

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1333		FROM 3/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 2/28/2011		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/21/2011 TIME 17:42

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:  
 SARAH D CULBERTSON 14-1333

FOR THE COST REPORTING PERIOD BEGINNING 3/ 1/2010 AND ENDING 2/28/2011 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	200,933	101,106	0	0
3	SWING BED - SNF	0	329,404	0	0	0
9	RHC	0	0	45,747	0	0
9 .01	RHC II	0	0	0	0	0
9 .02	RHC III	0	0	0	0	0
100	TOTAL	0	530,337	146,853	0	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 STATISTICAL DATA

PROVIDER NO: 14-1333      PERIOD: FROM 3/1/2010 TO 2/28/2011      PREPARED 6/21/2011 WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	22,153.53			612	52
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						807	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	22,153.53			1,419	52
12 TOTAL	25	9,125	22,153.53			1,419	52
13 RPCH VISITS							
17 OTHER LONG TERM CARE	26	9,490					
24 RURAL HEALTH CLINIC						3,560	
25 TOTAL	51						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			917				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			807				
4 ADULTS & PED-SB NF			189				
5 TOTAL ADULTS AND PEDS			1,913				
12 TOTAL			1,913				
13 RPCH VISITS							
17 OTHER LONG TERM CARE			7,630				
24 RURAL HEALTH CLINIC			17,876				
25 TOTAL							
26 OBSERVATION BED DAYS			311				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			5				
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 XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					186	21	278
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		123.81			186	21	278
13 RPCH VISITS							
17 OTHER LONG TERM CARE		13.35					26
24 RURAL HEALTH CLINIC		24.21					
25 TOTAL		161.37					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

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

PROVIDER NO: 14-1333  
COMPONENT NO: 14-3483  
PERIOD: FROM 3/1/2010 TO 2/28/2011  
PREPARED 6/21/2011  
WORKSHEET S-8

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 238 S. CONGRESS  
1.01 CITY: RUSHVILLE STATE: IL ZIP CODE: 62681 COUNTY: SCHUYLER  
2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			800	1700	800	1700	800	1700	800	1700	800	1700		
12.01 BEARDSTOWN CLINIC I			900	1700	900	1700	900	1700	900	1700	900	1700		
12.02 BEARDSTOWN CLINIC II			900	1700	900	1700	900	1700	900	1700	900	1700		

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

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

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES. Y 3

15 PROVIDER NAME: COMMUNITY MEDICAL CLINIC PROVIDER NUMBER: 143484  
15.01 PROVIDER NAME: BEARDSTOWN CLINIC I PROVIDER NUMBER: 143483  
15.02 PROVIDER NAME: BEARDSTOWN CLINIC II PROVIDER NUMBER: 143480

TITLE V TITLE XVII 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.

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1333  
PERIOD: FROM 3/1/2010 TO 2/28/2011  
PREPARED 6/21/2011  
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		221,241	221,241	11,859	233,100
3.01	0301 NEW CAP REL COSTS-RHCS BLDG/MME		41,805	41,805	753	42,558
3.02	0302 NEW CAP REL COSTS-MED ARTS BLDG/MME		28,611	28,611	1,274	29,885
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		602,506	602,506	11,546	614,052
5	0500 EMPLOYEE BENEFITS		2,577,285	2,577,285		2,577,285
6.02	0652 BUSINESS OFFICE - HOSPITAL	173,523	34,688	208,211		208,211
6.03	0653 BUSINESS OFFICE - LTC	207	115	322		322
6.04	0651 HOSPITAL ONLY ADMIN & GENERAL	321,295	112,343	433,638		433,638
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	744,908	1,174,702	1,919,610	-28,267	1,891,343
7	0700 MAINTENANCE & REPAIRS	171,208	69,715	240,923		240,923
7.01	0701 MAINTENANCE LTC	3,323	7	3,330		3,330
8	0800 OPERATION OF PLANT	60,689	193,913	254,602		254,602
8.01	0801 PLANT & HSKPG - RHCS		18,858	18,858		18,858
10	1000 HOUSEKEEPING	221,515	35,914	257,429	32,753	290,182
10.01	1001 HOUSEKEEPING LTC	45,886		45,886		45,886
11	1100 DIETARY	323,147	302,179	625,326		625,326
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	101,292	9,427	110,719	9,683	120,402
17	1700 MEDICAL RECORDS & LIBRARY	351,350	39,120	390,470		390,470
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	751,641	176,019	927,660	654	928,314
36	3600 OTHER LONG TERM CARE	479,293	73,056	552,349		552,349
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	175,830	115,813	291,643	-33,047	258,596
40	4000 ANESTHESIOLOGY	144,296	122,224	266,520		266,520
41	4100 RADIOLOGY-DIAGNOSTIC	362,503	522,122	884,625	27,425	912,050
44	4400 LABORATORY	385,473	565,534	951,007	43,429	994,436
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		61,630	61,630		61,630
49	4900 RESPIRATORY THERAPY	2,611	94,436	97,047		97,047
50	5000 PHYSICAL THERAPY	533,156	90,015	623,171		623,171
53	5300 ELECTROCARDIOLOGY	85,459	194,726	280,185		280,185
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS		910,143	910,143		910,143
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	144,252	1,319,078	1,463,330	16,370	1,479,700
60.01	6001 RUSHVILLE FAMILY CLINIC				291,236	291,236
61	6100 EMERGENCY	429,866	1,313,994	1,743,860	6,340	1,750,200
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	1,254,665	742,460	1,997,125	-91,607	1,905,518
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	7,267,388	11,763,679	19,031,067	300,401	19,331,468
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	485,418	62,149	547,567	-303,236	244,331
100	7950 CULBERTSON GARDENS	180,383	218,445	398,828	2,835	401,663
100.01	7951 MEDICAL ARTS BUILDING					
100.02	7952 FOUNDATION	16,009	25,680	41,689		41,689
100.03	7953 OUTPATIENT MEALS					
101	TOTAL	7,949,198	12,069,953	20,019,151	-0-	20,019,151

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1333  
PERIOD: FROM 3/1/2010 TO 2/28/2011  
PREPARED 6/21/2011  
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		233,100
3.01	0301 NEW CAP REL COSTS-RHCS BLDG/MME		42,558
3.02	0302 NEW CAP REL COSTS-MED ARTS BLDG/MME		29,885
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		614,052
5	0500 EMPLOYEE BENEFITS	-305,287	2,271,998
6.02	0652 BUSINESS OFFICE - HOSPITAL		208,211
6.03	0653 BUSINESS OFFICE - LTC		322
6.04	0651 HOSPITAL ONLY ADMIN & GENERAL	-43,599	390,039
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	-112,275	1,779,068
7	0700 MAINTENANCE & REPAIRS		240,923
7.01	0701 MAINTENANCE LTC		3,330
8	0800 OPERATION OF PLANT	-740	253,862
8.01	0801 PLANT & HSKPG - RHCS		18,858
10	1000 HOUSEKEEPING		290,182
10.01	1001 HOUSEKEEPING LTC		45,886
11	1100 DIETARY	-108,140	517,186
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		120,402
17	1700 MEDICAL RECORDS & LIBRARY	-9,419	381,051
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		928,314
36	3600 OTHER LONG TERM CARE		552,349
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-24,618	233,978
40	4000 ANESTHESIOLOGY		266,520
41	4100 RADIOLOGY-DIAGNOSTIC		912,050
44	4400 LABORATORY		994,436
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		61,630
49	4900 RESPIRATORY THERAPY		97,047
50	5000 PHYSICAL THERAPY		623,171
53	5300 ELECTROCARDIOLOGY	-34,265	245,920
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		910,143
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-429,696	1,050,004
60.01	6001 RUSHVILLE FAMILY CLINIC	-265,447	25,789
61	6100 EMERGENCY	-237,891	1,512,309
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC	-24,570	1,880,948
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,595,947	17,735,521
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		244,331
100	7950 CULBERTSON GARDENS	-45,048	356,615
100.01	7951 MEDICAL ARTS BUILDING		
100.02	7952 FOUNDATION		41,689
100.03	7953 OUTPATIENT MEALS		
101	TOTAL	-1,640,995	18,378,156

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-RHCS BLDG/MME	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-MED ARTS BLDG/MME	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.02	BUSINESS OFFICE - HOSPITAL	0652	CASHIERING/ACCOUNTS RECEIVABLE
6.03	BUSINESS OFFICE - LTC	0653	CASHIERING/ACCOUNTS RECEIVABLE
6.04	HOSPITAL ONLY ADMIN & GENERAL	0651	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
7.01	MAINTENANCE LTC	0701	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
8.01	PLANT & HSKPG - RHCS	0801	OPERATION OF PLANT
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING LTC	1001	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	RUSHVILLE FAMILY CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	CULBERTSON GARDENS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEDICAL ARTS BUILDING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	FOUNDATION	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OUTPATIENT MEALS	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
141333

PERIOD:  
FROM 3/ 1/2010  
TO 2/28/2011

PREPARED 6/21/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PROPERTY INSURANCE	A	OTHER CAPITAL RELATED COSTS	90		25,432
2		CULBERTSON GARDENS	100		2,835
3 CLINIC/ER/INF CNTR/MED SURG SALARIES	B	NURSING ADMINISTRATION	14	9,683	
4		ADULTS & PEDIATRICS	25	654	
5		CLINIC	60	16,370	
6		EMERGENCY	61	6,340	
7 RHC PHYSICIAN EXPENSE	C	RURAL HEALTH CLINIC	63.50	12,000	
8 RHC EXPENSES	D	RADIOLOGY-DIAGNOSTIC	41	27,425	
9		LABORATORY	44	43,429	
10		HOUSEKEEPING	10	30,381	2,372
11 RUSHVILLE FAM PRACTICE EXPENSES	E	RUSHVILLE FAMILY CLINIC	60.01	264,579	26,657
36 TOTAL RECLASSIFICATIONS				410,861	57,296

(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: 141333	PERIOD: FROM 3/1/2010 TO 2/28/2011	PREPARED 6/21/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 PROPERTY INSURANCE	A	OTHER ADMINISTRATIVE AND GENERAL	6.05		28,267	
2						
3 CLINIC/ER/INF CNTR/MED SURG SALARIES	B	OPERATING ROOM	37	33,047		
4						
5						
6						
7 RHC PHYSICIAN EXPENSE	C	PHYSICIANS' PRIVATE OFFICES	98	12,000		
8 RHC EXPENSES	D	RURAL HEALTH CLINIC	63.50	101,235	2,372	
9						
10						
11 RUSHVILLE FAM PRACTICE EXPENSES	E	PHYSICIANS' PRIVATE OFFICES	98	264,579	26,657	
36 TOTAL RECLASSIFICATIONS				410,861	57,296	

(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:  
141333

PERIOD:  
FROM 3/ 1/2010  
TO 2/28/2011

PREPARED 6/21/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	25,432	OTHER ADMINISTRATIVE AND GENER	6.05	28,267	
2.00	CULBERTSON GARDENS	100	2,835			0	
TOTAL RECLASSIFICATIONS FOR CODE A			28,267				28,267

RECLASS CODE: B  
EXPLANATION : CLINIC/ER/INF CNTR/MED SURG SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	9,683	OPERATING ROOM	37	33,047	
2.00	ADULTS & PEDIATRICS	25	654			0	
3.00	CLINIC	60	16,370			0	
4.00	EMERGENCY	61	6,340			0	
TOTAL RECLASSIFICATIONS FOR CODE B			33,047				33,047

RECLASS CODE: C  
EXPLANATION : RHC PHYSICIAN EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RURAL HEALTH CLINIC	63.50	12,000	PHYSICIANS' PRIVATE OFFICES	98	12,000	
TOTAL RECLASSIFICATIONS FOR CODE C			12,000				12,000

RECLASS CODE: D  
EXPLANATION : RHC EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	27,425	RURAL HEALTH CLINIC	63.50	103,607	
2.00	LABORATORY	44	43,429			0	
3.00	HOUSEKEEPING	10	32,753			0	
TOTAL RECLASSIFICATIONS FOR CODE D			103,607				103,607

RECLASS CODE: E  
EXPLANATION : RUSHVILLE FAM PRACTICE EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RUSHVILLE FAMILY CLINIC	60.01	291,236	PHYSICIANS' PRIVATE OFFICES	98	291,236	
TOTAL RECLASSIFICATIONS FOR CODE E			291,236				291,236

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	289,461	43,187		43,187		332,648	
2 LAND IMPROVEMENTS	719,040					719,040	
3 BUILDINGS & FIXTURE	7,165,514	423,059		423,059		7,588,573	
4 BUILDING IMPROVEMENT	244,849				206,794	38,055	
5 FIXED EQUIPMENT	129,018					129,018	
6 MOVABLE EQUIPMENT	4,864,138	636,195		636,195		5,500,333	
7 SUBTOTAL	13,412,020	1,102,441		1,102,441	206,794	14,307,667	
8 RECONCILING ITEMS							
9 TOTAL	13,412,020	1,102,441		1,102,441	206,794	14,307,667	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	5,216,357		5,216,357	.466321	11,859			11,859
3 01	NEW CAP REL COSTS-RH	331,265		331,265	.029614	753			753
3 02	NEW CAP REL COSTS-ME	560,257		560,257	.050085	1,274			1,274
4	NEW CAP REL COSTS-MV	5,078,309		5,078,309	.453980	11,546			11,546
5	TOTAL	11,186,188		11,186,188	1.000000	25,432			25,432

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	212,823	8,418		11,859			233,100
3 01	NEW CAP REL COSTS-RH	12,860	28,945		753			42,558
3 02	NEW CAP REL COSTS-ME	28,611			1,274			29,885
4	NEW CAP REL COSTS-MV	536,910	65,596		11,546			614,052
5	TOTAL	791,204	102,959		25,432			919,595

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	212,823	8,418					221,241
3 01	NEW CAP REL COSTS-RH	12,860	28,945					41,805
3 02	NEW CAP REL COSTS-ME	28,611						28,611
4	NEW CAP REL COSTS-MV	536,910	65,596					602,506
5	TOTAL	791,204	102,959					894,163

\* All line 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

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
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	-533	HOSPITAL ONLY ADMIN & GEN	6.04	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-3,085	OTHER ADMINISTRATIVE AND	6.05	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-6,719	HOSPITAL ONLY ADMIN & GEN	6.04	
10 TELEVISION AND RADIO SERVICE	A	-740	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,007,484			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-107,579	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-6,138	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-561	DIETARY	11	
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		**COST CENTER DELETED**	52	
37 INTEREST INCOME	B	-19,851	OTHER ADMINISTRATIVE AND	6.05	
38 INTEREST INCOME	B	-45,048	CULBERTSON GARDENS	100	
39 OPC RENT	B	-21,826	HOSPITAL ONLY ADMIN & GEN	6.04	
40 MISCELLANEOUS INCOME	B	-10,390	OTHER ADMINISTRATIVE AND	6.05	
41 RHC MISCELLANEOUS INCOME	B	-3,281	MEDICAL RECORDS & LIBRARY	17	
42 OPC RENT	B	-409	HOSPITAL ONLY ADMIN & GEN	6.04	
43 RHC MISCELLANEOUS INCOME	B	-28	RURAL HEALTH CLINIC	63.50	
44 MARKETING SALARY EXPENSE	A	-57,198	OTHER ADMINISTRATIVE AND	6.05	
45 MARKETING BENEFITS EXPENSE	A	-18,545	EMPLOYEE BENEFITS	5	
46 MARKETING OTHER EXPENSE	A	-35,395	HOSPITAL ONLY ADMIN & GEN	6.04	
47 MARKETING OTHER EXPENSE	A	-14,613	OTHER ADMINISTRATIVE AND	6.05	
48 MARKETING OTHER EXPENSE	A	-8,975	RURAL HEALTH CLINIC	63.50	
49 LOBBYING PORTION OF DUES	A	-5,714	OTHER ADMINISTRATIVE AND	6.05	
49.01 PHYSICIAN RECRUITMENT	A	-1,424	OTHER ADMINISTRATIVE AND	6.05	
49.02 HEALTHLINK ADMINISTRATIVE FEES	A	53,612	HOSPITAL ONLY ADMIN & GEN	6.04	
49.03 SELF INSURANCE OFFSET	A	-285,291	EMPLOYEE BENEFITS	5	
49.04 PART B PHYSICIAN BILLING SALARIES	A	-4,474	HOSPITAL ONLY ADMIN & GEN	6.04	
49.05 PART B PHYSICIAN BILLING EMP BENEFIT	A	-1,451	EMPLOYEE BENEFITS	5	
49.06 NONALLOWABLE COSTS	A	-27,855	HOSPITAL ONLY ADMIN & GEN	6.04	
49.07					
49.08					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,640,995			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED: 6/21/2011  
 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 37	SURGERY	24,618	24,618					
2 41	NUCLEAR MEDICINE	9,000		9,000				
3 44	LABORATORY	13,000		13,000				
4 49	RESPIRATORY THERAPY	6,000		6,000				
5 53	EKG	34,265	34,265					
6 60	GI	210,000	210,000					
7 60	ONCOLOGY	183,096	183,096					
8 60	TELEMEDICINE	2,580		2,580				
9 60	WOUND CARE	36,600	36,600					
10 61	EMERGENCY ROOM	1,249,785	237,891	1,011,894				
11 63 50	RHC (BTC 1)	15,567	15,567					
12 60 1	RUSHVILLE FAMILY PRACTICE	265,447	265,447					
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,049,958	1,007,484	1,042,474				



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

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET A-8-4  
 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	14
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	210
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	69
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.00
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	.50

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		552.00		
10	AHSEA (SEE INSTRUCTIONS)		71.90		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	35.95	35.95		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	39,689
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	39,689
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	39,689

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	39,689

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	2,481
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	2,481
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	345
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	2,826

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

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

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET A-8-4  
 PARTS I - VII

PHYSICAL THERAPY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	39,689
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	39,689
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	35,328

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

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PREPARED 6/21/2011
WORKSHEET A-8-4
PARTS I - VII

PHYSICAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66 COST OF OUTSIDE SUPPLIER SERVICES - 35,328
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 35,328
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

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

I PROVIDER NO: I PERIOD: I PREPARED 6/21/2011  
 I 14-1333 I FROM 3/ 1/2010 I WORKSHEET A-8-4  
 I I TO 2/28/2011 I PARTS I - VII

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	3
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	45
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	4
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.00
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	.50

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		22.75		
10	AHSEA (SEE INSTRUCTIONS)		68.14		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	34.07	34.07		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	1,550
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS )	1,550
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	1,550

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	68.13
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	3,066
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	3,066

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	136
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	136
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	20
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	156

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

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

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PARTS I - VII

OCCUPATIONAL THERAPY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	3,066
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	3,066
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	930

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

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OCCUPATIONAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66 COST OF OUTSIDE SUPPLIER SERVICES - 930
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 930
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

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

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SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	15
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	225
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	27
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.00
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	.50

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		200.50		
10	AHSEA (SEE INSTRUCTIONS)		65.48		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	32.74	32.74		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	13,129
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	13,129
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	13,129

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	65.48
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	14,733
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	14,733

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	884
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	884
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	135
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	1,019

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

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

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SPEECH PATHOLOGY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	14,733
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	14,733
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	8,490

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

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SPEECH PATHOLOGY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66 COST OF OUTSIDE SUPPLIER SERVICES - 8,490
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 8,490
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

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 PREPARED 6/21/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-RHCS BLDG/MME	2	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-MED ARTS BLDG/MME	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6.02	BUSINESS OFFICE - HOSPITAL	13	HOSPITAL	GROSS REVENUE	ENTERED
6.03	BUSINESS OFFICE - LTC	12	LTC	GROSS REVENUE	ENTERED
6.04	HOSPITAL ONLY ADMIN & GENERAL	-5	ACCUM.	COST	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-22	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	15	SQUARE	FEET	ENTERED
7.01	MAINTENANCE LTC	14	LTC	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
8.01	PLANT & HSKPG - RHCS	2	SQUARE	FEET	ENTERED
10	HOUSEKEEPING	15	SQUARE	FEET	ENTERED
10.01	HOUSEKEEPING LTC	14	LTC	SQUARE FEET	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	10	DIRECT	NRSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	11	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTs-BLDG &	NEW CAP REL C OSTs-RHCS BL	NEW CAP REL C OSTs-MED ART	NEW CAP REL C OSTs-MVBLE E FITS	EMPLOYEE BENE FITS	BUSINESS OFFICE - HOSPITAL
		0	3	3.01	3.02	4	5	6.02
GENERAL SERVICE COST CNTR								
003	NEW CAP REL COSTS-BLDG &	233,100	233,100					
003 01	NEW CAP REL COSTS-RHCS BL	42,558		42,558				
003 02	NEW CAP REL COSTS-MED ART	29,885			29,885			
004	NEW CAP REL COSTS-MVBLE E	614,052				614,052		
005	EMPLOYEE BENEFITS	2,271,998					2,271,998	
006 02	BUSINESS OFFICE - HOSPITAL	208,211						208,211
006 03	BUSINESS OFFICE - LTC	322					63	
006 04	HOSPITAL ONLY ADMIN & GEN	390,039	12,716			33,499	78,570	
006 05	OTHER ADMINISTRATIVE AND	1,779,068	27,375			72,113	225,432	
007	MAINTENANCE & REPAIRS	240,923	22,151			58,353	51,813	
007 01	MAINTENANCE LTC	3,330					1,006	
008	OPERATION OF PLANT	253,862					18,366	
008 01	PLANT & HSKPG - RHCS	18,858						
010	HOUSEKEEPING	290,182	7,981			21,023	76,232	
010 01	HOUSEKEEPING LTC	45,886					13,887	
011	DIETARY	517,186	11,332			29,851	97,794	
012	CAFETERIA		3,871			10,199		
014	NURSING ADMINISTRATION	120,402	492			1,295	33,584	
017	MEDICAL RECORDS & LIBRARY	381,051	14,081			37,093	106,329	
INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	928,314	24,356			64,159	227,668	10,877
036	OTHER LONG TERM CARE	552,349	34,633			91,236	145,049	
ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	233,978	10,508			27,682	43,211	8,473
040	ANESTHESIOLOGY	266,520					43,668	3,324
041	RADIOLOGY-DIAGNOSTIC	912,050	12,917			34,028	118,004	46,215
044	LABORATORY	994,436	4,892			12,886	129,799	35,972
046	WHOLE BLOOD & PACKED RED	61,630	410			1,079		1,144
049	RESPIRATORY THERAPY	97,047	3,097			8,159	790	2,853
050	PHYSICAL THERAPY	623,171	12,184			32,096	161,350	16,435
053	ELECTROCARDIOLOGY	245,920					25,863	12,511
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	910,143	2,774			7,306		22,962
OUTPAT SERVICE COST CNTRS								
060	CLINIC	1,050,004	17,346			45,694	48,609	18,153
060 01	RUSHVILLE FAMILY CLINIC	25,789			16,376		22,415	495
061	EMERGENCY	1,512,309	9,271			24,423	132,009	17,041
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063 50	RURAL HEALTH CLINIC	1,880,948		42,558			352,697	11,756
SPEC PURPOSE COST CENTERS								
095	SUBTOTALS	17,735,521	232,387	42,558	16,376	612,174	2,154,208	208,211
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFICE	244,331			1,965		63,201	
100	CULBERTSON GARDENS	356,615					54,589	
100 01	MEDICAL ARTS BUILDING				11,544			
100 02	FOUNDATION	41,689	713			1,878		
100 03	OUTPATIENT MEALS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	18,378,156	233,100	42,558	29,885	614,052	2,271,998	208,211

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	BUSINESS OFFICE - LTC	SUBTOTAL	HOSPITAL ONLY ADMIN & GEN	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	MAINTENANCE & REPAIRS	MAINTENANCE LTC
	6.03	6a.03	6.04	6a.04	6.05	7	7.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-RHCS BL							
004 02 NEW CAP REL COSTS-MED ART							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 02 BUSINESS OFFICE - HOSPITAL							
006 03 BUSINESS OFFICE - LTC	385						
006 04 HOSPITAL ONLY ADMIN & GEN		514,824	514,824				
006 05 OTHER ADMINISTRATIVE AND		2,103,988		2,103,988	2,103,988		
007 MAINTENANCE & REPAIRS		373,240	12,825	386,065	49,912	435,977	
007 01 MAINTENANCE LTC		4,336	149	4,485	580		5,065
008 OPERATION OF PLANT		272,228	9,354	281,582	36,404		
008 01 PLANT & HSKPG - RHCS		18,858	648	19,506	2,522		
010 HOUSEKEEPING		395,418	13,587	409,005	52,878	25,542	
010 01 HOUSEKEEPING LTC		59,773	2,054	61,827	7,993		
011 DIETARY		656,163	22,546	678,709	87,746	36,267	
012 CAFETERIA		14,070	483	14,553	1,881	12,391	
014 NURSING ADMINISTRATION		155,773	5,353	161,126	20,831	1,573	
017 MEDICAL RECORDS & LIBRARY		538,554	18,505	557,059	72,019	45,065	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,255,374	43,136	1,298,510	167,877	77,949	
036 OTHER LONG TERM CARE	385	823,652	28,302	851,954	110,144		5,065
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		323,852	11,128	334,980	43,308	33,632	
040 ANESTHESIOLOGY		313,512	10,773	324,285	41,925		
041 RADIOLOGY-DIAGNOSTIC		1,123,214	38,595	1,161,809	150,203	41,341	
044 LABORATORY		1,177,985	40,477	1,218,462	157,528	15,655	
046 WHOLE BLOOD & PACKED RED		64,263	2,208	66,471	8,594	1,311	
049 RESPIRATORY THERAPY		111,946	3,847	115,793	14,970	9,912	
050 PHYSICAL THERAPY		845,236	29,043	874,279	113,030	38,994	
053 ELECTROCARDIOLOGY		284,294	9,769	294,063	38,018		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		943,185	32,409	975,594	126,129	8,877	
OUTPAT SERVICE COST CNTRS							
060 CLINIC		1,179,806	40,539	1,220,345	157,771	55,515	
060 01 RUSHVILLE FAMILY CLINIC		65,075	2,236	67,311	8,702		
061 EMERGENCY		1,695,053	58,244	1,753,297	226,673	29,672	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC		2,287,959	78,614	2,366,573	305,958		
063 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	385	17,601,631	514,824	17,601,631	2,003,596	433,696	5,065
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE		309,497		309,497	40,013		
100 CULBERTSON GARDENS		411,204		411,204	53,162		
100 01 MEDICAL ARTS BUILDING		11,544		11,544	1,492		
100 02 FOUNDATION		44,280		44,280	5,725	2,281	
100 03 OUTPATIENT MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	385	18,378,156	514,824	18,378,156	2,103,988	435,977	5,065

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	PLANT & HSKPG - RHCS	HOUSEKEEPING	HOUSEKEEPING LTC	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	8	8.01	10	10.01	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-RHCS BL							
004 02 NEW CAP REL COSTS-MED ART							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 02 BUSINESS OFFICE - HOSPITAL							
006 03 BUSINESS OFFICE - LTC							
006 04 HOSPITAL ONLY ADMIN & GEN							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE LTC							
008 OPERATION OF PLANT	317,986						
008 01 PLANT & HSKPG - RHCS		22,028					
010 HOUSEKEEPING	14,853		502,278				
010 01 HOUSEKEEPING LTC				69,820			
011 DIETARY	21,090		44,382		868,194		
012 CAFETERIA	7,205		15,163		224,014	275,207	
014 NURSING ADMINISTRATION	915		1,925			3,392	189,762
017 MEDICAL RECORDS & LIBRARY	26,206		55,149			27,931	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	45,329		95,392		94,098	48,752	94,453
036 OTHER LONG TERM CARE	64,457			69,820	343,738	42,501	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	19,557		41,157			7,108	13,782
040 ANESTHESIOLOGY						3,008	
041 RADIOLOGY-DIAGNOSTIC	24,041		50,592			20,941	
044 LABORATORY	9,104		19,159			27,370	
046 WHOLE BLOOD & PACKED RED	762		1,605				
049 RESPIRATORY THERAPY	5,764		12,131				
050 PHYSICAL THERAPY	22,676		47,720			24,244	
053 ELECTROCARDIOLOGY						4,749	9,195
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	5,162		10,863				
OUTPAT SERVICE COST CNTRS							
060 CLINIC	32,283		67,937			10,854	21,017
060 01 RUSHVILLE FAMILY CLINIC						9,468	
061 EMERGENCY	17,255		36,311			26,485	51,315
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC		22,028					
063 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	316,659	22,028	499,486	69,820	661,850	256,803	189,762
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE							
100 CULBERTSON GARDENS					190,390	18,404	
100 01 MEDICAL ARTS BUILDING							
100 02 FOUNDATION	1,327		2,792				
100 03 OUTPATIENT MEALS					15,954		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	317,986	22,028	502,278	69,820	868,194	275,207	189,762

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25		27
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-RHCS BL				
004 NEW CAP REL COSTS-MED ART				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 02 BUSINESS OFFICE - HOSPITAL				
006 03 BUSINESS OFFICE - LTC				
006 04 HOSPITAL ONLY ADMIN & GEN				
006 05 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
007 01 MAINTENANCE LTC				
008 OPERATION OF PLANT				
008 01 PLANT & HSKPG - RHCS				
010 HOUSEKEEPING				
010 01 HOUSEKEEPING LTC				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
017 MEDICAL RECORDS & LIBRARY	783,429			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	202,591	2,124,951		2,124,951
036 OTHER LONG TERM CARE	5,492	1,493,171		1,493,171
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		493,524		493,524
040 ANESTHESIOLOGY		369,218		369,218
041 RADIOLOGY-DIAGNOSTIC	133,947	1,582,874		1,582,874
044 LABORATORY	49,426	1,496,704		1,496,704
046 WHOLE BLOOD & PACKED RED		78,743		78,743
049 RESPIRATORY THERAPY	30,462	189,032		189,032
050 PHYSICAL THERAPY	4,634	1,125,577		1,125,577
053 ELECTROCARDIOLOGY	13,987	360,012		360,012
055 MEDICAL SUPPLIES CHARGED				
056 DRUGS CHARGED TO PATIENTS		1,126,625		1,126,625
OUTPAT SERVICE COST CNTRS				
060 CLINIC	142,871	1,708,593		1,708,593
060 01 RUSHVILLE FAMILY CLINIC		85,481		85,481
061 EMERGENCY	92,072	2,233,080		2,233,080
062 OBSERVATION BEDS (NON-DIS				
063 OTHER OUTPATIENT SERVICE				
063 50 RURAL HEALTH CLINIC	107,947	2,802,506		2,802,506
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	783,429	17,270,091		17,270,091
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP				
098 PHYSICIANS' PRIVATE OFFICE		349,510		349,510
100 CULBERTSON GARDENS		673,160		673,160
100 01 MEDICAL ARTS BUILDING		13,036		13,036
100 02 FOUNDATION		56,405		56,405
100 03 OUTPATIENT MEALS		15,954		15,954
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	783,429	18,378,156		18,378,156

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-RHCS BL	NEW CAP REL C OSTS-MED ART	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	3	3.01	3.02	4	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-RHCS BL							
004 NEW CAP REL COSTS-MED ART							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 BUSINESS OFFICE - HOSPITAL							
006 03 BUSINESS OFFICE - LTC							
006 04 HOSPITAL ONLY ADMIN & GEN		12,716			33,499	46,215	
006 05 OTHER ADMINISTRATIVE AND		27,375			72,113	99,488	
007 MAINTENANCE & REPAIRS		22,151			58,353	80,504	
007 01 MAINTENANCE LTC							
008 OPERATION OF PLANT							
008 01 PLANT & HSKPG - RHCS							
010 HOUSEKEEPING		7,981			21,023	29,004	
010 01 HOUSEKEEPING LTC							
011 DIETARY		11,332			29,851	41,183	
012 CAFETERIA		3,871			10,199	14,070	
014 NURSING ADMINISTRATION		492			1,295	1,787	
017 MEDICAL RECORDS & LIBRARY		14,081			37,093	51,174	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		24,356			64,159	88,515	
036 OTHER LONG TERM CARE		34,633			91,236	125,869	
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		10,508			27,682	38,190	
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		12,917			34,028	46,945	
044 LABORATORY		4,892			12,886	17,778	
046 WHOLE BLOOD & PACKED RED		410			1,079	1,489	
049 RESPIRATORY THERAPY		3,097			8,159	11,256	
050 PHYSICAL THERAPY		12,184			32,096	44,280	
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		2,774			7,306	10,080	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		17,346			45,694	63,040	
060 01 RUSHVILLE FAMILY CLINIC				16,376		16,376	
061 EMERGENCY		9,271			24,423	33,694	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC			42,558			42,558	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		232,387	42,558	16,376	612,174	903,495	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE				1,965		1,965	
100 CULBERTSON GARDENS							
100 01 MEDICAL ARTS BUILDING				11,544		11,544	
100 02 FOUNDATION		713			1,878	2,591	
100 03 OUTPATIENT MEALS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		233,100	42,558	29,885	614,052	919,595	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	BUSINESS OFFICE - HOSPITAL	BUSINESS OFFICE - LTC	HOSPITAL ONLY ADMIN & GEN	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.02	6.03	6.04	6.05	7	7.01	8
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-RHCS BL							
004 NEW CAP REL COSTS-MED ART							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 BUSINESS OFFICE - HOSPITAL							
006 03 BUSINESS OFFICE - LTC							
006 04 HOSPITAL ONLY ADMIN & GEN			46,215				
006 05 OTHER ADMINISTRATIVE AND				99,488			
007 MAINTENANCE & REPAIRS			1,151	2,360	84,015		
007 01 MAINTENANCE LTC			13	27		40	
008 OPERATION OF PLANT			840	1,721			2,561
008 01 PLANT & HSKPG - RHCS			58	119			
010 HOUSEKEEPING			1,220	2,500	4,922		120
010 01 HOUSEKEEPING LTC			184	378			
011 DIETARY			2,024	4,149	6,989		170
012 CAFETERIA			43	89	2,388		58
014 NURSING ADMINISTRATION			481	985	303		7
017 MEDICAL RECORDS & LIBRARY			1,661	3,405	8,684		211
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			3,873	7,938	15,020		365
036 OTHER LONG TERM CARE			2,541	5,208		40	518
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			999	2,048	6,481		158
040 ANESTHESIOLOGY			967	1,982			
041 RADIOLOGY-DIAGNOSTIC			3,465	7,102	7,967		194
044 LABORATORY			3,634	7,448	3,017		73
046 WHOLE BLOOD & PACKED RED			198	406	253		6
049 RESPIRATORY THERAPY			345	708	1,910		46
050 PHYSICAL THERAPY			2,608	5,344	7,514		183
053 ELECTROCARDIOLOGY			877	1,798			
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS			2,910	5,964	1,711		42
OUTPAT SERVICE COST CNTRS							
060 CLINIC			3,640	7,460	10,698		260
060 01 RUSHVILLE FAMILY CLINIC			201	411			
061 EMERGENCY			5,229	10,718	5,718		139
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC			7,053	14,472			
063 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			46,215	94,740	83,575	40	2,550
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE				1,892			
100 CULBERTSON GARDENS				2,514			
100 01 MEDICAL ARTS BUILDING				71			
100 02 FOUNDATION				271	440		11
100 03 OUTPATIENT MEALS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			46,215	99,488	84,015	40	2,561

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PLANT & HSKPG - RHCS	HOUSEKEEPING	HOUSEKEEPING LTC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8.01	10	10.01	11	12	14	17
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MED ART							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 02 BUSINESS OFFICE - HOSPITAL							
006 03 BUSINESS OFFICE - LTC							
006 04 HOSPITAL ONLY ADMIN & GEN							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE LTC							
008 OPERATION OF PLANT							
008 01 PLANT & HSKPG - RHCS	177						
010 HOUSEKEEPING		37,766					
010 01 HOUSEKEEPING LTC			562				
011 DIETARY		3,337		57,852			
012 CAFETERIA		1,140		14,927	32,715		
014 NURSING ADMINISTRATION		145			403	4,111	
017 MEDICAL RECORDS & LIBRARY		4,147			3,320		72,602
025 INPAT ROUTINE SRVC CNTRS							
036 ADULTS & PEDIATRICS		7,171		6,270	5,797	2,046	18,775
037 OTHER LONG TERM CARE			562	22,905	5,052		509
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		3,095			845	299	
044 ANESTHESIOLOGY					358		
046 RADIOLOGY-DIAGNOSTIC		3,804			2,489		12,413
049 LABORATORY		1,441			3,254		4,580
050 WHOLE BLOOD & PACKED RED		121					
053 RESPIRATORY THERAPY		912					2,823
055 PHYSICAL THERAPY		3,588			2,882		429
056 ELECTROCARDIOLOGY					564	199	1,296
060 MEDICAL SUPPLIES CHARGED							
060 01 DRUGS CHARGED TO PATIENTS		817					
061 OUTPAT SERVICE COST CNTRS							
061 01 CLINIC		5,108			1,290	455	13,240
062 RUSHVILLE FAMILY CLINIC					1,125		
063 EMERGENCY		2,730			3,148	1,112	8,533
063 50 OBSERVATION BEDS (NON-DIS							
063 50 OTHER OUTPATIENT SERVICE							
095 RURAL HEALTH CLINIC	177						10,004
096 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	177	37,556	562	44,102	30,527	4,111	72,602
098 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 01 PHYSICIANS' PRIVATE OFFIC							
100 02 CULBERTSON GARDENS				12,687	2,188		
100 03 MEDICAL ARTS BUILDING							
101 FOUNDATION		210					
102 OUTPATIENT MEALS				1,063			
103 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	177	37,766	562	57,852	32,715	4,111	72,602

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
003 01 NEW CAP REL COSTS-BLDG &			
003 02 NEW CAP REL COSTS-RHCS BL			
004 NEW CAP REL COSTS-MED ART			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 02 BUSINESS OFFICE - HOSPITA			
006 03 BUSINESS OFFICE - LTC			
006 04 HOSPITAL ONLY ADMIN & GEN			
006 05 OTHER ADMINISTRATIVE AND			
007 MAINTENANCE & REPAIRS			
007 01 MAINTENANCE LTC			
008 OPERATION OF PLANT			
008 01 PLANT & HSKPG - RHCS			
010 HOUSEKEEPING			
010 01 HOUSEKEEPING LTC			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
017 MEDICAL RECORDS & LIBRARY			
025 INPAT ROUTINE SRVC CNTRS	155,770		155,770
036 ADULTS & PEDIATRICS	163,204		163,204
037 OTHER LONG TERM CARE			
040 ANCILLARY SRVC COST CNTRS	52,115		52,115
041 OPERATING ROOM	3,307		3,307
044 ANESTHESIOLOGY	84,379		84,379
046 RADIOLOGY-DIAGNOSTIC	41,225		41,225
049 LABORATORY	2,473		2,473
050 WHOLE BLOOD & PACKED RED	18,000		18,000
053 RESPIRATORY THERAPY	66,828		66,828
055 PHYSICAL THERAPY	4,734		4,734
056 ELECTROCARDIOLOGY	21,524		21,524
060 MEDICAL SUPPLIES CHARGED			
060 01 DRUGS CHARGED TO PATIENTS	105,191		105,191
061 OUTPAT SERVICE COST CNTRS	18,113		18,113
062 CLINIC	71,021		71,021
063 RUSHVILLE FAMILY CLINIC			
063 50 EMERGENCY	74,264		74,264
095 OBSERVATION BEDS (NON-DIS			
096 OTHER OUTPATIENT SERVICE			
096 50 RURAL HEALTH CLINIC	882,148		882,148
098 SPEC PURPOSE COST CENTERS			
100 SUBTOTALS			
100 01 NONREIMBURS COST CENTERS	3,857		3,857
100 02 GIFT, FLOWER, COFFEE SHOP	17,389		17,389
100 03 PHYSICIANS' PRIVATE OFFIC	11,615		11,615
101 FOUNDATION	3,523		3,523
102 CROSS FOOT ADJUSTMENTS	1,063		1,063
102 NEGATIVE COST CENTER			
103 TOTAL	919,595		919,595

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-RHCS BL (SQUARE FEET)	NEW CAP REL C OSTS-MED ART (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	BUSINESS OFFICE - HOSPITALS (HOSPITAL GROSS REVENUE)
GENERAL SERVICE COST	3	3.01	3.02	4	5	6.02
003 NEW CAP REL COSTS-BLD	56,898					
003 01 NEW CAP REL COSTS-RHC		11,800				
003 02 NEW CAP REL COSTS-MED			9,400			
004 NEW CAP REL COSTS-MVB				56,898		
005 EMPLOYEE BENEFITS					7,507,482	
006 02 BUSINESS OFFICE - HOS						30,674,979
006 03 BUSINESS OFFICE - LTC					207	
006 04 HOSPITAL ONLY ADMIN &	3,104			3,104	259,623	
006 05 OTHER ADMINISTRATIVE	6,682			6,682	744,908	
007 MAINTENANCE & REPAIRS	5,407			5,407	171,208	
007 01 MAINTENANCE LTC					3,323	
008 OPERATION OF PLANT					60,689	
008 01 PLANT & HSKPG - RHCS						
010 HOUSEKEEPING	1,948			1,948	251,896	
010 01 HOUSEKEEPING LTC					45,886	
011 DIETARY	2,766			2,766	323,147	
012 CAFETERIA	945			945		
014 NURSING ADMINISTRATION	120			120	110,975	
017 MEDICAL RECORDS & LIB	3,437			3,437	351,350	
025 INPAT ROUTINE SRVC CN	5,945			5,945	752,295	1,602,368
036 ADULTS & PEDIATRICS	8,454			8,454	479,293	
037 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	2,565			2,565	142,783	1,248,245
044 ANESTHESIOLOGY					144,296	489,758
046 RADIOLOGY-DIAGNOSTIC	3,153			3,153	389,927	6,809,835
049 LABORATORY	1,194			1,194	428,902	5,299,307
050 WHOLE BLOOD & PACKED	100			100		168,527
053 RESPIRATORY THERAPY	756			756	2,611	420,272
055 PHYSICAL THERAPY	2,974			2,974	533,156	2,421,198
056 ELECTROCARDIOLOGY					85,459	1,843,046
060 MEDICAL SUPPLIES CHAR						
060 01 DRUGS CHARGED TO PATI	677			677		3,382,796
061 OUTPAT SERVICE COST C						
061 01 CLINIC	4,234			4,234	160,623	2,674,289
062 RUSHVILLE FAMILY CLIN			5,151		74,067	72,911
062 01 EMERGENCY	2,263			2,263	436,206	2,510,509
063 OBSERVATION BEDS (NON						
063 50 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC		11,800			1,165,430	1,731,918
063 50 SPEC PURPOSE COST CEN						
095 SUBTOTALS	56,724	11,800	5,151	56,724	7,118,260	30,674,979
096 NONREIMBURS COST CENT						
096 01 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O			618		208,839	
100 CULBERTSON GARDENS					180,383	
100 01 MEDICAL ARTS BUILDING			3,631			
100 02 FOUNDATION	174			174		
100 03 OUTPATIENT MEALS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	233,100	42,558	29,885	614,052	2,271,998	208,211
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	4.096805		3.179255		302631	
105 (WRKSHT B, PT I)		3.606610		10.792154		.006788
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	BUSINESS OFFICE - LTC		HOSPITAL ONLY ADMIN & GEN		OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS		MAINTENANCE & MAINTENANCE L TC	
	(LTC GROSS REV ENUE)	RECONCILIATION	( ACCUM. COST )	RECONCILIATION	( ACCUM. COST )	(SQUARE FEET)	(LTC SQUARE FEET)	(SQUARE FEET)
GENERAL SERVICE COST	6.03	6a.04	6.04	6a.05	6.05	7	7.01	
003 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-RHC								
003 02 NEW CAP REL COSTS-MED								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 02 BUSINESS OFFICE - HOS								
006 03 BUSINESS OFFICE - LTC	945,276							
006 04 HOSPITAL ONLY ADMIN & OTHER ADMIN STRATIVE MAINTENANCE & REPAIRS		-514,824	14,982,819	-2,103,988	16,274,168			
007 01 MAINTENANCE LTC		-2,103,988			386,065	33,251		
008 OPERATION OF PLANT			373,240		4,485		8,454	
008 01 PLANT & HSKPG - RHCS			4,336		281,582			
010 HOUSEKEEPING			18,858		19,506			
010 01 HOUSEKEEPING LTC			395,418		409,005	1,948		
011 DIETARY			59,773		61,827			
012 CAFETERIA			656,163		678,709	2,766		
014 NURSING ADMINISTRATION			14,070		14,553	945		
017 MEDICAL RECORDS & LIB INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS			155,773		161,126	120		
025 036 OTHER LONG TERM CARE ANCILLARY SRVC COST C OPERATING ROOM	945,276		538,554		557,059	3,437		
037 ANESTHESIOLOGY			1,255,374		1,298,510	5,945		
040 RADIOLOGY-DIAGNOSTIC LABORATORY			823,652		851,954		8,454	
041 WHOLE BLOOD & PACKED RESPIRATORY THERAPY			323,852		334,980	2,565		
044 PHYSICAL THERAPY			313,512		324,285			
046 ELECTROCARDIOLOGY			1,123,214		1,161,809	3,153		
049 MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI OUTPAT SERVICE COST C CLINIC			1,177,985		1,218,462	1,194		
050 01 RUSHVILLE FAMILY CLIN EMERGENCY			64,263		66,471	100		
053 OBSERVATION BEDS (NON OTHER OUTPATIENT SERV RURAL HEALTH CLINIC SPEC PURPOSE COST CEN SUBTOTALS	945,276	-2,618,812	14,982,819	-2,103,988	15,497,643	33,077	8,454	
055 0102 FOUNDATION			943,185		975,594	677		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,179,806		1,220,345	4,234		
056 0102 FOUNDATION			65,075		67,311			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,695,053		1,753,297	2,263		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			2,287,959		2,366,573			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			945,276		945,276			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,618,812		-2,618,812			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			14,982,819		14,982,819			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,103,988		-2,103,988			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			15,497,643		15,497,643			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			33,077		33,077			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			8,454		8,454			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-309,497		309,497			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-411,204		411,204			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-11,544		11,544			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-44,280		44,280	174		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			943,185		975,594	677		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,179,806		1,220,345	4,234		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			65,075		67,311			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,695,053		1,753,297	2,263		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			2,287,959		2,366,573			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			945,276		945,276			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,618,812		-2,618,812			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			14,982,819		14,982,819			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,103,988		-2,103,988			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			15,497,643		15,497,643			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			33,077		33,077			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			8,454		8,454			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-309,497		309,497			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-411,204		411,204			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-11,544		11,544			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-44,280		44,280	174		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			943,185		975,594	677		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,179,806		1,220,345	4,234		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			65,075		67,311			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,695,053		1,753,297	2,263		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			2,287,959		2,366,573			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			945,276		945,276			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,618,812		-2,618,812			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			14,982,819		14,982,819			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,103,988		-2,103,988			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			15,497,643		15,497,643			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			33,077		33,077			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			8,454		8,454			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-309,497		309,497			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-411,204		411,204			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-11,544		11,544			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-44,280		44,280	174		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			943,185		975,594	677		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,179,806		1,220,345	4,234		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			65,075		67,311			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,695,053		1,753,297	2,263		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			2,287,959		2,366,573			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			945,276		945,276			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,618,812		-2,618,812			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			14,982,819		14,982,819			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,103,988		-2,103,988			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			15,497,643		15,497,643			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			33,077		33,077			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			8,454		8,454			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-309,497		309,497			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-411,204		411,204			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-11,544		11,544			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-44,280		44,280	174		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			943,185		975,594	677		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,179,806		1,220,345	4,234		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			65,075		67,311			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,695,053		1,753,297	2,263		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			2,287,959		2,366,573			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			945,276		945,276			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,618,812		-2,618,812			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			14,982,819		14,982,819			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,103,988		-2,103,988			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			15,497,643		15,497,643			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			33,077		33,077			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			8,454		8,454			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-309,497		309,497			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-411,204		411,204			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-11,544		11,544			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-44,280		44,280	174		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			943,185		975,594	677		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,179,806		1,220,345	4,234		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			65,075		67,311			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			1,695,053		1,753,297	2,263		
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			2,287,959		2,366,573			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			945,276		945,276			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,618,812		-2,618,812			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			14,982,819		14,982,819			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			-2,103,988		-2,103,988			
056 0103 OUTPATIENT MEALS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)			15,497,					

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	PLANT & HSKPG - RHCS (SQUARE FEET)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING LTC (LTC SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)
GENERAL SERVICE COST	8	8.01	10	10.01	11	12	14
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-RHC							
003 02 NEW CAP REL COSTS-MED							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 02 BUSINESS OFFICE - HOS							
006 03 BUSINESS OFFICE - LTC							
006 04 HOSPITAL ONLY ADMIN &							
006 05 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE LTC							
008 OPERATION OF PLANT	41,705						
008 01 PLANT & HSKPG - RHCS		11,800					
010 HOUSEKEEPING	1,948		31,303				
010 01 HOUSEKEEPING LTC				8,454			
011 DIETARY	2,766		2,766		58,173		
012 CAFETERIA	945		945		15,010	9,331	
014 NURSING ADMINISTRATION	120		120			115	63,997
017 MEDICAL RECORDS & LIB	3,437		3,437			947	
025 ADULTS & PEDIATRICS	5,945		5,945		6,305	1,653	31,854
036 OTHER LONG TERM CARE	8,454			8,454	23,032	1,441	
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	2,565		2,565			241	4,648
040 ANESTHESIOLOGY						102	
041 RADIOLOGY-DIAGNOSTIC	3,153		3,153			710	
044 LABORATORY	1,194		1,194			928	
046 WHOLE BLOOD & PACKED	100		100				
049 RESPIRATORY THERAPY	756		756				
050 PHYSICAL THERAPY	2,974		2,974			822	
053 ELECTROCARDIOLOGY						161	3,101
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI	677		677				
060 OUTPAT SERVICE COST C							
060 CLINIC	4,234		4,234			368	7,088
060 01 RUSHVILLE FAMILY CLIN						321	
061 EMERGENCY	2,263		2,263			898	17,306
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 50 RURAL HEALTH CLINIC		11,800					
063 SPEC PURPOSE COST CEN							
095 SUBTOTALS	41,531	11,800	31,129	8,454	44,347	8,707	63,997
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
100 CULBERTSON GARDENS					12,757	624	
100 01 MEDICAL ARTS BUILDING							
100 02 FOUNDATION	174		174				
100 03 OUTPATIENT MEALS					1,069		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	317,986	22,028	502,278	69,820	868,194	275,207	189,762
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1.866780		8.258812		29.493838	
(WRKSHT B, PT I)	7.624649		16.045683		14.924346		2.965170
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	2,561	177	37,766	562	57,852	32,715	4,111
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.015000		.066477		3.506055	
(WRKSHT B, PT III)	.061408		1.206466		.994482		.064237

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY  (TIME SPENT )
	17
003 GENERAL SERVICE COST	
003 01 NEW CAP REL COSTS-BLD	
003 02 NEW CAP REL COSTS-RHC	
004 NEW CAP REL COSTS-MED	
005 NEW CAP REL COSTS-MVB	
005 EMPLOYEE BENEFITS	
006 02 BUSINESS OFFICE - HOS	
006 03 BUSINESS OFFICE - LTC	
006 04 HOSPITAL ONLY ADMIN &	
006 05 OTHER ADMINISTRATIVE	
007 MAINTENANCE & REPAIRS	
007 01 MAINTENANCE LTC	
008 OPERATION OF PLANT	
008 01 PLANT & HSKPG - RHCS	
010 HOUSEKEEPING	
010 01 HOUSEKEEPING LTC	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
017 MEDICAL RECORDS & LIB	9,130
INPAT ROUTINE SRVC CN	
025 ADULTS & PEDIATRICS	2,361
036 OTHER LONG TERM CARE	64
ANCILLARY SRVC COST C	
037 OPERATING ROOM	
040 ANESTHESIOLOGY	
041 RADIOLOGY-DIAGNOSTIC	1,561
044 LABORATORY	576
046 WHOLE BLOOD & PACKED	
049 RESPIRATORY THERAPY	355
050 PHYSICAL THERAPY	54
053 ELECTROCARDIOLOGY	163
055 MEDICAL SUPPLIES CHAR	
056 DRUGS CHARGED TO PATI	
OUTPAT SERVICE COST C	
060 CLINIC	1,665
060 01 RUSHVILLE FAMILY CLIN	
061 EMERGENCY	1,073
062 OBSERVATION BEDS (NON	
063 OTHER OUTPATIENT SERV	
063 50 RURAL HEALTH CLINIC	1,258
SPEC PURPOSE COST CEN	
095 SUBTOTALS	9,130
NONREIMBURS COST CENT	
096 GIFT, FLOWER, COFFEE	
098 PHYSICIANS' PRIVATE O	
100 CULBERTSON GARDENS	
100 01 MEDICAL ARTS BUILDING	
100 02 FOUNDATION	
100 03 OUTPATIENT MEALS	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	783,429
(PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
(WRKSHT B, PT I)	85.808215
105 COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
(WRKSHT B, PT II)	
107 COST TO BE ALLOCATED	72,602
(PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
(WRKSHT B, PT III)	7.952026

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	2,124,951		2,124,951		
36	OTHER LONG TERM CARE	1,493,171		1,493,171		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	493,524		493,524		
40	ANESTHESIOLOGY	369,218		369,218		
41	RADIOLOGY-DIAGNOSTIC	1,582,874		1,582,874		
44	LABORATORY	1,496,704		1,496,704		
46	WHOLE BLOOD & PACKED RED	78,743		78,743		
49	RESPIRATORY THERAPY	189,032		189,032		
50	PHYSICAL THERAPY	1,125,577		1,125,577		
53	ELECTROCARDIOLOGY	360,012		360,012		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,126,625		1,126,625		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,708,593		1,708,593		
60	01 RUSHVILLE FAMILY CLINIC	85,481		85,481		
61	EMERGENCY	2,233,080		2,233,080		
62	OBSERVATION BEDS (NON-DIS	321,353		321,353		
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	2,802,506		2,802,506		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	17,591,444		17,591,444		
102	LESS OBSERVATION BEDS	321,353		321,353		
103	TOTAL	17,270,091		17,270,091		

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	1,320,300		1,320,300			
36	OTHER LONG TERM CARE	945,276		945,276			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	33,633	1,214,612	1,248,245	.395374	.395374	
40	ANESTHESIOLOGY	15,649	474,110	489,759	.753877	.753877	
41	RADIOLOGY-DIAGNOSTIC	220,725	6,589,110	6,809,835	.232439	.232439	
44	LABORATORY	322,221	4,977,086	5,299,307	.282434	.282434	
46	WHOLE BLOOD & PACKED RED	24,540	143,988	168,528	.467240	.467240	
49	RESPIRATORY THERAPY	183,366	236,906	420,272	.449785	.449785	
50	PHYSICAL THERAPY	426,980	1,994,218	2,421,198	.464884	.464884	
53	ELECTROCARDIOLOGY	141,756	1,701,291	1,843,047	.195335	.195335	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,074,812	2,307,984	3,382,796	.333046	.333046	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	30,002	2,644,287	2,674,289	.638896	.638896	
60	01 RUSHVILLE FAMILY CLINIC	11,557	61,354	72,911	1.172402	1.172402	
61	EMERGENCY	18,675	2,491,834	2,510,509	.889493	.889493	
62	OBSERVATION BEDS (NON-DIS	3,438	278,630	282,068	1.139275	1.139275	
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		1,731,918	1,731,918	1.618152	1.618152	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	4,772,930	26,847,328	31,620,258			
102	LESS OBSERVATION BEDS						
103	TOTAL	4,772,930	26,847,328	31,620,258			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-1333  
PERIOD: FROM 3/1/2010 TO 2/28/2011  
PREPARED 6/21/2011  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,124,951		2,124,951		
36	OTHER LONG TERM CARE	1,493,171		1,493,171		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	493,524		493,524		
40	ANESTHESIOLOGY	369,218		369,218		
41	RADIOLOGY-DIAGNOSTIC	1,582,874		1,582,874		
44	LABORATORY	1,496,704		1,496,704		
46	WHOLE BLOOD & PACKED RED	78,743		78,743		
49	RESPIRATORY THERAPY	189,032		189,032		
50	PHYSICAL THERAPY	1,125,577		1,125,577		
53	ELECTROCARDIOLOGY	360,012		360,012		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,126,625		1,126,625		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,708,593		1,708,593		
60	01 RUSHVILLE FAMILY CLINIC	85,481		85,481		
61	EMERGENCY	2,233,080		2,233,080		
62	OBSERVATION BEDS (NON-DIS	321,353		321,353		
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	2,802,506		2,802,506		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	17,591,444		17,591,444		
102	LESS OBSERVATION BEDS	321,353		321,353		
103	TOTAL	17,270,091		17,270,091		

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,320,300		1,320,300			
36	OTHER LONG TERM CARE	945,276		945,276			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	33,633	1,214,612	1,248,245	.395374	.395374	
40	ANESTHESIOLOGY	15,649	474,110	489,759	.753877	.753877	
41	RADIOLOGY-DIAGNOSTIC	220,725	6,589,110	6,809,835	.232439	.232439	
44	LABORATORY	322,221	4,977,086	5,299,307	.282434	.282434	
46	WHOLE BLOOD & PACKED RED	24,540	143,988	168,528	.467240	.467240	
49	RESPIRATORY THERAPY	183,366	236,906	420,272	.449785	.449785	
50	PHYSICAL THERAPY	426,980	1,994,218	2,421,198	.464884	.464884	
53	ELECTROCARDIOLOGY	141,756	1,701,291	1,843,047	.195335	.195335	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,074,812	2,307,984	3,382,796	.333046	.333046	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	30,002	2,644,287	2,674,289	.638896	.638896	
60	01 RUSHVILLE FAMILY CLINIC	11,557	61,354	72,911	1.172402	1.172402	
61	EMERGENCY	18,675	2,491,834	2,510,509	.889493	.889493	
62	OBSERVATION BEDS (NON-DIS	3,438	278,630	282,068	1.139275	1.139275	
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		1,731,918	1,731,918	1.618152	1.618152	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	4,772,930	26,847,328	31,620,258			
102	LESS OBSERVATION BEDS						
103	TOTAL	4,772,930	26,847,328	31,620,258			

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	493,524	52,115	441,409			493,524
40	ANESTHESIOLOGY	369,218	3,307	365,911			369,218
41	RADIOLOGY-DIAGNOSTIC	1,582,874	84,379	1,498,495			1,582,874
44	LABORATORY	1,496,704	41,225	1,455,479			1,496,704
46	WHOLE BLOOD & PACKED RED	78,743	2,473	76,270			78,743
49	RESPIRATORY THERAPY	189,032	18,000	171,032			189,032
50	PHYSICAL THERAPY	1,125,577	66,828	1,058,749			1,125,577
53	ELECTROCARDIOLOGY	360,012	4,734	355,278			360,012
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,126,625	21,524	1,105,101			1,126,625
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,708,593	105,191	1,603,402			1,708,593
60	01 RUSHVILLE FAMILY CLINIC	85,481	18,113	67,368			85,481
61	EMERGENCY	2,233,080	71,021	2,162,059			2,233,080
62	OBSERVATION BEDS (NON-DIS	321,353		321,353			321,353
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	2,802,506	74,264	2,728,242			2,802,506
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	13,973,322	563,174	13,410,148			13,973,322
102	LESS OBSERVATION BEDS	321,353		321,353			321,353
103	TOTAL	13,651,969	563,174	13,088,795			13,651,969

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,248,245	.395374	.395374
40	ANESTHESIOLOGY	489,759	.753877	.753877
41	RADIOLOGY-DIAGNOSTIC	6,809,835	.232439	.232439
44	LABORATORY	5,299,307	.282434	.282434
46	WHOLE BLOOD & PACKED RED	168,528	.467240	.467240
49	RESPIRATORY THERAPY	420,272	.449785	.449785
50	PHYSICAL THERAPY	2,421,198	.464884	.464884
53	ELECTROCARDIOLOGY	1,843,047	.195335	.195335
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	3,382,796	.333046	.333046
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,674,289	.638896	.638896
60	01 RUSHVILLE FAMILY CLINIC	72,911	1.172402	1.172402
61	EMERGENCY	2,510,509	.889493	.889493
62	OBSERVATION BEDS (NON-DIS	282,068	1.139275	1.139275
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	1,731,918	1.618152	1.618152
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	29,354,682		
102	LESS OBSERVATION BEDS	282,068		
103	TOTAL	29,072,614		

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	493,524	52,115	441,409			493,524
40	ANESTHESIOLOGY	369,218	3,307	365,911			369,218
41	RADIOLOGY-DIAGNOSTIC	1,582,874	84,379	1,498,495			1,582,874
44	LABORATORY	1,496,704	41,225	1,455,479			1,496,704
46	WHOLE BLOOD & PACKED RED	78,743	2,473	76,270			78,743
49	RESPIRATORY THERAPY	189,032	18,000	171,032			189,032
50	PHYSICAL THERAPY	1,125,577	66,828	1,058,749			1,125,577
53	ELECTROCARDIOLOGY	360,012	4,734	355,278			360,012
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,126,625	21,524	1,105,101			1,126,625
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,708,593	105,191	1,603,402			1,708,593
60	01 RUSHVILLE FAMILY CLINIC	85,481	18,113	67,368			85,481
61	EMERGENCY	2,233,080	71,021	2,162,059			2,233,080
62	OBSERVATION BEDS (NON-DIS	321,353		321,353			321,353
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	2,802,506	74,264	2,728,242			2,802,506
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	13,973,322	563,174	13,410,148			13,973,322
102	LESS OBSERVATION BEDS	321,353		321,353			321,353
103	TOTAL	13,651,969	563,174	13,088,795			13,651,969

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,248,245	.395374	.395374
40	ANESTHESIOLOGY	489,759	.753877	.753877
41	RADIOLOGY-DIAGNOSTIC	6,809,835	.232439	.232439
44	LABORATORY	5,299,307	.282434	.282434
46	WHOLE BLOOD & PACKED RED	168,528	.467240	.467240
49	RESPIRATORY THERAPY	420,272	.449785	.449785
50	PHYSICAL THERAPY	2,421,198	.464884	.464884
53	ELECTROCARDIOLOGY	1,843,047	.195335	.195335
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	3,382,796	.333046	.333046
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,674,289	.638896	.638896
60	01 RUSHVILLE FAMILY CLINIC	72,911	1.172402	1.172402
61	EMERGENCY	2,510,509	.889493	.889493
62	OBSERVATION BEDS (NON-DIS	282,068	1.139275	1.139275
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	1,731,918	1.618152	1.618152
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	29,354,682		
102	LESS OBSERVATION BEDS	282,068		
103	TOTAL	29,072,614		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	493,524	1,248,245			
40	ANESTHESIOLOGY	369,218	489,759			
41	RADIOLOGY-DIAGNOSTIC	1,582,874	6,809,835			
44	LABORATORY	1,496,704	5,299,307			
46	WHOLE BLOOD & PACKED RED	78,743	168,528			
49	RESPIRATORY THERAPY	189,032	420,272			
50	PHYSICAL THERAPY	1,125,577	2,421,198			
53	ELECTROCARDIOLOGY	360,012	1,843,047			
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,126,625	3,382,796			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,708,593	2,674,289			
60	01 RUSHVILLE FAMILY CLINIC	85,481	72,911			
61	EMERGENCY	2,233,080	2,510,509			
62	OBSERVATION BEDS (NON-DIS	321,353	282,068			
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	2,802,506	1,731,918			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	13,973,322	29,354,682			

COMPUTATION OF OUTPATIENT COST PER VISIT -  
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET C  
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	493,524	24,618	518,142	1,248,245			
40	ANESTHESIOLOGY	369,218		369,218	489,759			
41	RADIOLOGY-DIAGNOSTIC	1,582,874		1,582,874	6,809,835			
44	LABORATORY	1,496,704		1,496,704	5,299,307			
46	WHOLE BLOOD & PACKED RED	78,743		78,743	168,528			
49	RESPIRATORY THERAPY	189,032		189,032	420,272			
50	PHYSICAL THERAPY	1,125,577		1,125,577	2,421,198			
53	ELECTROCARDIOLOGY	360,012	34,265	394,277	1,843,047			
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS	1,126,625		1,126,625	3,382,796			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	1,708,593	429,696	2,138,289	2,674,289			
60	01 RUSHVILLE FAMILY CLINIC	85,481	265,447	350,928	72,911			
61	EMERGENCY	2,233,080	237,891	2,470,971	2,510,509			
62	OBSERVATION BEDS (NON-DIS	321,353		321,353	282,068			
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	11,170,816	991,917	12,162,733	27,622,764			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/21/2011  
 | 14-1333 | FROM 3/ 1/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 2/28/2011 | PART V  
 | 14-1333 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.395374		.395374		
40 ANESTHESIOLOGY	.753877		.753877		
41 RADIOLOGY-DIAGNOSTIC	.232439		.232439		
44 LABORATORY	.282434		.282434		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.467240		.467240		
49 RESPIRATORY THERAPY	.449785		.449785		
50 PHYSICAL THERAPY	.464884		.464884		
53 ELECTROCARDIOLOGY	.195335		.195335		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.333046		.333046		
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.638896		.638896		
60 01 RUSHVILLE FAMILY CLINIC	1.172402		1.172402		
61 EMERGENCY	.889493		.889493		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.139275		1.139275		
63 OTHER OUTPATIENT SERVICE COST CENTER					
50 RURAL HEALTH CLINIC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/21/2011  
 | 14-1333 | FROM 3/ 1/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 2/28/2011 | PART V  
 | 14-1333 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		452,919			
40 ANESTHESIOLOGY		178,811			
41 RADIOLOGY-DIAGNOSTIC		2,655,873			
44 LABORATORY		2,368,138			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		42,136			
49 RESPIRATORY THERAPY		128,889			
50 PHYSICAL THERAPY		810,269			
53 ELECTROCARDIOLOGY		970,832			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		1,434,463			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		1,482,233			
60 01 RUSHVILLE FAMILY CLINIC		44,666			
61 EMERGENCY		973,051			
62 OBSERVATION BEDS (NON-DISTINCT PART)		191,271			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC					
101 SUBTOTAL		11,733,551			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		11,733,551			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/1/2010	6/21/2011
COMPONENT NO:	TO 2/28/2011	WORKSHEET D
14-1333		PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	HOSPITAL		Hospital I/P Part B Costs
	All	Other	
	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM		179,072	
40 ANESTHESIOLOGY		134,802	
41 RADIOLOGY-DIAGNOSTIC		617,328	
44 LABORATORY		668,843	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		19,688	
49 RESPIRATORY THERAPY		57,972	
50 PHYSICAL THERAPY		376,681	
53 ELECTROCARDIOLOGY		189,637	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS		477,742	
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC		946,993	
60 01 RUSHVILLE FAMILY CLINIC		52,367	
61 EMERGENCY		865,522	
62 OBSERVATION BEDS (NON-DISTINCT PART)		217,910	
63 OTHER OUTPATIENT SERVICE COST CENTER			
63 50 RURAL HEALTH CLINIC			
101 SUBTOTAL	4,804,557		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104 NET CHARGES	4,804,557		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/ 1/2010	6/21/2011
COMPONENT NO:	TO 2/28/2011	WORKSHEET D
14-1333		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1	.333046
	5,876
	1,957

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,224
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,228
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,228
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	619
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	188
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	189
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	612
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	619
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	188
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	117.42
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,124,951
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	22,192
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	856,065
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,268,886

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	747,110
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	747,110
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.698392
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	608.40
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,268,886



PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/1/2010	6/21/2011
COMPONENT NO:	TO 2/28/2011	WORKSHEET D-1
14-1333		PART III

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	311
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,033.29
85	OBSERVATION BED COST	321,353

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		634,159	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.395374	29,229	11,556
40	ANESTHESIOLOGY	.753877	10,923	8,235
41	RADIOLOGY-DIAGNOSTIC	.232439	136,148	31,646
44	LABORATORY	.282434	207,462	58,594
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.467240	11,518	5,382
49	RESPIRATORY THERAPY	.449785	114,727	51,602
50	PHYSICAL THERAPY	.464884	42,064	19,555
53	ELECTROCARDIOLOGY	.195335	112,087	21,895
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.333046	487,299	162,293
60	OUTPAT SERVICE COST CNTRS CLINIC	.638896	4,889	3,124
60	01 RUSHVILLE FAMILY CLINIC	1.172402	10,334	12,116
61	EMERGENCY	.889493		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.139275		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,166,680	385,998
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,166,680	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-Z333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET D-4

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.395374	221	87
40	ANESTHESIOLOGY	.753877		
41	RADIOLOGY-DIAGNOSTIC	.232439	22,651	5,265
44	LABORATORY	.282434	63,228	17,858
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.467240	7,163	3,347
49	RESPIRATORY THERAPY	.449785	19,263	8,664
50	PHYSICAL THERAPY	.464884	377,013	175,267
53	ELECTROCARDIOLOGY	.195335	9,432	1,842
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.333046	251,605	83,796
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.638896	23,027	14,712
60	01 RUSHVILLE FAMILY CLINIC	1.172402		
61	EMERGENCY	.889493		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.139275		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		773,603	310,838
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		773,603	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 COMPONENT NO: 14-1333  
 PREPARED 6/21/2011  
 WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,806,514
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,806,514

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,854,579
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	47,069
18.01	CAH ACTUAL BILLED COINSURANCE	1,870,380
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,937,130
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	2,937,130
24	PRIMARY PAYER PAYMENTS	440
25	SUBTOTAL	2,936,690

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	293,753
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	293,753
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	284,490
28	SUBTOTAL	3,230,443
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,230,443
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,129,337
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	101,106
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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		565,560		2,909,037
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	3/ 8/2011	6,300	8/ 1/2010	39,700
ADJUSTMENTS TO PROVIDER .02	8/13/2010	19,780	9/ 1/2010	180,600
ADJUSTMENTS TO PROVIDER .03	5/26/2011	131,100		
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	5/26/2011	14,900		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99		142,280		220,300
4 TOTAL INTERIM PAYMENTS		707,840		3,129,337
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		200,933		101,106
7 TOTAL MEDICARE PROGRAM LIABILITY		908,773		3,230,443

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-Z333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET E-1

TITLE XVII I SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		805,539		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		805,539		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			329,404	
7 TOTAL MEDICARE PROGRAM LIABILITY			1,134,943	

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/1/2010	6/21/2011
COMPONENT NO:	TO 2/28/2011	WORKSHEET E-2
14-Z333		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	842,212	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	313,946	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	807	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,156,158	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,156,158	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,156,158	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	21,215	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,134,943	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,134,943	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	805,539	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	329,404	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/1/2010	6/21/2011
COMPONENT NO:	TO 2/28/2011	WORKSHEET E-3
14-1333		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	1,018,378
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	1,018,378
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	1,028,562

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	1,028,562
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	135,231
21	EXCESS REASONABLE COST	
22	SUBTOTAL	893,331
23	COI NSURANCE	
24	SUBTOTAL	893,331
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	15,442
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	15,442
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	13,136
26	SUBTOTAL	908,773
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	908,773
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	707,840
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	200,933
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,116,877			
2	TEMPORARY INVESTMENTS	161,105			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	3,914,593			
5	OTHER RECEIVABLES	577,057			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	431,555			
8	PREPAID EXPENSES	23,812			
9	OTHER CURRENT ASSETS	665,000			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,889,999			
FIXED ASSETS					
12	LAND	409,569			
12.01	LAND IMPROVEMENTS	719,040			
13.01	LESS ACCUMULATED DEPRECIATION	-447,801			
14	BUILDINGS	13,179,060			
14.01	LESS ACCUMULATED DEPRECIATION	-8,242,699			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	5,617,169			
OTHER ASSETS					
22	INVESTMENTS	2,729,125			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	120,639			
26	TOTAL OTHER ASSETS	2,849,764			
27	TOTAL ASSETS	17,356,932			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	516,099			
29 SALARIES, WAGES & FEES PAYABLE	1,498,302			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	416,276			
32 DEFERRED INCOME	561,337			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	2,992,014			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	1,122,780			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	119,308			
42 TOTAL LONG-TERM LIABILITIES	1,242,088			
43 TOTAL LIABILITIES	4,234,102			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	13,122,830			
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	13,122,830			
52 TOTAL LIABILITIES AND FUND BALANCES	17,356,932			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		12,919,484		
2	NET INCOME (LOSS)		203,346		
3	TOTAL		13,122,830		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		13,122,830		
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		13,122,830		

		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				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	747,110		747,110
4 00 SWING BED - SNF	592,667		592,667
5 00 SWING BED - NF			
8 00 OTHER LONG TERM CARE	945,276		945,276
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,285,053		2,285,053
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,285,053		2,285,053
17 00 ANCILLARY SERVICES	2,349,072	19,335,827	21,684,899
18 00 OUTPATIENT SERVICES	42,115	7,044,962	7,087,077
18 50 RURAL HEALTH CLINIC		2,056,839	2,056,839
24 00 PHYSICIAN CLINIC		377,459	377,459
24 01 CULBERTSON GARDENS		351,011	351,011
25 00 TOTAL PATIENT REVENUES	4,676,240	29,166,098	33,842,338

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	20,019,151
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	20,019,151

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	33,842,338
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	14,698,009
3	NET PATIENT REVENUES	19,144,329
4	LESS: TOTAL OPERATING EXPENSES	20,019,151
5	NET INCOME FROM SERVICE TO PATIENTS	-874,822
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	140,346
7	INCOME FROM INVESTMENTS	216,232
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	485,032
24	OTHER REVENUE	236,558
25	TOTAL OTHER INCOME	1,078,168
26	TOTAL	203,346
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	203,346

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

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-3483  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET M-1

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	388,273	388,273	12,000
2	PHYSICIAN ASSISTANT	146,959	146,959	
3	NURSE PRACTITIONER	83,729	83,729	
4	VISITING NURSE			
5	OTHER NURSE	299,137	299,137	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN	70,854	70,854	
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	988,952	988,952	12,000
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT		515,313	
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		515,313	
13	OTHER COSTS UNDER AGREEMENT		97,675	
14	SUBTOTAL (SUM OF LINES 11-13)		612,988	
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		22,128	
16	TRANSPORTATION (HEALTH CARE STAFF)		16,537	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		38,665	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	988,952	651,653	1,640,605
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	265,713	90,807	356,520
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	265,713	90,807	356,520
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,254,665	742,460	1,997,125
				-103,607
				-103,607
				-91,607

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

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/ 1/2010	6/21/2011
COMPONENT NO:	TO 2/28/2011	WORKSHEET M-1
14-3483		

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	400,273	-8,607	391,666
2	PHYSICIAN ASSISTANT	146,959		146,959
3	NURSE PRACTITIONER	83,729		83,729
4	VISITING NURSE			
5	OTHER NURSE	299,137		299,137
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN	70,854		70,854
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	1,000,952	-8,607	992,345
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT	515,313	-6,960	508,353
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT	97,675		97,675
14	SUBTOTAL (SUM OF LINES 11-13)	612,988	-6,960	606,028
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES	22,128		22,128
16	TRANSPORTATION (HEALTH CARE STAFF)	16,537		16,537
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	38,665		38,665
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,652,605	-15,567	1,637,038
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	252,913	-9,003	243,910
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	252,913	-9,003	243,910
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,905,518	-24,570	1,880,948

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/ 1/2010	WORKSHEET M-2
COMPONENT NO:	TO 2/28/2011	
14-3483		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	2.50	11,971	4,200	10,500
2	PHYSICIAN ASSISTANTS	1.39	3,631	2,100	2,919
3	NURSE PRACTITIONERS	.87	2,274	2,100	1,827
4	SUBTOTAL (SUM OF LINES 1-3)	4.76	17,876		15,246
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	4.76	17,876		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	1,637,038			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	1,637,038			
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)	243,910			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	921,558			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	1,165,468			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	1,165,468			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	1,165,468			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	2,802,506			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	17,876			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	17,876			
9	PHYSICIAN SERVICES UNDER AGREEMENTS				

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
FOR RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/1/2010	6/21/2011
COMPONENT NO:	TO	WORKSHEET
14-3483	2/28/2011	M-3

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	2,802,506
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	14,867
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	2,787,639
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	17,876
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	17,876
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	155.94

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)	77.76
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	155.94
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	3,560
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	555,146
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)*	555,146
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	35,772
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	519,374
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	415,499
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	4,882
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	420,381
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)	420,381
25	INTERIM PAYMENTS	374,634
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	45,747
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2	

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

\* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-3483  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET M-4

TITLE XVII I RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	992,345	992,345	992,345	992,345
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000069	.000427		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	68	424		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	968	7,224		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,036	7,648		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	1,637,038	1,637,038	1,637,038	1,637,038
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	1,165,468	1,165,468	1,165,468	1,165,468
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.000633	.004672		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	738	5,445		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	1,774	13,093		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	13	80		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	136.46	163.66		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	1	29		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	136	4,746		
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		14,867		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		4,882		

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

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-3483  
 PERIOD: FROM 3/1/2010 TO 2/28/2011  
 PREPARED 6/21/2011  
 WORKSHEET M-5

RHC 1

DESCRIPTION

PART B  
 MM/DD/YYYY AMOUNT  
 1 2

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	ADJUSTMENTS TO PROVIDER	.01		
	ADJUSTMENTS TO PROVIDER	.02		
	ADJUSTMENTS TO PROVIDER	.03		
	ADJUSTMENTS TO PROVIDER	.04		
	ADJUSTMENTS TO PROVIDER	.05		
	ADJUSTMENTS TO PROVIDER	.49		
	ADJUSTMENTS TO PROGRAM	.50		
	ADJUSTMENTS TO PROGRAM	.51		
	ADJUSTMENTS TO PROGRAM	.52		
	ADJUSTMENTS TO PROGRAM	.53		
	ADJUSTMENTS TO PROGRAM	.54		
	ADJUSTMENTS TO PROGRAM	.99		
	SUBTOTAL			NONE
4	TOTAL INTERIM PAYMENTS			374,634
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER	.01		
	TENTATIVE TO PROVIDER	.02		
	TENTATIVE TO PROVIDER	.03		
	TENTATIVE TO PROGRAM	.50		
	TENTATIVE TO PROGRAM	.51		
	TENTATIVE TO PROGRAM	.52		
	SUBTOTAL	.99		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			45,747
	SETTLEMENT TO PROVIDER	.01		
	SETTLEMENT TO PROGRAM	.02		
7	TOTAL MEDICARE PROGRAM LIABILITY			420,381

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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