,943		489,943
63	FAMILY PRACTICE					
63	50 RURAL HEALTH CLINIC	1,201,555		1,201,555		1,201,555
63	51 RURAL HEALTH CLINIC 2	535,806		535,806		535,806
63	52 RURAL HEALTH CLINIC 3	1,344,902		1,344,902		1,344,902
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	77,075,450		77,075,450	520,258	77,595,708
102	LESS OBSERVATION BEDS	489,943		489,943		489,943
103	TOTAL	76,585,507		76,585,507	520,258	77,105,765

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,664,644		6,664,644			
26	INTENSIVE CARE UNIT	1,583,411		1,583,411			
31	SUBPROVIDER	1,421,675		1,421,675			
33	NURSERY	420,924		420,924			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,174,774	6,167,362	14,342,136	.223369	.223369	.223369
38	RECOVERY ROOM	1,271,292	1,359,063	2,630,355	.622149	.622149	.622149
39	DELIVERY ROOM & LABOR ROO	707,304	113,497	820,801	1.494835	1.494835	1.494835
40	ANESTHESIOLOGY		1,311,890	1,311,890	.732994	.732994	.788084
41	RADIOLOGY-DIAGNOSTIC	7,930,809	16,682,530	24,613,339	.210239	.210239	.210239
43	RADIOISOTOPE	694,447	1,648,368	2,342,815	.303089	.303089	.303089
44	LABORATORY	13,804,566	14,996,048	28,800,614	.169083	.169083	.178145
46	WHOLE BLOOD & PACKED RED	969,290	490,630	1,459,920	.739613	.739613	.739613
49	RESPIRATORY THERAPY	1,237,858	186,153	1,424,011	1.114399	1.114399	1.114399
50	PHYSICAL THERAPY	979,350	2,819,257	3,798,607	.812073	.812073	.812073
52	SPEECH PATHOLOGY	66,029	273,963	339,992	.745412	.745412	.745412
53	ELECTROCARDIOLOGY	5,314,021	9,698,102	15,012,123	.230836	.230836	.230836
54	ELECTROENCEPHALOGRAPHY	43,012	70,853	113,865	.887112	.887112	.887112
55	MEDICAL SUPPLIES CHARGED	45,682,831	25,649,623	71,332,454	.148730	.148730	.148730
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	27,069,034	10,290,064	37,359,098	.184904	.184904	.184904
59	CANCER CENTER	63,556	5,535,573	5,599,129	.480568	.480568	.488416
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,016,099	2,148,155	3,164,254	1.935940	1.935940	1.981145
61	01 OUTPATIENT PSYCH		91,352	91,352	3.699678	3.699678	3.699678
61	02 WOUND CARE	389	46,593	46,982	.819037	.819037	.819037
62	OBSERVATION BEDS (NON-DIS		370,267	370,267	1.323215	1.323215	1.323215
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC		291,031	291,031	4.128615	4.128615	4.128615
63	51 RURAL HEALTH CLINIC 2		397,859	397,859	1.346723	1.346723	1.346723
63	52 RURAL HEALTH CLINIC 3		273,579	273,579	4.915955	4.915955	4.915955
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	125,115,315	100,911,812	226,027,127			
102	LESS OBSERVATION BEDS						
103	TOTAL	125,115,315	100,911,812	226,027,127			





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	3,203,582	499,802	2,703,780			3,203,582
38	RECOVERY ROOM	1,636,472	115,107	1,521,365			1,636,472
39	DELIVERY ROOM & LABOR ROO	1,226,962	43,200	1,183,762			1,226,962
40	ANESTHESIOLOGY	961,607	37,935	923,672			961,607
41	RADIOLOGY-DIAGNOSTIC	5,174,687	768,876	4,405,811			5,174,687
43	RADIOISOTOPE	710,082	20,425	689,657			710,082
44	LABORATORY	4,869,687	331,821	4,537,866			4,869,687
46	WHOLE BLOOD & PACKED RED	1,079,776	30,892	1,048,884			1,079,776
49	RESPIRATORY THERAPY	1,586,917	91,578	1,495,339			1,586,917
50	PHYSICAL THERAPY	3,084,747	143,318	2,941,429			3,084,747
52	SPEECH PATHOLOGY	253,434	8,089	245,345			253,434
53	ELECTROCARDIOLOGY	3,465,341	467,826	2,997,515			3,465,341
54	ELECTROENCEPHALOGRAPHY	101,011	7,313	93,698			101,011
55	MEDICAL SUPPLIES CHARGED	10,609,252	281,574	10,327,678			10,609,252
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	6,907,857	395,712	6,512,145			6,907,857
59	CANCER CENTER	2,690,762	588,047	2,102,715			2,690,762
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,125,805	997,057	5,128,748			6,125,805
61	01 OUTPATIENT PSYCH	337,973	17,994	319,979			337,973
61	02 WOUND CARE	38,480	964	37,516			38,480
62	OBSERVATION BEDS (NON-DIS	489,943	29,808	460,135			489,943
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC	1,201,555	65,808	1,135,747			1,201,555
63	51 RURAL HEALTH CLINIC 2	535,806	41,413	494,393			535,806
63	52 RURAL HEALTH CLINIC 3	1,344,902	116,218	1,228,684			1,344,902
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	57,636,640	5,100,777	52,535,863			57,636,640
102	LESS OBSERVATION BEDS	489,943	29,808	460,135			489,943
103	TOTAL	57,146,697	5,070,969	52,075,728			57,146,697



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	3,203,582	499,802	2,703,780			3,203,582
38	RECOVERY ROOM	1,636,472	115,107	1,521,365			1,636,472
39	DELIVERY ROOM & LABOR ROO	1,226,962	43,200	1,183,762			1,226,962
40	ANESTHESIOLOGY	961,607	37,935	923,672			961,607
41	RADIOLOGY-DIAGNOSTIC	5,174,687	768,876	4,405,811			5,174,687
43	RADIOISOTOPE	710,082	20,425	689,657			710,082
44	LABORATORY	4,869,687	331,821	4,537,866			4,869,687
46	WHOLE BLOOD & PACKED RED	1,079,776	30,892	1,048,884			1,079,776
49	RESPIRATORY THERAPY	1,586,917	91,578	1,495,339			1,586,917
50	PHYSICAL THERAPY	3,084,747	143,318	2,941,429			3,084,747
52	SPEECH PATHOLOGY	253,434	8,089	245,345			253,434
53	ELECTROCARDIOLOGY	3,465,341	467,826	2,997,515			3,465,341
54	ELECTROENCEPHALOGRAPHY	101,011	7,313	93,698			101,011
55	MEDICAL SUPPLIES CHARGED	10,609,252	281,574	10,327,678			10,609,252
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	6,907,857	395,712	6,512,145			6,907,857
59	CANCER CENTER	2,690,762	588,047	2,102,715			2,690,762
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,125,805	997,057	5,128,748			6,125,805
61	01 OUTPATIENT PSYCH	337,973	17,994	319,979			337,973
61	02 WOUND CARE	38,480	964	37,516			38,480
62	OBSERVATION BEDS (NON-DIS	489,943	29,808	460,135			489,943
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC	1,201,555	65,808	1,135,747			1,201,555
63	51 RURAL HEALTH CLINIC 2	535,806	41,413	494,393			535,806
63	52 RURAL HEALTH CLINIC 3	1,344,902	116,218	1,228,684			1,344,902
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	57,636,640	5,100,777	52,535,863			57,636,640
102	LESS OBSERVATION BEDS	489,943	29,808	460,135			489,943
103	TOTAL	57,146,697	5,070,969	52,075,728			57,146,697

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	14,342,136	.223369	.223369
38	RECOVERY ROOM	2,630,355	.622149	.622149
39	DELIVERY ROOM & LABOR ROO	820,801	1.494835	1.494835
40	ANESTHESIOLOGY	1,311,890	.732994	.732994
41	RADIOLOGY-DIAGNOSTIC	24,613,339	.210239	.210239
43	RADIOISOTOPE	2,342,815	.303089	.303089
44	LABORATORY	28,800,614	.169083	.169083
46	WHOLE BLOOD & PACKED RED	1,459,920	.739613	.739613
49	RESPIRATORY THERAPY	1,424,011	1.114399	1.114399
50	PHYSICAL THERAPY	3,798,607	.812073	.812073
52	SPEECH PATHOLOGY	339,992	.745412	.745412
53	ELECTROCARDIOLOGY	15,012,123	.230836	.230836
54	ELECTROENCEPHALOGRAPHY	113,865	.887112	.887112
55	MEDICAL SUPPLIES CHARGED	71,332,454	.148730	.148730
55	30 IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	37,359,098	.184904	.184904
59	CANCER CENTER	5,599,129	.480568	.480568
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	3,164,254	1.935940	1.935940
61	01 OUTPATIENT PSYCH	91,352	3.699678	3.699678
61	02 WOUND CARE	46,982	.819037	.819037
62	OBSERVATION BEDS (NON-DIS	370,267	1.323215	1.323215
63	FAMILY PRACTICE			
63	50 RURAL HEALTH CLINIC	291,031	4.128615	4.128615
63	51 RURAL HEALTH CLINIC 2	397,859	1.346723	1.346723
63	52 RURAL HEALTH CLINIC 3	273,579	4.915955	4.915955
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	215,936,473		
102	LESS OBSERVATION BEDS	370,267		
103	TOTAL	215,566,206		





TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		499,802	14,342,136	4,515,284		
38	RECOVERY ROOM		115,107	2,630,355	625,310		
39	DELIVERY ROOM & LABOR ROO		43,200	820,801	12,137		
40	ANESTHESIOLOGY		37,935	1,311,890			
41	RADIOLOGY-DIAGNOSTIC		768,876	24,613,339	4,954,815		
43	RADIOISOTOPE		20,425	2,342,815	484,960		
44	LABORATORY		331,821	28,800,614	8,789,795		
46	WHOLE BLOOD & PACKED RED		30,892	1,459,920	631,794		
49	RESPIRATORY THERAPY		91,578	1,424,011	808,278		
50	PHYSICAL THERAPY		143,318	3,798,607	754,753		
52	SPEECH PATHOLOGY		8,089	339,992	51,894		
53	ELECTROCARDIOLOGY		467,826	15,012,123	3,118,037		
54	ELECTROENCEPHALOGRAPHY		7,313	113,865	28,946		
55	MEDICAL SUPPLIES CHARGED		281,574	71,332,454	25,520,376		
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		395,712	37,359,098	14,340,303		
59	CANCER CENTER		588,047	5,599,129	50,236		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		997,057	3,164,254	585,676		
61	01 OUTPATIENT PSYCH		17,994	91,352			
61	02 WOUND CARE		964	46,982	361		
62	OBSERVATION BEDS (NON-DIS		29,808	370,267			
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC						
63	51 RURAL HEALTH CLINIC 2						
63	52 RURAL HEALTH CLINIC 3						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		4,877,338	214,974,004	65,272,955		



APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

PROVIDER NO: 26-0025  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/23/2011  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					18,233	
26	INTENSIVE CARE UNIT					2,176	
31	SUBPROVIDER					2,933	
33	NURSERY					1,447	
101	TOTAL					24,789	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	11,173	
26	INTENSIVE CARE UNIT	1,412	
31	SUBPROVIDER	971	
33	NURSERY		
101	TOTAL	13,556	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CANCER CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
61	01 OUTPATIENT PSYCH						
61	02 WOUND CARE						
62	OBSERVATION BEDS (NON-DIS						
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC						
63	51 RURAL HEALTH CLINIC 2						
63	52 RURAL HEALTH CLINIC 3						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			14,342,136			4,515,284	
38	OPERATING ROOM			2,630,355			625,310	
39	RECOVERY ROOM			820,801			12,137	
40	DELIVERY ROOM & LABOR ROO			1,311,890				
41	ANESTHESIOLOGY			24,613,339			4,954,815	
43	RADIOLOGY-DIAGNOSTIC			2,342,815			484,960	
44	RADIOISOTOPE			28,800,614			8,789,795	
46	LABORATORY			1,459,920			631,794	
49	WHOLE BLOOD & PACKED RED			1,424,011			808,278	
50	RESPIRATORY THERAPY			3,798,607			754,753	
52	PHYSICAL THERAPY			339,992			51,894	
53	SPEECH PATHOLOGY			15,012,123			3,118,037	
54	ELECTROCARDIOLOGY			113,865			28,946	
55	ELECTROENCEPHALOGRAPHY			71,332,454			25,520,376	
55	MEDICAL SUPPLIES CHARGED							
56	30 IMPL. DEV. CHARGED TO PAT			37,359,098			14,340,303	
59	CANCER CENTER			5,599,129			50,236	
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			3,164,254			585,676	
61	01 OUTPATIENT PSYCH			91,352				
61	02 WOUND CARE			46,982			361	
62	OBSERVATION BEDS (NON-DIS			370,267				
63	FAMILY PRACTICE							
63	50 RURAL HEALTH CLINIC							
63	51 RURAL HEALTH CLINIC 2							
63	52 RURAL HEALTH CLINIC 3							
101	OTHER REIMBURS COST CNTRS							
101	TOTAL			214,974,004			65,272,955	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		2, 217, 530				
38	RECOVERY ROOM		540, 507				
39	DELIVERY ROOM & LABOR ROO		2, 875				
40	ANESTHESIOLOGY		298, 623				
41	RADIOLOGY-DIAGNOSTIC		4, 632, 046				
43	RADIOISOTOPE		914, 301				
44	LABORATORY		787, 325				
46	WHOLE BLOOD & PACKED RED		291, 970				
49	RESPIRATORY THERAPY		56, 283				
50	PHYSICAL THERAPY		12, 988				
52	SPEECH PATHOLOGY		4, 706				
53	ELECTROCARDIOLOGY		5, 000, 908				
54	ELECTROENCEPHALOGRAPHY		20, 463				
55	MEDICAL SUPPLIES CHARGED		8, 959, 084				
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		3, 666, 807				
59	CANCER CENTER		2, 770, 946				
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		539, 199				
61	01 OUTPATIENT PSYCH						
61	02 WOUND CARE		25, 750				
62	OBSERVATION BEDS (NON-DIS		102, 498				
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC						
63	51 RURAL HEALTH CLINIC 2						
63	52 RURAL HEALTH CLINIC 3						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		30, 844, 809				



TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM			355	2,217,530	
38 RECOVERY ROOM			87	540,507	
39 DELIVERY ROOM & LABOR ROOM				2,875	
40 ANESTHESIOLOGY			48	298,623	
41 RADIOLOGY-DIAGNOSTIC			742	4,632,046	
43 RADIOISOTOPE			146	914,301	
44 LABORATORY			126	787,325	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			47	291,970	
49 RESPIRATORY THERAPY			9	56,283	
50 PHYSICAL THERAPY			2	12,988	
52 SPEECH PATHOLOGY			1	4,706	
53 ELECTROCARDIOLOGY			801	5,000,908	
54 ELECTROENCEPHALOGRAPHY			3	20,463	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			1,435	8,959,084	
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS			588	3,666,807	
59 CANCER CENTER			444	2,770,946	
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY			86	539,199	
61 01 OUTPATIENT PSYCH					
61 02 WOUND CARE			4	25,750	
62 OBSERVATION BEDS (NON-DISTINCT PART)			16	102,498	
63 FAMILY PRACTICE					
63 50 RURAL HEALTH CLINIC					
63 51 RURAL HEALTH CLINIC 2					
63 52 RURAL HEALTH CLINIC 3					
101 SUBTOTAL			4,940	30,844,809	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES			4,940	30,844,809	

(A) WORKSHEET A LINE NUMBERS

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





TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.184904
2	PROGRAM VACCINE CHARGES		21,885
3	PROGRAM COSTS		4,047







TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			14,342,136				
	OPERATING ROOM			2,630,355				
38	RECOVERY ROOM			820,801				
39	DELIVERY ROOM & LABOR ROO			1,311,890				
40	ANESTHESIOLOGY			24,613,339			36,267	
41	RADIOLOGY-DIAGNOSTIC			2,342,815				
43	RADIOISOTOPE			28,800,614			99,112	
44	LABORATORY			1,459,920			216	
46	WHOLE BLOOD & PACKED RED			1,424,011			1,178	
49	RESPIRATORY THERAPY			3,798,607			1,168	
50	PHYSICAL THERAPY			339,992				
52	SPEECH PATHOLOGY			15,012,123			11,069	
53	ELECTROCARDIOLOGY			113,865				
54	ELECTROENCEPHALOGRAPHY			71,332,454			9,025	
55	MEDICAL SUPPLIES CHARGED							
55	30 IMPL. DEV. CHARGED TO PAT			37,359,098			123,199	
56	DRUGS CHARGED TO PATIENTS			5,599,129				
59	CANCER CENTER							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			3,164,254			9,435	
61	01 OUTPATIENT PSYCH			91,352				
61	02 WOUND CARE			46,982				
62	OBSERVATION BEDS (NON-DIS			370,267				
63	FAMILY PRACTICE							
63	50 RURAL HEALTH CLINIC							
63	51 RURAL HEALTH CLINIC 2							
63	52 RURAL HEALTH CLINIC 3							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			214,974,004			290,669	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CANCER CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
61	01 OUTPATIENT PSYCH						
61	02 WOUND CARE						
62	OBSERVATION BEDS (NON-DIS						
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC						
63	51 RURAL HEALTH CLINIC 2						
63	52 RURAL HEALTH CLINIC 3						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						













TITLE XVIII PART A SUBPROVIDER I PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	695.97
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,041,289			
87	NEW CAPITAL-RELATED COST	137,421	.067321		
88	NON PHYSICIAN ANESTHETIST	2,041,289			
89	MEDICAL EDUCATION	2,041,289			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				













TITLE XVIII, PART A      HOSPITAL      PPS

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		4,641,200	
26	INTENSIVE CARE UNIT		1,025,231	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.223369	4,515,284	1,008,574
38	RECOVERY ROOM	.622149	625,310	389,036
39	DELIVERY ROOM & LABOR ROOM	1.494835	12,137	18,143
40	ANESTHESIOLOGY	.788084		
41	RADIOLOGY-DIAGNOSTIC	.210239	4,954,815	1,041,695
43	RADIOISOTOPE	.303089	484,960	146,986
44	LABORATORY	.178145	8,789,795	1,565,858
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.739613	631,794	467,283
49	RESPIRATORY THERAPY	1.114399	808,278	900,744
50	PHYSICAL THERAPY	.812073	754,753	612,915
52	SPEECH PATHOLOGY	.745412	51,894	38,682
53	ELECTROCARDIOLOGY	.230836	3,118,037	719,755
54	ELECTROENCEPHALOGRAPHY	.887112	28,946	25,678
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.148730	25,520,376	3,795,646
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.184904	14,340,303	2,651,579
59	CANCER CENTER	.488416	50,236	24,536
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1.981145	585,676	1,160,309
61	01 OUTPATIENT PSYCH	3.699678		
61	02 WOUND CARE	.819037	361	296
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.323215		
63	FAMILY PRACTICE			
63	50 RURAL HEALTH CLINIC			
63	51 RURAL HEALTH CLINIC 2			
63	52 RURAL HEALTH CLINIC 3			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		65,272,955	14,567,715
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		65,272,955	







PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,397	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		8,446,824
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		7,239,380
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		.882
1.04	LINE 1.01 TIMES LINE 1.03.		7,450,099
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		97.17
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		179,111
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	5,397	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	26,825	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	26,825	
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)	26,825	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21,428	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,397	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,418,491	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		75
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,620,059	
19	SUBTOTAL (SEE INSTRUCTIONS)	5,803,754	
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	5,803,754	
24	PRIMARY PAYER PAYMENTS	1,233	
25	SUBTOTAL	5,802,521	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	17,285	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	12,100	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	5,814,621	
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	5,814,621	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	6,232,057	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	-417,436	
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)		







PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	694,060	
1.09	NET IPF PPS OUTLIER PAYMENTS	48,915	
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	8.035616	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	742,975	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	742,975	
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)	742,975	
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL	742,975	
7	DEDUCTIBLES	90,756	
8	SUBTOTAL	652,219	
9	COINSURANCE		
10	SUBTOTAL	652,219	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL	652,219	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)		652,219
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS		652,219
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM		
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	1,182,654			
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12	1,182,654			
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	INTERNS AND RESIDENTS SERVICE CHARGES			
18	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
19	TEACHING PHYSICIANS			
20	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
21	TOTAL REASONABLE CHARGES			
22	CUSTOMARY CHARGES			
23	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
24	PAYMENT FOR SERVICES ON A CHARGE BASIS			
25	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
26	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
27	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
28	RATIO OF LINE 17 TO LINE 18			
29	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
30	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
31	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
32	1,182,654			
33	COST OF COVERED SERVICES			
34	1,182,654			
35	PROSPECTIVE PAYMENT AMOUNT			
36	OTHER THAN OUTLIER PAYMENTS			
37	OUTLIER PAYMENTS			
38	PROGRAM CAPITAL PAYMENTS			
39	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
40	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
41	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
42	SUBTOTAL			
43	1,182,654			
44	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
45	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
46	XVIII ENTER AMOUNT FROM LINE 30			
47	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
48	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
49	EXCESS OF REASONABLE COST			
50	1,182,654			
51	SUBTOTAL			
52	COINSURANCE			
53	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
54	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
55	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
56	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
57	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
58	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
59	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
60	UTILIZATION REVIEW			
61	SUBTOTAL (SEE INSTRUCTIONS)			
62	INPATIENT ROUTINE SERVICE COST			
63	MEDICARE INPATIENT ROUTINE CHARGES			
64	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
65	PAYMENT FOR SERVICES ON A CHARGE BASIS			
66	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
67	FOR PAYMENT OF PART A SERVICES			
68	RATIO OF LINE 43 TO 44			
69	TOTAL CUSTOMARY CHARGES			
70	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
71	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
72	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
73	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
74	OTHER ADJUSTMENTS (SPECIFY)			
75	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
76	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
77	SUBTOTAL			
78	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
79	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
80	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
81	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
82	INTERIM PAYMENTS			
83	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
84	BALANCE DUE PROVIDER/PROGRAM			
85	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
-		PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		567,216	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		567,216	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		567,216	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		567,216	
23	COST OF COVERED SERVICES		567,216	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		567,216	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		567,216	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		567,216	
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
26-S025		PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

SUBPROVIDER 1

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	8,050,601			
2	TEMPORARY INVESTMENTS	1,969,740			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	13,313,969			
5	OTHER RECEIVABLES	1,395,375			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,301,765			
8	PREPAID EXPENSES	549,085			
9	OTHER CURRENT ASSETS	973,544			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	28,554,079			
FIXED ASSETS					
12	LAND	2,172,770			
12.01	LAND IMPROVEMENTS	7,192,014			
13.01	LESS ACCUMULATED DEPRECIATION	-3,921,558			
14	BUILDINGS	42,940,418			
14.01	LESS ACCUMULATED DEPRECIATION	-20,492,435			
15	LEASEHOLD IMPROVEMENTS	18,324,906			
15.01	LESS ACCUMULATED DEPRECIATION	-4,494,776			
16	FIXED EQUIPMENT	98,327			
16.01	LESS ACCUMULATED DEPRECIATION	-90,022			
17	AUTOMOBILES AND TRUCKS	456,862			
17.01	LESS ACCUMULATED DEPRECIATION	-391,415			
18	MAJOR MOVABLE EQUIPMENT	49,704,560			
18.01	LESS ACCUMULATED DEPRECIATION	-34,137,600			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	57,362,051			
OTHER ASSETS					
22	INVESTMENTS	25,404,506			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	5,618,388			
26	TOTAL OTHER ASSETS	31,022,894			
27	TOTAL ASSETS	116,939,024			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,752,576			
29 SALARIES, WAGES & FEES PAYABLE	6,365,950			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	129,740			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,958,644			
36 TOTAL CURRENT LIABILITIES	14,206,910			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	25,078,499			
39 UNSECURED LOANS	4,018,152			
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	7,488,374			
42 TOTAL LONG-TERM LIABILITIES	36,585,025			
43 TOTAL LIABILITIES	50,791,935			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	66,147,089			
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	66,147,089			
52 TOTAL LIABILITIES AND FUND BALANCES	116,939,024			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		57,867,533		
2	NET INCOME (LOSS)		8,279,556		
3	TOTAL		66,147,089		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		66,147,089		
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		66,147,089		

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



STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	239,133,658
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	134,353,006
3	NET PATIENT REVENUES	104,780,652
4	LESS: TOTAL OPERATING EXPENSES	100,717,555
5	NET INCOME FROM SERVICE TO PATIENTS	4,063,097
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	683,092
7	INCOME FROM INVESTMENTS	34,991
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	DIABETES CENTER	31,287
24.01	RENTAL INCOME	217,271
24.02	NONOPERATING INCOME	1,717,987
24.03	OTHER REVENUE	1,522,694
24.04	ROUNDING/CLASSIFICATION VARIANCES	9,137
25	TOTAL OTHER INCOME	4,216,459
26	TOTAL	8,279,556
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	8,279,556

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	192,373	11,010			166,551	369,934
HHA REIMBURSABLE SERVICES						
6	363,324	20,795			16,402	400,521
7	176,729	10,115				186,844
8	36,470	2,087			3,892	42,449
9	16,789	961			551	18,301
10						
11						
12						
13					89	89
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	785,685	44,968			187,485	1,018,138

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		369,934		369,934
HHA REIMBURSABLE SERVICES				
6		400,521		400,521
7		186,844		186,844
8		42,449		42,449
9		18,301		18,301
10				
11				
12				
13		89		89
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1,018,138		1,018,138

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							
		369,934				369,934	369,934
HHA REIMBURSABLE SERVICES							
6		400,521				400,521	228,580
7		186,844				186,844	106,633
8		42,449				42,449	24,226
9		18,301				18,301	10,444
10							
11							
12							
13		89				89	51
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		1,018,138				1,018,138	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		629,101					
6		293,477					
7		66,675					
8		28,745					
9							
10							
11							
12							
13		140					
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		1,018,138					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	100				
2	CAP-REL COST-MOV EQUIP		100			
3	PLANT OPER & MAINT			100		
4	TRANSPORTATION				100	
5	ADMINISTRATIVE & GENERAL	100	100	100	100	-369,934
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					400,521
7	PHYSICAL THERAPY					186,844
8	OCCUPATIONAL THERAPY					42,449
9	SPEECH PATHOLOGY					18,301
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					
12	SUPPLIES					
13	DRUGS					89
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)	100	100	100	100	-369,934
25	COST TO BE ALLOCATED					369,934
26	UNIT COST MULTIPLIER					.570706

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-NEW BL 3.01	NEW CAP REL COSTS-OLD BL 3.02	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL			32,291		32,400	42,341
2 SKILLED NURSING CARE	629,101					79,966
3 PHYSICAL THERAPY	293,477					38,897
4 OCCUPATIONAL THERAPY	66,675					8,027
5 SPEECH PATHOLOGY	28,745					3,695
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS	140					
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)	1,018,138		32,291		32,400	172,926
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
1 ADMIN & GENERAL	107,032	30,838	4,993	47,617		18,145
2 SKILLED NURSING CARE	709,067	204,296				
3 PHYSICAL THERAPY	332,374	95,764				
4 OCCUPATIONAL THERAPY	74,702	21,523				
5 SPEECH PATHOLOGY	32,440	9,347				
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS	140	40				
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)	1,255,755	361,808	4,993	47,617		18,145
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	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
1 ADMIN & GENERAL		26,610	34,461			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		26,610	34,461			
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	269,696		269,696		
2 SKILLED NURSING CARE	913,363		913,363	166,474	1,079,837
3 PHYSICAL THERAPY	428,138		428,138	78,035	506,173
4 OCCUPATIONAL THERAPY	96,225		96,225	17,538	113,763
5 SPEECH PATHOLOGY	41,787		41,787	7,616	49,403
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS	180		180	33	213
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)	1,749,389		1,749,389	269,696	1,749,389
21 UNIT COST MULTIPLIER				0.182265	

(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-NEW BL (SQUARE FEET)	NEW CAP REL COSTS-OLD BL (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	3	3.01	3.02	4	5	6A
1 ADMIN & GENERAL		3,650		22,655	192,373	
2 SKILLED NURSING CARE					363,324	
3 PHYSICAL THERAPY					176,729	
4 OCCUPATIONAL THERAPY					36,470	
5 SPEECH PATHOLOGY					16,789	
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)		3,650		22,655	785,685	
21 COST TO BE ALLOCATED		32,291		32,400	172,926	
22 UNIT COST MULTIPLIER		8.846849		1.430148	0.220096	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)
	6	7	8	9	10	11
1 ADMIN & GENERAL	107,032	3,650	3,650		3,650	
2 SKILLED NURSING CARE	709,067					
3 PHYSICAL THERAPY	332,374					
4 OCCUPATIONAL THERAPY	74,702					
5 SPEECH PATHOLOGY	32,440					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS	140					
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)	1,255,755	3,650	3,650		3,650	
21 COST TO BE ALLOCATED	361,808	4,993	47,617		18,145	
22 UNIT COST MULTIPLIER	0.288120	1.367945	13.045753		4.971233	

HHA 1

	CAFETERIA (FTEs)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUI S.)	PHARMACY (COSTED EQUI S.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
HHA COST CENTER	12	14	15	16	17
1 ADMIN & GENERAL	1,398	29,084			
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)	1,398	29,084			
21 COST TO BE ALLOCATED	26,610	34,461			
22 UNIT COST MULTIPLIER	19.034335	1.184878			

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,079,837		1,079,837	4,506	239.64	1,908
2 PHYSICAL THERAPY	3	506,173		506,173	2,200	230.08	935
3 OCCUPATIONAL THERAPY	4	113,763		113,763	454	250.58	239
4 SPEECH PATHOLOGY	5	49,403		49,403	209	236.38	33
5 MEDICAL SOCIAL SERVICES	6				18		13
6 HOME HEALTH AIDE SERVICE	7				746		444
7 TOTAL		1,749,176		1,749,176	8,133		3,572

	-----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	12
1 SKILLED NURSING		888	457,233	212,800		670,033
2 PHYSICAL THERAPY		517	215,125	118,951		334,076
3 OCCUPATIONAL THERAPY		63	59,889	15,787		75,676
4 SPEECH PATHOLOGY		1	7,801	236		8,037
5 MEDICAL SOCIAL SERVICES		5				
6 HOME HEALTH AIDE SERVICES		214				
7 TOTAL		1,688	740,048	347,774		1,087,822

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

PROVIDER NO: 26-0025  
 HHA NO: 26-7282  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/23/2011  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				73,286		6,887
16 COST OF DRUGS	9.00	213		213			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	PART A 9	10
15 COST OF MEDICAL SUPPLIES		3,793		
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM FI)	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	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.812073			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52	.745412			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.148730			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30				
5 DRUGS CHARGED TO PATIENTS	56	.184904			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	-----PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE-----		-----PROGRAM COSTS-----		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY		230.08	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY		250.58					
3 SPEECH PATHOLOGY		236.38					
4 TOTAL (SUM OF LINES 1-3)							





CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET L
26-0025		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,577,320
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	31,725
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	54.01
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,609,045
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	254,419	254,419	
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	75,537	75,537	
4	VISITING NURSE			
5	OTHER NURSE	120,508	120,508	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	450,464	450,464	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT	16,636	16,636	
14	SUBTOTAL (SUM OF LINES 11-13)	16,636	16,636	
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES	7,238	7,238	
16	TRANSPORTATION (HEALTH CARE STAFF)			
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS	16,057	16,057	
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	23,295	23,295	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	450,464	39,931	490,395
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		75	75
30	ADMINISTRATIVE COSTS	87,877	140,246	228,123
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	87,877	140,321	228,198
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	538,341	180,252	718,593

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

PROVIDER NO: 26-0025  
COMPONENT NO: 26-8512  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/23/2011  
WORKSHEET M-1

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	254,419		254,419
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	75,537		75,537
4 VISITING NURSE			
5 OTHER NURSE	120,508		120,508
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	450,464		450,464
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT	16,636		16,636
14 SUBTOTAL (SUM OF LINES 11-13)	16,636		16,636
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	7,238		7,238
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS	16,057		16,057
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	23,295		23,295
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	490,395		490,395
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	75		75
30 ADMINISTRATIVE COSTS	228,123		228,123
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	228,198		228,198
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	718,593		718,593

RHC 2

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	33,319	33,319	
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	153,622	153,622	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	186,941	186,941	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT		6,767	
14	SUBTOTAL (SUM OF LINES 11-13)		6,767	
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES			
16	TRANSPORTATION (HEALTH CARE STAFF)		2,024	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS		5,603	
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		7,627	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	186,941	14,394	201,335
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS			
30	ADMINISTRATIVE COSTS	45,891	43,528	89,419
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	45,891	43,528	89,419
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	232,832	57,922	290,754

RHC 2

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN	33,319		33,319
3 PHYSICIAN ASSISTANT			
4 NURSE PRACTITIONER			
5 VISITING NURSE			
6 OTHER NURSE	153,622		153,622
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	186,941		186,941
11 COSTS UNDER AGREEMENT			
12 PHYSICIAN SERVICES UNDER AGREEMENT			
13 PHYSICIAN SUPERVISION UNDER AGREEMENT			
14 OTHER COSTS UNDER AGREEMENT	6,767		6,767
14 SUBTOTAL (SUM OF LINES 11-13)	6,767		6,767
15 OTHER HEALTH CARE COSTS			
16 MEDICAL SUPPLIES	2,024		2,024
17 TRANSPORTATION (HEALTH CARE STAFF)			
18 DEPRECIATION-MEDICAL EQUIPMENT			
19 PROFESSIONAL LIABILITY INSURANCE			
20 OTHER HEALTH CARE COSTS	5,603		5,603
21 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	7,627		7,627
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	201,335		201,335
23 COSTS OTHER THAN RHC/FQHC SERVICES			
24 PHARMACY			
25 DENTAL			
26 OPTOMETRY			
27 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
29 FACILITY OVERHEAD			
30 FACILITY COSTS			
30 ADMINISTRATIVE COSTS	89,419		89,419
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	89,419		89,419
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	290,754		290,754

RHC 3

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN	265,381		265,381	
3 PHYSICIAN ASSISTANT				
4 NURSE PRACTITIONER				
5 VISITING NURSE				
6 OTHER NURSE	126,363		126,363	
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS				
10 SUBTOTAL (SUM OF LINES 1-9)	391,744		391,744	
11 COSTS UNDER AGREEMENT				
12 PHYSICIAN SERVICES UNDER AGREEMENT				
13 PHYSICIAN SUPERVISION UNDER AGREEMENT				
14 OTHER COSTS UNDER AGREEMENT		25,130	25,130	
14 SUBTOTAL (SUM OF LINES 11-13)		25,130	25,130	
15 OTHER HEALTH CARE COSTS				
16 MEDICAL SUPPLIES		2,814	2,814	
17 TRANSPORTATION (HEALTH CARE STAFF)				
18 DEPRECIATION-MEDICAL EQUIPMENT				
19 PROFESSIONAL LIABILITY INSURANCE				
20 OTHER HEALTH CARE COSTS		30,098	30,098	
21 ALLOWABLE GME COSTS				
21 SUBTOTAL (SUM OF LINES 15-20)		32,912	32,912	
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	391,744	58,042	449,786	
23 COSTS OTHER THAN RHC/FQHC SERVICES				
24 PHARMACY				
25 DENTAL				
26 OPTOMETRY				
27 ALL OTHER NONREIMBURSABLE COSTS				
28 NONALLOWABLE GME COSTS				
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
29 FACILITY OVERHEAD				
30 FACILITY COSTS				
30 ADMINISTRATIVE COSTS	157,272	125,294	282,566	
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	157,272	125,294	282,566	
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	549,016	183,336	732,352	

RHC 3

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	265,381		265,381
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER			
4 VISITING NURSE			
5 OTHER NURSE	126,363		126,363
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	391,744		391,744
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT	25,130		25,130
14 SUBTOTAL (SUM OF LINES 11-13)	25,130		25,130
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	2,814		2,814
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS	30,098		30,098
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	32,912		32,912
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	449,786		449,786
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS			
30 ADMINISTRATIVE COSTS	282,566		282,566
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	282,566		282,566
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	732,352		732,352

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET M-2
26-8512		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	1.48	3,556	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.89	2,159	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	2.37	5,715	1,869
5	VISITING NURSE			8,085
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.37	5,715	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	490,395		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	490,395		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	228,198		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	482,962		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	711,160		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	711,160		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	711,160		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,201,555		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	8,085		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	8,085		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET M-2
26-3984		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.18	572	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.91	2,751	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.09	3,323	1,911
5	VISITING NURSE			2,667
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.09	3,323	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	201,335		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	201,335		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	89,419		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	245,052		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	334,471		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	334,471		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	334,471		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	535,806		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	3,323		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3,323		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

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

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
26-0025	FROM 10/ 1/2009	2/23/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET M-2
26-8513		

RHC 3

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.95	3,560	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.73	1,634	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.68	5,194	5,523
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.68	5,194	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	449,786		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	449,786		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	282,566		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	612,550		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	895,116		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	895,116		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	895,116		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,344,902		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	5,523		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5,523		
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.



TITLE XVII RHC 2

* FOR DETERMINATION OF RATE FOR RHC/FQHC SERVICES	UCATION PASS THROUGH COST.
1 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	535,806
2 COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3 TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	535,806
4 TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	3,323
5 PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6 TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	3,323
7 ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	161.24

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8 PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84	77.76
9 RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	76.84	77.76
10 CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	187	559
11 PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	14,369	43,468
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)*		57,837
16.01 PRIMARY PAYER AMOUNT		
17 LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		14,729
18 NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		43,108
19 REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		34,486
20 PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		
21 TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		34,486
22 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
22.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
23 OTHER ADJUSTMENTS (SPECIFY)		
24 NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		34,486
25 INTERIM PAYMENTS		33,781
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		705
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.

TITLE XVII I RHC 3

* FOR DETERMINATION OF RATE FOR RHC/FQHC SERVICES	UCATION PASS THROUGH COST.
1 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	1,344,902
2 COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3 TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	1,344,902
4 TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	5,523
5 PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6 TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	5,523
7 ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	243.51

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8 PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84	77.76
9 RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	76.84	77.76
10 CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	400	1,200
11 PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	30,736	93,312
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)*		124,048
16.01 PRIMARY PAYER AMOUNT		
17 LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		26,051
18 NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		97,997
19 REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		78,398
20 PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		
21 TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		78,398
22 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
22.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
23 OTHER ADJUSTMENTS (SPECIFY)		
24 NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		78,398
25 INTERIM PAYMENTS		76,728
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		1,670
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.





