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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 14-1308	PERIOD FROM 5/ 1/2007 TO 4/30/2008	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 9/24/2008 TIME 11:53

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 IMPRISIONMENT 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:
WASHINGTON COUNTY HOSPITAL 14-1308
FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2007 AND ENDING 4/30/2008 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	TITLE XVIII		TITLE XIX
			A	B	
		1	2	3	4
1	HOSPITAL	0	14,416	-69,594	0
3	SWING BED - SNF	0	50,271	0	0
9	RHC	0	0	0	0
9.02	RHC III	0	0	77,297	0
100	TOTAL	0	64,687	7,703	0

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

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET S-2
	TO 4/30/2008	

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 705 SOUTH GRAND AVENUE P.O. BOX:

1.01 CITY: NASHVILLE STATE: IL ZIP CODE: 62263- COUNTY: WASHINGTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
	0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	WASHINGTON COUNTY HOSPITAL	14-1308		12/ 1/2000	N	O	O
04.00	SWING BED - SNF	WASH. CO. SWING BEDS	14-Z308		8/18/2000	N	O	O
08.00	HOSPITAL-BASED CLTC	WASH. CO. EXTENDED CARE						
14.00	HOSPITAL-BASED RHC	OKAWVILLE - RHC	14-3470		8/ 1/2005	N	O	N
14.02	HOSPITAL-BASED RHC 3	GRAND STREET - RHC	14-3472		8/ 1/2005	N	O	N

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 5/ 1/2007	TO: 4/30/2008		
				1	2
18	TYPE OF CONTROL			11	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1
20	SUBPROVIDER	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.			
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?	N		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).			
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN OR (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	2		99914
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL			
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL			
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.	N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N		
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	N		
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		/ /	/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.			/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.			/ /
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N		
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	N		
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N		
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		0
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING: / /	ENDING: / /
26.02	ENTER THE APPLICABLE SCH DATES:	BEGINNING: / /	ENDING: / /
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.		Y 8/18/2000
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02		
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2 3 4 0 0.0000 0.0000
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00 0
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		% Y/N
28.03	STAFFING		0.00%
28.04	RECRUITMENT		0.00%
28.05	RETENTION		0.00%
28.06	TRAINING		0.00%
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)		Y
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		N
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		N
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		N
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		N
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		Y
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
	MISCELLANEOUS COST REPORT INFORMATION		
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.		N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2		N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?		N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N
			V XVIII XIX
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL		1 2 3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)		N N N
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)		N N N
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)		N N N
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?		N N N

TITLE XIX INPATIENT SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	Y
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	N
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	N
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	N
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	N

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE	N	
40.01	NAME:	FI/CONTRACTOR NAME	FI/CONTRACTOR #
40.02	STREET:	P.O. BOX:	
40.03	CITY:	STATE: ZIP CODE: -	
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	N	
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	Y	03/17/2008
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?	Y	
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?	N	
45.03	WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?	N	
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).		

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

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

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)	N	
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV	N	
53	IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0	
53.01	MDH PERIOD:	BEGINNING: / /	ENDING: / /
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 50,533		
	PAID LOSSES: 0		
	AND/OR SELF INSURANCE: 0		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.	N	

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

57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?	N	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.	N	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).		0
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)	N	
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)	N	

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL1. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET S-3
	TO 4/30/2008	PART I

	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	I/P DAYS / O/P VISITS / TRIPS - TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX
		1	2	2.01	3	4	4.01	5
1	ADULTS & PEDIATRICS	25	9,150	41,878.00		465		46
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF					1,348		
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	25	9,150	41,878.00		1,813		46
11	NURSERY							17
12	TOTAL	25	9,150	41,878.00		1,813		63
13	RPCH VISITS							
17	OTHER LONG TERM CARE	33	12,045					
18	HOME HEALTH AGENCY							
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE							
23	CORF							
24	RURAL HEALTH CLINIC							
24 01	RURAL HEALTH CLINIC 2							
24 02	RURAL HEALTH CLINIC 3					2,534		
25	TOTAL	58						
26	OBSERVATION BED DAYS							7
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS - IRF							

	COMPONENT	I/P DAYS / O/P VISITS / TRIPS - TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED	TOTAL ALL PATS	TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	-- INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			638				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF			1,392				
4	ADULTS & PED-SB NF			155				
5	TOTAL ADULTS AND PEDS			2,185				
11	NURSERY			38				
12	TOTAL			2,223				
13	RPCH VISITS							
17	OTHER LONG TERM CARE			10,097				
18	HOME HEALTH AGENCY							
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE							
23	CORF							
24	RURAL HEALTH CLINIC							
24 01	RURAL HEALTH CLINIC 2							
24 02	RURAL HEALTH CLINIC 3			8,280				
25	TOTAL							
26	OBSERVATION BED DAYS		7	105		105		
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS - IRF							

	COMPONENT	I & R FTES NET	FULL TIME EQUIV - EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES - TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					151	25	233
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
11	NURSERY							
12	TOTAL		114.33			151	25	233
13	RPCH VISITS							
17	OTHER LONG TERM CARE		17.28					38
18	HOME HEALTH AGENCY							
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE							
23	CORF							
24	RURAL HEALTH CLINIC							
24 01	RURAL HEALTH CLINIC 2							
24 02	RURAL HEALTH CLINIC 3		12.80					
25	TOTAL		144.41					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS - IRF							

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET S-8
COMPONENT NO:	TO 4/30/2008	
14-3472		

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

RHC 3

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 705 SOUTH GRAND AVENUE

1.01 CITY: NASHVILLE STATE: IL ZIP CODE: 62263 COUNTY: WASHINGTON

2 DESIGNATION (FOR FQHCS ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

	SOURCE OF FEDERAL FUNDS:	GRANT AWARD 1	DATE 2
3	COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)		/ /
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	LOCK-ALIKES		/ /
8	OTHER (SPECIFY)		/ /

	PHYSICIAN INFORMATION:	PHYSICIAN NAME	BILLING NUMBER
9	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DR. ALFONSO URDANETA	L79586
9.01	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DR. MOHAMMED SIDDIQUI	K01625
9.02	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DR. KEITH JENKINS	K37095
9.03	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DR. MARC ZERBE	L87043
9.04	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	KAREN KLEBBER	K14455
9.05	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DEB HOLMAN	K38911

		PHYSICIAN NAME	HOURS OF SUPERVISION
11	DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)		N

FACILITY HOURS OF OPERATIONS (1)

	TYPE OPERATION	SUNDAY FROM	SUNDAY TO	MONDAY FROM	MONDAY TO	TUESDAY FROM	TUESDAY TO	WEDNESDAY FROM	WEDNESDAY TO	THURSDAY FROM	THURSDAY TO	FRIDAY FROM	FRIDAY TO	SATURDAY FROM	SATURDAY TO
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12	CLINIC			730	1900	730	1900	730	1900	730	1900	730	1900		

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

13	HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD?	N
14	IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.	N
15	PROVIDER NAME: PROVIDER NUMBER:	

		TITLE V	TITLE XVIII	TITLE XIX
16	HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.	N		
17	HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.			N

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET A
	TO 4/30/2008	

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		346,034	346,034		346,034
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		306,742	306,742		306,742
5	0500	EMPLOYEE BENEFITS	55,169	1,420,508	1,475,677		1,475,677
6	0600	ADMINISTRATIVE & GENERAL	860,881	798,054	1,658,935	111,837	1,770,772
7	0700	MAINTENANCE & REPAIRS	110,809	415,179	525,988		525,988
9	0900	LAUNDRY & LINEN SERVICE		78,858	78,858		78,858
10	1000	HOUSEKEEPING	181,853	36,444	218,297		218,297
11	1100	DIETARY	204,158	168,518	372,676	-130,436	242,240
12	1200	CAFETERIA				130,436	130,436
14	1400	NURSING ADMINISTRATION	73,764	1,848	75,612		75,612
15	1500	CENTRAL SERVICES & SUPPLY	55,410	206,318	261,728	-196,253	65,475
16	1600	PHARMACY	115,562	332,372	447,934	-301,026	146,908
17	1700	MEDICAL RECORDS & LIBRARY	183,076	35,039	218,115		218,115
18	1800	SOCIAL SERVICE				3,553	3,553
20	2000	NONPHYSICIAN ANESTHETISTS	177,678		177,678		177,678
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	762,465	23,545	786,010	-3,553	782,457
33	3300	NURSERY	37,985	632	38,617		38,617
36	3600	OTHER LONG TERM CARE	462,618	25,157	487,775		487,775
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	232,871	92,134	325,005		325,005
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM	49,157	577	49,734		49,734
40	4000	ANESTHESIOLOGY		135,740	135,740		135,740
41	4100	RADIOLOGY-DIAGNOSTIC	232,975	390,844	623,819	19,500	643,319
42	4200	RADIOLOGY-THERAPEUTIC					
42.01	4201	ONCOLOGY					
44	4400	LABORATORY	257,642	402,215	659,857		659,857
49	4900	RESPIRATORY THERAPY	30,115	78,212	108,327		108,327
50	5000	PHYSICAL THERAPY	538,443	11,510	549,953		549,953
51	5100	OCCUPATIONAL THERAPY					
51.01	5101	CARDIAC REHAB	10,265	1,166	11,431		11,431
53	5300	ELECTROCARDIOLOGY	6,655	12,017	18,672		18,672
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				196,253	196,253
56	5600	DRUGS CHARGED TO PATIENTS				301,026	301,026
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	245,760	836,397	1,082,157		1,082,157
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310	RURAL HEALTH CLINIC					
63.51	6311	RURAL HEALTH CLINIC 2					
63.52	6312	RURAL HEALTH CLINIC 3	1,381,771	253,338	1,635,109	-131,337	1,503,772
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
85.01	8510	PANCREAS ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE					
95		SUBTOTALS	6,267,082	6,409,398	12,676,480	-0-	12,676,480
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.02	9602	UNUSED SPACE					
96.03	9603	NON-REIMBURSABLE HOME HEALTH					
96.04	9604	OUTPATIENT CLINIC	22,278	7,790	30,068		30,068
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	PHYSICIANS' CLINIC					
98.02	9802	WASHINGTON COUNTY HEALTH CENT					
99	9900	NONPAID WORKERS					
101		TOTAL	6,289,360	6,417,188	12,706,548	-0-	12,706,548

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT		346,034
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		306,742
5	0500	EMPLOYEE BENEFITS	-74,419	1,401,258
6	0600	ADMINISTRATIVE & GENERAL	-13,286	1,757,486
7	0700	MAINTENANCE & REPAIRS		525,988
9	0900	LAUNDRY & LINEN SERVICE		78,858
10	1000	HOUSEKEEPING		218,297
11	1100	DIETARY	-9	242,231
12	1200	CAFETERIA	-26,777	103,659
14	1400	NURSING ADMINISTRATION		75,612
15	1500	CENTRAL SERVICES & SUPPLY		65,475
16	1600	PHARMACY		146,908
17	1700	MEDICAL RECORDS & LIBRARY	-1,087	217,028
18	1800	SOCIAL SERVICE		3,553
20	2000	NONPHYSICIAN ANESTHETISTS		177,678
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		782,457
33	3300	NURSERY	-45	38,572
36	3600	OTHER LONG TERM CARE		487,775
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		325,005
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM		49,734
40	4000	ANESTHESIOLOGY		135,740
41	4100	RADIOLOGY-DIAGNOSTIC	-12,423	630,896
42	4200	RADIOLOGY-THERAPEUTIC		
42.01	4201	ONCOLOGY		
44	4400	LABORATORY	-24,223	635,634
49	4900	RESPIRATORY THERAPY		108,327
50	5000	PHYSICAL THERAPY		549,953
51	5100	OCCUPATIONAL THERAPY		
51.01	5101	CARDIAC REHAB		11,431
53	5300	ELECTROCARDIOLOGY	-11,448	7,224
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		196,253
56	5600	DRUGS CHARGED TO PATIENTS		301,026
		OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY	-134,363	947,794
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950	OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310	RURAL HEALTH CLINIC		
63.51	6311	RURAL HEALTH CLINIC 2		
63.52	6312	RURAL HEALTH CLINIC 3	-111,823	1,391,949
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		
65	6500	AMBULANCE SERVICES		
66	6600	DURABLE MEDICAL EQUIP-RENTED		
67	6700	DURABLE MEDICAL EQUIP-SOLD		
69	6900	CORF		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY		
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		
83	8300	KIDNEY ACQUISITION		
84	8400	LIVER ACQUISITION		
85	8500	HEART ACQUISITION		
85.01	8510	PANCREAS ACQUISITION		
86	8600	OTHER ORGAN ACQUISITION		
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
92	9200	AMBULATORY SURGICAL CENTER (D.P.)		
93	9300	HOSPICE		
95		SUBTOTALS	-409,903	12,266,577
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.02	9602	UNUSED SPACE		
96.03	9603	NON-REIMBURSABLE HOME HEALTH		
96.04	9604	OUTPATIENT CLINIC		30,068
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		
98.01	9801	PHYSICIANS' CLINIC		
98.02	9802	WASHINGTON COUNTY HEALTH CENT		
99	9900	NONPAID WORKERS		
101		TOTAL	-409,903	12,296,645

COST CENTERS USED IN COST REPORT

| PROVIDER NO: | PERIOD: | PREPARED 9/24/2008
| 14-1308 | FROM 5/ 1/2007 | NOT A CMS WORKSHEET
| | TO 4/30/2008 |

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
33	NURSERY	3300	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	ONCOLOGY	4201	RADIOLOGY-THERAPEUTIC
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
51.01	CARDIAC REHAB	5101	OCCUPATIONAL THERAPY
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
63.51	RURAL HEALTH CLINIC 2	6311	RURAL HEALTH CLINIC #####
63.52	RURAL HEALTH CLINIC 3	6312	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.02	UNUSED SPACE	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	NON-REIMBURSABLE HOME HEALTH	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	OUTPATIENT CLINIC	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSICIANS' CLINIC	9801	PHYSICIANS' PRIVATE OFFICES
98.02	WASHINGTON COUNTY HEALTH CENT	9802	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

	EXPLANATION OF RECLASSIFICATION	INCREASE CODE (1)	INCREASE COST CENTER	INCREASE LINE NO	INCREASE SALARY	INCREASE OTHER
		1	2	3	4	5
1	TO RECLASS DRUG COST	A	DRUGS CHARGED TO PATIENTS	56		301,026
2	TO RECLASS MED SUPPLY	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		196,253
3	TO RECLASS CAFE COST	C	CAFETERIA	12	71,455	58,981
4	TO RECLASS SOCIAL SVC	D	SOCIAL SERVICE	18	3,553	
5	TO RECLASS DIRECTOR'S SALARY	E	RADIOLOGY-DIAGNOSTIC	41	19,500	
6	TO RECLASS PROF LIABILITY INSURANCE	F	ADMINISTRATIVE & GENERAL	6		131,337
36	TOTAL RECLASSIFICATIONS				94,508	687,597

(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.

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
		1	6	7	8	9	10
1	TO RECLASS DRUG COST	A	PHARMACY	16		301,026	
2	TO RECLASS MED SUPPLY	B	CENTRAL SERVICES & SUPPLY	15		196,253	
3	TO RECLASS CAFE COST	C	DIETARY	11	71,455	58,981	
4	TO RECLASS SOCIAL SVC	D	ADULTS & PEDIATRICS	25	3,553		
5	TO RECLASS DIRECTOR'S SALARY	E	ADMINISTRATIVE & GENERAL	6	19,500		
6	TO RECLASS PROF LIABILITY INSURANCE	F	RURAL HEALTH CLINIC 3	63.52		131,337	
36	TOTAL RECLASSIFICATIONS				94,508	687,597	

(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.

RECLASS CODE: A
EXPLANATION : TO RECLASS DRUG COST

INCREASE			DECREASE		
LINE COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00 DRUGS CHARGED TO PATIENTS	56	301,026	PHARMACY	16	301,026
TOTAL RECLASSIFICATIONS FOR CODE A		301,026			301,026

RECLASS CODE: B
EXPLANATION : TO RECLASS MED SUPPLY

INCREASE			DECREASE		
LINE COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00 MEDICAL SUPPLIES CHARGED TO PA	55	196,253	CENTRAL SERVICES & SUPPLY	15	196,253
TOTAL RECLASSIFICATIONS FOR CODE B		196,253			196,253

RECLASS CODE: C
EXPLANATION : TO RECLASS CAFE COST

INCREASE			DECREASE		
LINE COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00 CAFETERIA	12	130,436	DIETARY	11	130,436
TOTAL RECLASSIFICATIONS FOR CODE C		130,436			130,436

RECLASS CODE: D
EXPLANATION : TO RECLASS SOCIAL SVC

INCREASE			DECREASE		
LINE COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00 SOCIAL SERVICE	18	3,553	ADULTS & PEDIATRICS	25	3,553
TOTAL RECLASSIFICATIONS FOR CODE D		3,553			3,553

RECLASS CODE: E
EXPLANATION : TO RECLASS DIRECTOR'S SALARY

INCREASE			DECREASE		
LINE COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00 RADIOLOGY-DIAGNOSTIC	41	19,500	ADMINISTRATIVE & GENERAL	6	19,500
TOTAL RECLASSIFICATIONS FOR CODE E		19,500			19,500

RECLASS CODE: F
EXPLANATION : TO RECLASS PROF LIABILITY INSURANCE

INCREASE			DECREASE		
LINE COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00 ADMINISTRATIVE & GENERAL	6	131,337	RURAL HEALTH CLINIC 3	63.52	131,337
TOTAL RECLASSIFICATIONS FOR CODE F		131,337			131,337

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	62,855					62,855	
2	LAND IMPROVEMENTS	362,379					362,379	
3	BUILDINGS & FIXTURE	8,923,151	2,881		2,881		8,926,032	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	304,578	19,458		19,458		324,036	
6	MOVABLE EQUIPMENT	5,081,386	407,635		407,635	8,755	5,480,266	
7	SUBTOTAL	14,734,349	429,974		429,974	8,755	15,155,568	
8	RECONCILING ITEMS							
9	TOTAL	14,734,349	429,974		429,974	8,755	15,155,568	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	9,227,729		9,227,729	.644885				
4	NEW CAP REL COSTS-MV	5,081,386		5,081,386	.355115				
5	TOTAL	14,309,115		14,309,115	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	346,034						346,034
4	NEW CAP REL COSTS-MV	306,742						306,742
5	TOTAL	652,776						652,776

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	346,034						346,034
4	NEW CAP REL COSTS-MV	306,742						306,742
5	TOTAL	652,776						652,776

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET A-8
	TO 4/30/2008	

	DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF.
		1	2	3	4	5
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-6,988	ADMINISTRATIVE & GENERAL	6	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-174,877			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS					
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW PHYSIAN COMP			UTILIZATION REVIEW SNF	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	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			NONPHYSICIAN ANESTHETISTS	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37	CAFETERIA REVENUE	B	-26,777	CAFETERIA	12	
38	MED RECORDS REVENUE	B	-1,087	MEDICAL RECORDS & LIBRARY	17	
39	CASH DISCOUNT	B	-2,509	ADMINISTRATIVE & GENERAL	6	
40	NURSERY PHOTOS	B	-45	NURSERY	33	
41	MISC REVENUE	B	-6,370	ADMINISTRATIVE & GENERAL	6	
42	LAB FEES	B	-7,580	LABORATORY	44	
43	EDUCATION FEE	B	-1,085	ADMINISTRATIVE & GENERAL	6	
44	VENDING	B	-9	DIETARY	11	
45	PUBLIC RELATIONS	A	-28,182	ADMINISTRATIVE & GENERAL	6	
46	HEALTHLINK ADMIN FEES	A	74,091	ADMINISTRATIVE & GENERAL	6	
47	LOBBYING PORTION OF DUES	A	-12,727	ADMINISTRATIVE & GENERAL	6	
48	NON-RHC SERVICES	A	-111,823	RURAL HEALTH CLINIC 3	63.52	
49	NON-RHC BENEFITS	A	-18,959	EMPLOYEE BENEFITS	5	
49.01	PHYSICIAN RECRUITING COST	A	-2,652	ADMINISTRATIVE & GENERAL	6	
49.02	MISC SUPP & DRUG REVENUE	A	-55,460	EMPLOYEE BENEFITS	5	
49.03	LIFELINE REVENUE	A	-20,075	ADMINISTRATIVE & GENERAL	6	
49.04	INTEREST INCOME	B	-6,789	ADMINISTRATIVE & GENERAL	6	
49.05						
49.06						
50	TOTAL (SUM OF LINES 1 THRU 49)		-409,903			

(1) Description - all chapter references in this columnpertain to CMS Pub. 15-I.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET A-8-2
	TO 4/30/2008	GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	41	ULTRASOUND	9,968	9,968					
2	41	RADIOLOGY-DIAGNOSTIC	2,455	2,455					
3	44	LABORATORY	16,643	16,643					
4	53	ELECTROCARDIOLOGY	11,448	11,448					
5	61	EMERGENCY	820,158	134,363	685,795				
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	860,672	174,877	685,795				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET A-8-2
	TO 4/30/2008	GROUP 1

	WKSHT A LINE NO. 10		COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	41	ULTRASOUND								9,968
2	41	RADIOLOGY-DIAGNOSTIC								2,455
3	44	LABORATORY								16,643
4	53	ELECTROCARDIOLOGY								11,448
5	61	EMERGENCY								134,363
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
101		TOTAL								174,877

COST ALLOCATION STATISTICS

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	NOT A CMS WORKSHEET
	TO 4/30/2008	

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

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL
			0	1	2	3	4	5	5a.00
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &	346,034			346,034			
004		NEW CAP REL COSTS-MVBLE E	306,742				306,742		
005		EMPLOYEE BENEFITS	1,401,258			669	176	1,402,103	
006		ADMINISTRATIVE & GENERAL	1,757,486			81,760	107,332	189,231	2,135,809
007		MAINTENANCE & REPAIRS	525,988			48,561	2,071	24,921	601,541
009		LAUNDRY & LINEN SERVICE	78,858			4,589	1,244		84,691
010		HOUSEKEEPING	218,297			2,102	806	40,900	262,105
011		DIETARY	242,231			8,611	3,256	29,846	283,944
012		CAFETERIA	103,659			4,230		16,071	123,960
014		NURSING ADMINISTRATION	75,612			669	200	16,590	93,071
015		CENTRAL SERVICES & SUPPLY	65,475			3,850	4,077	12,462	85,864
016		PHARMACY	146,908			2,654	10,514	25,990	186,066
017		MEDICAL RECORDS & LIBRARY	217,028			4,934	4,096	41,175	267,233
018		SOCIAL SERVICE	3,553			446		799	4,798
020		NONPHYSICIAN ANESTHETISTS	177,678					39,961	217,639
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	782,457			33,689	13,167	170,683	999,996
033		NURSERY	38,572			2,057	1,082	8,543	50,254
036		OTHER LONG TERM CARE	487,775			46,251	8,632	104,045	646,703
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	325,005			15,859	25,156	52,374	418,394
038		RECOVERY ROOM				1,256			1,256
039		DELIVERY ROOM & LABOR ROO	49,734			4,432	868	11,056	66,090
040		ANESTHESIOLOGY	135,740				4,837		140,577
041		RADIOLOGY-DIAGNOSTIC	630,896			25,843	88,382	56,783	801,904
042		RADIOLOGY-THERAPEUTIC							
042	01	ONCOLOGY							
044		LABORATORY	635,634			10,222	3,678	57,945	707,479
049		RESPIRATORY THERAPY	108,327			436	4,509	6,773	120,045
050		PHYSICAL THERAPY	549,953			9,994	3,157	121,099	684,203
051		OCCUPATIONAL THERAPY							
051	01	CARDIAC REHAB	11,431					2,309	13,740
053		ELECTROCARDIOLOGY	7,224			294	1,567	1,497	10,582
055		MEDICAL SUPPLIES CHARGED	196,253						196,253
056		DRUGS CHARGED TO PATIENTS	301,026						301,026
		OUTPAT SERVICE COST CNTRS							
061		EMERGENCY	947,794			16,417	7,260	55,273	1,026,744
062		OBSERVATION BEDS (NON-DIS							
063		OTHER OUTPATIENT SERVICE							
063	50	RURAL HEALTH CLINIC							
063	51	RURAL HEALTH CLINIC 2							
063	52	RURAL HEALTH CLINIC 3	1,391,949			12,212	3,038	310,767	1,717,966
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
085	01	PANCREAS ACQUISITION							
086		OTHER ORGAN ACQUISITION							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE							
095		SUBTOTALS	12,266,577			342,037	299,105	1,397,093	12,249,933
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP				1,236			1,236
096	02	UNUSED SPACE							
096	03	NON-REIMBURSABLE HOME HEA				547			547
096	04	OUTPATIENT CLINIC	30,068			2,214	6,394	5,010	43,686
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC							
098	01	PHYSICIANS' CLINIC							
098	02	WASHINGTON COUNTY HEALTH					1,243		1,243
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	12,296,645			346,034	306,742	1,402,103	12,296,645

		COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
			6	7	9	10	11	12	14
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL	2,135,809						
007		MAINTENANCE & REPAIRS	126,444	727,985					
009		LAUNDRY & LINEN SERVICE	17,802	15,536	118,029				
010		HOUSEKEEPING	55,094	7,116		324,315			
011		DIETARY	59,685	29,151		13,404	386,184		
012		CAFETERIA	26,056	14,318		6,584	135,129	306,047	
014		NURSING ADMINISTRATION	19,564	2,263		1,041		3,472	119,411
015		CENTRAL SERVICES & SUPPLY	18,049	13,032		5,992		6,287	
016		PHARMACY	39,111	8,985		4,132		4,973	
017		MEDICAL RECORDS & LIBRARY	56,172	16,702		7,680		20,017	
018		SOCIAL SERVICE	1,009	1,509		694		250	
020		NONPHYSICIAN ANESTHETISTS	45,748						
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	210,199	114,049	22,505	52,440	51,076	67,684	40,562
033		NURSERY	10,563	6,962	15	3,201			6,942
036		OTHER LONG TERM CARE	135,937	156,575	64,295	71,991	197,153	54,047	21,795
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	87,946	53,689	5,752	24,687	2,826	12,792	14,780
038		RECOVERY ROOM	264	4,253		1,955			
039		DELIVERY ROOM & LABOR ROO	13,892	15,004	2,011	6,899			8,981
040		ANESTHESIOLOGY	29,549					3,159	
041		RADIOLOGY-DIAGNOSTIC	168,560	87,487	5,255	40,227		16,577	
042		RADIOLOGY-THERAPEUTIC							
042	01	ONCOLOGY							
044		LABORATORY	148,712	34,604		15,911		20,236	
049		RESPIRATORY THERAPY	25,233	1,475		678		3,128	3,714
050		PHYSICAL THERAPY	143,819	33,832	10,016	15,556		33,998	
051		OCCUPATIONAL THERAPY							
051	01	CARDIAC REHAB	2,888						967
053		ELECTROCARDIOLOGY	2,224	995		457		594	703
055		MEDICAL SUPPLIES CHARGED	41,252						
056		DRUGS CHARGED TO PATIENTS	63,276						
		OUTPAT SERVICE COST CNTRS							
061		EMERGENCY	215,822	55,575	6,381	25,554		15,795	18,706
062		OBSERVATION BEDS (NON-DIS							
063		OTHER OUTPATIENT SERVICE							
063	50	RURAL HEALTH CLINIC							
063	51	RURAL HEALTH CLINIC 2							
063	52	RURAL HEALTH CLINIC 3	361,120	41,343	1,229	19,010		40,035	
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
085	01	PANCREAS ACQUISITION							
086		OTHER ORGAN ACQUISITION							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE							
095		SUBTOTALS	2,125,990	714,455	117,459	318,093	386,184	303,044	117,150
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	260	4,184		1,924			
096	02	UNUSED SPACE							
096	03	NON-REIMBURSABLE HOME HEA	115	1,852		852			
096	04	OUTPATIENT CLINIC	9,183	7,494	570	3,446		3,003	2,261
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC							
098	01	PHYSICIANS' CLINIC							
098	02	WASHINGTON COUNTY HEALTH	261						
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	2,135,809	727,985	118,029	324,315	386,184	306,047	119,411

		COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
			15	16	17	18	20	25	26
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY	129,224						
016		PHARMACY		243,267					
017		MEDICAL RECORDS & LIBRARY	88		367,892				
018		SOCIAL SERVICE				8,260			
020		NONPHYSICIAN ANESTHETISTS					263,387		
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	13,456	416	7,589	7,021		1,586,993	
033		NURSERY	247		223	496		78,903	
036		OTHER LONG TERM CARE	14,846		20,256	743		1,384,341	
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	10,089	199	15,047			646,201	
038		RECOVERY ROOM			128			7,856	
039		DELIVERY ROOM & LABOR RCO	230		673			113,780	
040		ANESTHESIOLOGY	582	376	8,622		263,387	446,252	
041		RADIOLOGY-DIAGNOSTIC	5,103	651	87,571			1,213,335	
042		RADIOLOGY-THERAPEUTIC							
042	01	ONCOLOGY							
044		LABORATORY	2,744	263	67,111			997,060	
049		RESPIRATORY THERAPY	1,310		9,031			164,614	
050		PHYSICAL THERAPY	1,433	257	30,310			953,424	
051		OCCUPATIONAL THERAPY							
051	01	CARDIAC REHAB			1,140			18,735	
053		ELECTROCARDIOLOGY	573		4,077			20,205	
055		MEDICAL SUPPLIES CHARGED	69,987		25,674			333,166	
056		DRUGS CHARGED TO PATIENTS	230	239,889	32,683			637,104	
		OUTPAT SERVICE COST CNTRS							
061		EMERGENCY	5,698	418	40,046			1,410,739	
062		OBSERVATION BEDS (NON-DIS							
063		OTHER OUTPATIENT SERVICE							
063	50	RURAL HEALTH CLINIC							
063	51	RURAL HEALTH CLINIC 2							
063	52	RURAL HEALTH CLINIC 3	1,922	342	17,711			2,200,678	
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
085	01	PANCREAS ACQUISITION							
086		OTHER ORGAN ACQUISITION							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE							
095		SUBTOTALS	128,538	242,811	367,892	8,260	263,387	12,213,386	
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP						7,604	
096	02	UNUSED SPACE							
096	03	NON-REIMBURSABLE HOME HEA						3,366	
096	04	OUTPATIENT CLINIC	686	456				70,785	
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC							
098	01	PHYSICIANS' CLINIC							
098	02	WASHINGTON COUNTY HEALTH						1,504	
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	129,224	243,267	367,892	8,260	263,387	12,296,645	

		COST CENTER DESCRIPTION	TOTAL
			27
		GENERAL SERVICE COST CNTR	
001		OLD CAP REL COSTS-BLDG &	
002		OLD CAP REL COSTS-MVBLE E	
003		NEW CAP REL COSTS-BLDG &	
004		NEW CAP REL COSTS-MVBLE E	
005		EMPLOYEE BENEFITS	
006		ADMINISTRATIVE & GENERAL	
007		MAINTENANCE & REPAIRS	
009		LAUNDRY & LINEN SERVICE	
010		HOUSEKEEPING	
011		DIETARY	
012		CAFETERIA	
014		NURSING ADMINISTRATION	
015		CENTRAL SERVICES & SUPPLY	
016		PHARMACY	
017		MEDICAL RECORDS & LIBRARY	
018		SOCIAL SERVICE	
020		NONPHYSICIAN ANESTHETISTS	
		INPAT ROUTINE SRVC CNTRS	
025		ADULTS & PEDIATRICS	1,586,993
033		NURSERY	78,903
036		OTHER LONG TERM CARE	1,384,341
		ANCILLARY SRVC COST CNTRS	
037		OPERATING ROOM	646,201
038		RECOVERY ROOM	7,856
039		DELIVERY ROOM & LABOR ROO	113,780
040		ANESTHESIOLOGY	446,252
041		RADIOLOGY-DIAGNOSTIC	1,213,335
042		RADIOLOGY-THERAPEUTIC	
042	01	ONCOLOGY	
044		LABORATORY	997,060
049		RESPIRATORY THERAPY	164,614
050		PHYSICAL THERAPY	953,424
051		OCCUPATIONAL THERAPY	
051	01	CARDIAC REHAB	18,735
053		ELECTROCARDIOLOGY	20,205
055		MEDICAL SUPPLIES CHARGED	333,166
056		DRUGS CHARGED TO PATIENTS	637,104
		OUTPAT SERVICE COST CNTRS	
061		EMERGENCY	1,410,739
062		OBSERVATION BEDS (NON-DIS	
063		OTHER OUTPATIENT SERVICE	
063	50	RURAL HEALTH CLINIC	
063	51	RURAL HEALTH CLINIC 2	
063	52	RURAL HEALTH CLINIC 3	2,200,678
		OTHER REIMBURS COST CNTRS	
064		HOME PROGRAM DIALYSIS	
065		AMBULANCE SERVICES	
066		DURABLE MEDICAL EQUIP-REN	
067		DURABLE MEDICAL EQUIP-SOL	
069		CORF	
070		I&R SERVICES-NOT APPRVD P	
071		HOME HEALTH AGENCY	
082		LUNG ACQUISITION	
		SPEC PURPOSE COST CENTERS	
083		KIDNEY ACQUISITION	
084		LIVER ACQUISITION	
085		HEART ACQUISITION	
085	01	PANCREAS ACQUISITION	
086		OTHER ORGAN ACQUISITION	
092		AMBULATORY SURGICAL CENTE	
093		HOSPICE	
095		SUBTOTALS	12,213,386
		NONREIMBURS COST CENTERS	
096		GIFT, FLOWER, COFFEE SHOP	7,604
096	02	UNUSED SPACE	
096	03	NON-REIMBURSABLE HOME HEA	3,366
096	04	OUTPATIENT CLINIC	70,785
097		RESEARCH	
098		PHYSICIANS' PRIVATE OFFIC	
098	01	PHYSICIANS' CLINIC	
098	02	WASHINGTON COUNTY HEALTH	1,504
099		NONPAID WORKERS	
101		CROSS FOOT ADJUSTMENT	
102		NEGATIVE COST CENTER	
103		TOTAL	12,296,645

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
			0	1	2	3	4	4a	5
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS				669	176	845	845
006		ADMINISTRATIVE & GENERAL				81,760	107,332	189,092	114
007		MAINTENANCE & REPAIRS				48,561	2,071	50,632	15
009		LAUNDRY & LINEN SERVICE				4,589	1,244	5,833	
010		HOUSEKEEPING				2,102	806	2,908	25
011		DIETARY				8,611	3,256	11,867	18
012		CAFETERIA				4,230		4,230	10
014		NURSING ADMINISTRATION				669	200	869	10
015		CENTRAL SERVICES & SUPPLY				3,850	4,077	7,927	8
016		PHARMACY				2,654	10,514	13,168	16
017		MEDICAL RECORDS & LIBRARY				4,934	4,096	9,030	25
018		SOCIAL SERVICE				446		446	
020		NONPHYSICIAN ANESTHETISTS							24
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS				33,689	13,167	46,856	103
033		NURSERY				2,057	1,082	3,139	5
036		OTHER LONG TERM CARE				46,251	8,632	54,883	63
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM				15,859	25,156	41,015	32
038		RECOVERY ROOM				1,256		1,256	
039		DELIVERY ROOM & LABOR ROO				4,432	868	5,300	7
040		ANESTHESIOLOGY					4,837	4,837	
041		RADIOLOGY-DIAGNOSTIC				25,843	88,382	114,225	34
042		RADIOLOGY-THERAPEUTIC							
042	01	ONCOLOGY							
044		LABORATORY				10,222	3,678	13,900	35
049		RESPIRATORY THERAPY				436	4,509	4,945	4
050		PHYSICAL THERAPY				9,994	3,157	13,151	73
051		OCCUPATIONAL THERAPY							
051	01	CARDIAC REHAB							1
053		ELECTROCARDIOLOGY				294	1,567	1,861	1
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
		OUTPAT SERVICE COST CNTRS							
061		EMERGENCY				16,417	7,260	23,677	33
062		OBSERVATION BEDS (NON-DIS							
063		OTHER OUTPATIENT SERVICE							
063	50	RURAL HEALTH CLINIC							
063	51	RURAL HEALTH CLINIC 2							
063	52	RURAL HEALTH CLINIC 3				12,212	3,038	15,250	186
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
085	01	PANCREAS ACQUISITION							
086		OTHER ORGAN ACQUISITION							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE							
095		SUBTOTALS				342,037	299,105	641,142	842
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP				1,236		1,236	
096	02	UNUSED SPACE							
096	03	NON-REIMBURSABLE HOME HEA				547		547	
096	04	OUTPATIENT CLINIC				2,214	6,394	8,608	3
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC							
098	01	PHYSICIANS' CLINIC							
098	02	WASHINGTON COUNTY HEALTH					1,243	1,243	
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL				346,034	306,742	652,776	845

		COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
			6	7	9	10	11	12	14
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL	189,206						
007		MAINTENANCE & REPAIRS	11,201	61,848					
009		LAUNDRY & LINEN SERVICE	1,577	1,320	8,730				
010		HOUSEKEEPING	4,881	605		8,419			
011		DIETARY	5,287	2,477		348	19,997		
012		CAFETERIA	2,308	1,216		171	6,997	14,932	
014		NURSING ADMINISTRATION	1,733	192		27		169	3,000
015		CENTRAL SERVICES & SUPPLY	1,599	1,107		156		307	
016		PHARMACY	3,465	763		107		243	
017		MEDICAL RECORDS & LIBRARY	4,976	1,419		199		977	
018		SOCIAL SERVICE	89	128		18		12	
020		NONPHYSICIAN ANESTHETISTS	4,053						
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	18,621	9,689	1,665	1,361	2,645	3,302	1,019
033		NURSERY	936	591	1	83			174
036		OTHER LONG TERM CARE	12,042	13,305	4,755	1,870	10,209	2,637	548
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	7,791	4,561	425	641	146	624	371
038		RECOVERY ROOM	23	361		51			
039		DELIVERY ROOM & LABOR ROO	1,231	1,275	149	179			226
040		ANESTHESIOLOGY	2,618					154	
041		RADIOLOGY-DIAGNOSTIC	14,932	7,433	389	1,044		809	
042		RADIOLOGY-THERAPEUTIC							
042	01	ONCOLOGY							
044		LABORATORY	13,174	2,940		413		987	
049		RESPIRATORY THERAPY	2,235	125		18		153	93
050		PHYSICAL THERAPY	12,741	2,874	741	404		1,659	
051		OCCUPATIONAL THERAPY							
051	01	CARDIAC REHAB	256						24
053		ELECTROCARDIOLOGY	197	84		12		29	18
055		MEDICAL SUPPLIES CHARGED	3,654						
056		DRUGS CHARGED TO PATIENTS	5,605						
		OUTPAT SERVICE COST CNTRS							
061		EMERGENCY	19,119	4,722	472	663		771	470
062		OBSERVATION BEDS (NON-DIS							
063		OTHER OUTPATIENT SERVICE							
063	50	RURAL HEALTH CLINIC							
063	51	RURAL HEALTH CLINIC 2							
063	52	RURAL HEALTH CLINIC 3	31,993	3,512	91	493		1,953	
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
085	01	PANCREAS ACQUISITION							
086		OTHER ORGAN ACQUISITION							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE							
095		SUBTOTALS	188,337	60,699	8,688	8,258	19,997	14,786	2,943
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	23	355		50			
096	02	UNUSED SPACE							
096	03	NON-REIMBURSABLE HOME HEA	10	157		22			
096	04	OUTPATIENT CLINIC	813	637	42	89		146	57
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC							
098	01	PHYSICIANS' CLINIC							
098	02	WASHINGTON COUNTY HEALTH	23						
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	189,206	61,848	8,730	8,419	19,997	14,932	3,000

		COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
			15	16	17	18	20	25	26
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY	11,104						
016		PHARMACY		17,762					
017		MEDICAL RECORDS & LIBRARY	8		16,634				
018		SOCIAL SERVICE				693			
020		NONPHYSICIAN ANESTHETISTS					4,077		
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	1,156	30	343	589		87,379	
033		NURSERY	21		10	42		5,002	
036		OTHER LONG TERM CARE	1,276		916	62		102,566	
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	867	15	681			57,169	
038		RECOVERY ROOM			6			1,697	
039		DELIVERY ROOM & LABOR ROO	20		30			8,417	
040		ANESTHESIOLOGY	50	27	390			8,076	
041		RADIOLOGY-DIAGNOSTIC	439	48	3,957			143,310	
042		RADIOLOGY-THERAPEUTIC							
042	01	ONCOLOGY							
044		LABORATORY	236	19	3,035			34,739	
049		RESPIRATORY THERAPY	113		408			8,094	
050		PHYSICAL THERAPY	123	19	1,371			33,156	
051		OCCUPATIONAL THERAPY							
051	01	CARDIAC REHAB			52			333	
053		ELECTROCARDIOLOGY	49		184			2,435	
055		MEDICAL SUPPLIES CHARGED	6,012		1,161			10,827	
056		DRUGS CHARGED TO PATIENTS	20	17,516	1,478			24,619	
		OUTPAT SERVICE COST CNTRS							
061		EMERGENCY	490	30	1,811			52,258	
062		OBSERVATION BEDS (NON-DIS							
063		OTHER OUTPATIENT SERVICE							
063	50	RURAL HEALTH CLINIC							
063	51	RURAL HEALTH CLINIC 2							
063	52	RURAL HEALTH CLINIC 3	165	25	801			54,469	
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
085	01	PANCREAS ACQUISITION							
086		OTHER ORGAN ACQUISITION							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE							
095		SUBTOTALS	11,045	17,729	16,634	693		634,546	
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP						1,664	
096	02	UNUSED SPACE							
096	03	NON-REIMBURSABLE HOME HEA						736	
096	04	OUTPATIENT CLINIC	59	33				10,487	
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC							
098	01	PHYSICIANS' CLINIC							
098	02	WASHINGTON COUNTY HEALTH						1,266	
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS					4,077	4,077	
102		NEGATIVE COST CENTER							
103		TOTAL	11,104	17,762	16,634	693	4,077	652,776	

		COST CENTER DESCRIPTION	TOTAL
			27
		GENERAL SERVICE COST CNTR	
001		OLD CAP REL COSTS-BLDG &	
002		OLD CAP REL COSTS-MVBLE E	
003		NEW CAP REL COSTS-BLDG &	
004		NEW CAP REL COSTS-MVBLE E	
005		EMPLOYEE BENEFITS	
006		ADMINISTRATIVE & GENERAL	
007		MAINTENANCE & REPAIRS	
009		LAUNDRY & LINEN SERVICE	
010		HOUSEKEEPING	
011		DIETARY	
012		CAFETERIA	
014		NURSING ADMINISTRATION	
015		CENTRAL SERVICES & SUPPLY	
016		PHARMACY	
017		MEDICAL RECORDS & LIBRARY	
018		SOCIAL SERVICE	
020		NONPHYSICIAN ANESTHETISTS	
		INPAT ROUTINE SRVC CNTRS	
025		ADULTS & PEDIATRICS	87,379
033		NURSERY	5,002
036		OTHER LONG TERM CARE	102,566
		ANCILLARY SRVC COST CNTRS	
037		OPERATING ROOM	57,169
038		RECOVERY ROOM	1,697
039		DELIVERY ROOM & LABOR ROO	8,417
040		ANESTHESIOLOGY	8,076
041		RADIOLOGY-DIAGNOSTIC	143,310
042		RADIOLOGY-THERAPEUTIC	
042	01	ONCOLOGY	
044		LABORATORY	34,739
049		RESPIRATORY THERAPY	8,094
050		PHYSICAL THERAPY	33,156
051		OCCUPATIONAL THERAPY	
051	01	CARDIAC REHAB	333
053		ELECTROCARDIOLOGY	2,435
055		MEDICAL SUPPLIES CHARGED	10,827
056		DRUGS CHARGED TO PATIENTS	24,619
		OUTPAT SERVICE COST CNTRS	
061		EMERGENCY	52,258
062		OBSERVATION BEDS (NON-DIS	
063		OTHER OUTPATIENT SERVICE	
063	50	RURAL HEALTH CLINIC	
063	51	RURAL HEALTH CLINIC 2	
063	52	RURAL HEALTH CLINIC 3	54,469
		OTHER REIMBURS COST CNTRS	
064		HOME PROGRAM DIALYSIS	
065		AMBULANCE SERVICES	
066		DURABLE MEDICAL EQUIP-REN	
067		DURABLE MEDICAL EQUIP-SOL	
069		CORF	
070		I&R SERVICES-NOT APPRVD P	
071		HOME HEALTH AGENCY	
082		LUNG ACQUISITION	
		SPEC PURPOSE COST CENTERS	
083		KIDNEY ACQUISITION	
084		LIVER ACQUISITION	
085		HEART ACQUISITION	
085	01	PANCREAS ACQUISITION	
086		OTHER ORGAN ACQUISITION	
092		AMBULATORY SURGICAL CENTE	
093		HOSPICE	
095		SUBTOTALS	634,546
		NONREIMBURS COST CENTERS	
096		GIFT, FLOWER, COFFEE SHOP	1,664
096	02	UNUSED SPACE	
096	03	NON-REIMBURSABLE HOME HEA	736
096	04	OUTPATIENT CLINIC	10,487
097		RESEARCH	
098		PHYSICIANS' PRIVATE OFFIC	
098	01	PHYSICIANS' CLINIC	
098	02	WASHINGTON COUNTY HEALTH	1,266
099		NONPAID WORKERS	
101		CROSS FOOT ADJUSTMENTS	4,077
102		NEGATIVE COST CENTER	
103		TOTAL	652,776

		COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
			1	2	3	4	5	6a.00
		GENERAL SERVICE COST						
001		OLD CAP REL COSTS-BLD						
002		OLD CAP REL COSTS-MVB						
003		NEW CAP REL COSTS-BLD			68,315			
004		NEW CAP REL COSTS-MVB				303,276		
005		EMPLOYEE BENEFITS			132	174	6,234,191	
006		ADMINISTRATIVE & GENE			16,142	106,120	841,381	-2,135,809
007		MAINTENANCE & REPAIRS			9,587	2,048	110,809	
009		LAUNDRY & LINEN SERVI			906	1,230		
010		HOUSEKEEPING			415	797	181,853	
011		DIETARY			1,700	3,219	132,703	
012		CAFETERIA			835		71,455	
014		NURSING ADMINISTRATIO			132	198	73,764	
015		CENTRAL SERVICES & SU			760	4,031	55,410	
016		PHARMACY			524	10,395	115,562	
017		MEDICAL RECORDS & LIB			974	4,050	183,076	
018		SOCIAL SERVICE			88		3,553	
020		NONPHYSICIAN ANESTHET					177,678	
		INPAT ROUTINE SRVC CN						
025		ADULTS & PEDIATRICS			6,651	13,018	758,912	
033		NURSERY			406	1,070	37,985	
036		OTHER LONG TERM CARE			9,131	8,534	462,618	
		ANCILLARY SRVC COST C						
037		OPERATING ROOM			3,131	24,872	232,871	
038		RECOVERY ROOM			248			
039		DELIVERY ROOM & LABOR			875	858	49,157	
040		ANESTHESIOLOGY				4,782		
041		RADIOLOGY-DIAGNOSTIC			5,102	87,383	252,475	
042		RADIOLOGY-THERAPEUTIC						
042	01	ONCOLOGY						
044		LABORATORY			2,018	3,636	257,642	
049		RESPIRATORY THERAPY			86	4,458	30,115	
050		PHYSICAL THERAPY			1,973	3,121	538,443	
051		OCCUPATIONAL THERAPY						
051	01	CARDIAC REHAB					10,265	
053		ELECTROCARDIOLOGY			58	1,549	6,655	
055		MEDICAL SUPPLIES CHAR						
056		DRUGS CHARGED TO PATI						
		OUTPAT SERVICE COST C						
061		EMERGENCY			3,241	7,178	245,760	
062		OBSERVATION BEDS (NON						
063		OTHER OUTPATIENT SERV						
063	50	RURAL HEALTH CLINIC						
063	51	RURAL HEALTH CLINIC 2						
063	52	RURAL HEALTH CLINIC 3			2,411	3,004	1,381,771	
		OTHER REIMBURS COST C						
064		HOME PROGRAM DIALYSIS						
065		AMBULANCE SERVICES						
066		DURABLE MEDICAL EQUIP						
067		DURABLE MEDICAL EQUIP						
069		CORF						
070		I&R SERVICES-NOT APPR						
071		HOME HEALTH AGENCY						
082		LUNG ACQUISITION						
		SPEC PURPOSE COST CEN						
083		KIDNEY ACQUISITION						
084		LIVER ACQUISITION						
085		HEART ACQUISITION						
085	01	PANCREAS ACQUISITION						
086		OTHER ORGAN ACQUISITI						
092		AMBULATORY SURGICAL C						
093		HOSPICE						
095		SUBTOTALS			67,526	295,725	6,211,913	-2,135,809
		NONREIMBURS COST CENT						
096		GIFT, FLOWER, COFFEE			244			
096	02	UNUSED SPACE						
096	03	NON-REIMBURSABLE HOME			108			
096	04	OUTPATIENT CLINIC			437	6,322	22,278	
097		RESEARCH						
098		PHYSICIANS' PRIVATE O						
098	01	PHYSICIANS' CLINIC						
098	02	WASHINGTON COUNTY HEA				1,229		
099		NONPAID WORKERS						
101		CROSS FOOT ADJUSTMENT						
102		NEGATIVE COST CENTER						
103		COST TO BE ALLOCATED (WRKSHT B, PART I)			346,034	306,742	1,402,103	
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)			5.065271	1.011429	.224905	
105		COST TO BE ALLOCATED (WRKSHT B, PART II)						
106		UNIT COST MULTIPLIER						

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
		1	2	3	4	5	6a.00
	NONREIMBURS COST CENT (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III					845	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000136	

		COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT SING HRS)	NR
			6	7	9	10	11	12	14	
		GENERAL SERVICE COST								
001		OLD CAP REL COSTS-BLD								
002		OLD CAP REL COSTS-MVB								
003		NEW CAP REL COSTS-BLD								
004		NEW CAP REL COSTS-MVB								
005		EMPLOYEE BENEFITS								
006		ADMINISTRATIVE & GENE	10,160,836							
007		MAINTENANCE & REPAIRS	601,541	42,454						
009		LAUNDRY & LINEN SERVI	84,691	906	32,275					
010		HOUSEKEEPING	262,105	415		41,133				
011		DIETARY	283,944	1,700		1,700	68,192			
012		CAFETERIA	123,960	835		835	23,861	9,785		
014		NURSING ADMINISTRATIO	93,071	132		132		111	66,556	
015		CENTRAL SERVICES & SU	85,864	760		760		201		
016		PHARMACY	186,066	524		524		159		
017		MEDICAL RECORDS & LIB	267,233	974		974		640		
018		SOCIAL SERVICE	4,798	88		88		8		
020		NONPHYSICIAN ANESTHET	217,639							
		INPAT ROUTINE SRVC CN								
025		ADULTS & PEDIATRICS	999,996	6,651	6,154	6,651	9,019	2,164	22,608	
033		NURSERY	50,254	406	4	406			3,869	
036		OTHER LONG TERM CARE	646,703	9,131	17,581	9,131	34,813	1,728	12,148	
		ANCILLARY SRVC COST C								
037		OPERATING ROOM	418,394	3,131	1,573	3,131	499	409	8,238	
038		RECOVERY ROOM	1,256	248		248				
039		DELIVERY ROOM & LABOR	66,090	875	550	875			5,006	
040		ANESTHESIOLOGY	140,577					101		
041		RADIOLOGY-DIAGNOSTIC	801,904	5,102	1,437	5,102		530		
042		RADIOLOGY-THERAPEUTIC								
042	01	ONCOLOGY								
044		LABORATORY	707,479	2,018		2,018		647		
049		RESPIRATORY THERAPY	120,045	86		86		100	2,070	
050		PHYSICAL THERAPY	684,203	1,973	2,739	1,973		1,087		
051		OCCUPATIONAL THERAPY								
051	01	CARDIAC REHAB	13,740						539	
053		ELECTROCARDIOLOGY	10,582	58		58		19	392	
055		MEDICAL SUPPLIES CHAR	196,253							
056		DRUGS CHARGED TO PATI	301,026							
		OUTPAT SERVICE COST C								
061		EMERGENCY	1,026,744	3,241	1,745	3,241		505	10,426	
062		OBSERVATION BEDS (NON								
063		OTHER OUTPATIENT SERV								
063	50	RURAL HEALTH CLINIC								
063	51	RURAL HEALTH CLINIC 2								
063	52	RURAL HEALTH CLINIC 3	1,717,966	2,411	336	2,411		1,280		
		OTHER REIMBURS COST C								
064		HOME PROGRAM DIALYSIS								
065		AMBULANCE SERVICES								
066		DURABLE MEDICAL EQUIP								
067		DURABLE MEDICAL EQUIP								
069		CORF								
070		I&R SERVICES-NOT APPR								
071		HOME HEALTH AGENCY								
082		LUNG ACQUISITION								
		SPEC PURPOSE COST CEN								
083		KIDNEY ACQUISITION								
084		LIVER ACQUISITION								
085		HEART ACQUISITION								
085	01	PANCREAS ACQUISITION								
086		OTHER ORGAN ACQUISITI								
092		AMBULATORY SURGICAL C								
093		HOSPICE								
095		SUBTOTALS	10,114,124	41,665	32,119	40,344	68,192	9,689	65,296	
		NONREIMBURS COST CENT								
096		GIFT, FLOWER, COFFEE	1,236	244		244				
096	02	UNUSED SPACE								
096	03	NON-REIMBURSABLE HOME	547	108		108				
096	04	OUTPATIENT CLINIC	43,686	437	156	437		96	1,260	
097		RESEARCH								
098		PHYSICIANS' PRIVATE O								
098	01	PHYSICIANS' CLINIC								
098	02	WASHINGTON COUNTY HEA	1,243							
099		NONPAID WORKERS								
101		CROSS FOOT ADJUSTMENT								
102		NEGATIVE COST CENTER								
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	2,135,809	727,985	118,029	324,315	386,184	306,047	119,411	
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	.210200	17.147619	3.656979	7.884545	5.663186	31.277159	1.794143	
105		COST TO BE ALLOCATED (WRKSHT B, PART II)								
106		UNIT COST MULTIPLIER								

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LIN EN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMIN ISTRATION (DIRECT NR SING HRS)
		6	7	9	10	11	12	14
	NONREIMBURS COST CENT (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	189,206	61,848	8,730	8,419	19,997	14,932	3,000
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.018621	1.456824	.270488	.204678	.293246	1.526009	.045075

		COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED EQUIS.)	PHARMACY (COSTED) EQUIS.	MEDICAL RECORDS & LIBRARY (GROSS) ARGES	SOCIAL SERVICE (TIME) SPENT	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
			15	16	17	18	20
		GENERAL SERVICE COST					
001		OLD CAP REL COSTS-BLD					
002		OLD CAP REL COSTS-MVB					
003		NEW CAP REL COSTS-BLD					
004		NEW CAP REL COSTS-MVB					
005		EMPLOYEE BENEFITS					
006		ADMINISTRATIVE & GENE					
007		MAINTENANCE & REPAIRS					
009		LAUNDRY & LINEN SERVI					
010		HOUSEKEEPING					
011		DIETARY					
012		CAFETERIA					
014		NURSING ADMINISTRATIO					
015		CENTRAL SERVICES & SU	128,428				
016		PHARMACY		305,264			
017		MEDICAL RECORDS & LIB	87		18,800,710		
018		SOCIAL SERVICE				100	
020		NONPHYSICIAN ANESTHET					100
		INPAT ROUTINE SRVC CN					
025		ADULTS & PEDIATRICS	13,373	522	387,804	85	
033		NURSERY	245		11,400	6	
036		OTHER LONG TERM CARE	14,755		1,035,153	9	
		ANCILLARY SRVC COST C					
037		OPERATING ROOM	10,027	250	768,955		
038		RECOVERY ROOM			6,541		
039		DELIVERY ROOM & LABOR	229		34,369		
040		ANESTHESIOLOGY	578	472	440,642		100
041		RADIOLOGY-DIAGNOSTIC	5,072	817	4,475,311		
042		RADIOLOGY-THERAPEUTIC					
042	01	ONCOLOGY					
044		LABORATORY	2,727	330	3,429,615		
049		RESPIRATORY THERAPY	1,302		461,512		
050		PHYSICAL THERAPY	1,424	322	1,548,937		
051		OCCUPATIONAL THERAPY					
051	01	CARDIAC REHAB			58,251		
053		ELECTROCARDIOLOGY	569		208,328		
055		MEDICAL SUPPLIES CHAR	69,556		1,312,035		
056		DRUGS CHARGED TO PATI	229	301,026	1,670,224		
		OUTPAT SERVICE COST C					
061		EMERGENCY	5,663	524	2,046,530		
062		OBSERVATION BEDS (NON					
063		OTHER OUTPATIENT SERV					
063	50	RURAL HEALTH CLINIC					
063	51	RURAL HEALTH CLINIC 2					
063	52	RURAL HEALTH CLINIC 3	1,910	429	905,103		
		OTHER REIMBURS COST C					
064		HOME PROGRAM DIALYSIS					
065		AMBULANCE SERVICES					
066		DURABLE MEDICAL EQUIP					
067		DURABLE MEDICAL EQUIP					
069		CORF					
070		I&R SERVICES-NOT APPR					
071		HOME HEALTH AGENCY					
082		LUNG ACQUISITION					
		SPEC PURPOSE COST CEN					
083		KIDNEY ACQUISITION					
084		LIVER ACQUISITION					
085		HEART ACQUISITION					
085	01	PANCREAS ACQUISITION					
086		OTHER ORGAN ACQUISITI					
092		AMBULATORY SURGICAL C					
093		HOSPICE					
095		SUBTOTALS	127,746	304,692	18,800,710	100	100
		NONREIMBURS COST CENT					
096		GIFT, FLOWER, COFFEE					
096	02	UNUSED SPACE					
096	03	NON-REIMBURSABLE HOME					
096	04	OUTPATIENT CLINIC	682	572			
097		RESEARCH					
098		PHYSICIANS' PRIVATE O					
098	01	PHYSICIANS' CLINIC					
098	02	WASHINGTON COUNTY HEA					
099		NONPAID WORKERS					
101		CROSS FOOT ADJUSTMENT					
102		NEGATIVE COST CENTER					
103		COST TO BE ALLOCATED	129,224	243,267	367,892	8,260	263,387
		(PER WRKSHT B, PART					
104		UNIT COST MULTIPLIER		.796907		82.600000	
		(WRKSHT B, PT I)	1.006198		.019568		2,633.870000
105		COST TO BE ALLOCATED					
		(PER WRKSHT B, PART					
106		UNIT COST MULTIPLIER					

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED EQUIS.)	PHARMACY (COSTED EQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
		15	16	17	18	20
	NONREIMBURS COST CENT (WRKSHT B, PT II)					
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	11,104	17,762	16,634	693	4,077
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.086461	.058186	.000885	6.930000	40.770000

COMPUTATION OF RATIO OF COSTS TO CHARGES | PROVIDER NO: 14-1308 | PERIOD: FROM 5/1/2007 TO 4/30/2008 | PREPARED 9/24/2008 | WORKSHEET C | PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
			1	2	3	4	5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	1,586,993		1,586,993		
33		NURSERY	78,903		78,903		
36		OTHER LONG TERM CARE	1,384,341		1,384,341		
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	646,201		646,201		
38		RECOVERY ROOM	7,856		7,856		
39		DELIVERY ROOM & LABOR ROO	113,780		113,780		
40		ANESTHESIOLOGY	446,252		446,252		
41		RADIOLOGY-DIAGNOSTIC	1,213,335		1,213,335		
42		RADIOLOGY-THERAPEUTIC					
42	01	ONCOLOGY					
44		LABORATORY	997,060		997,060		
49		RESPIRATORY THERAPY	164,614		164,614		
50		PHYSICAL THERAPY	953,424		953,424		
51		OCCUPATIONAL THERAPY					
51	01	CARDIAC REHAB	18,735		18,735		
53		ELECTROCARDIOLOGY	20,205		20,205		
55		MEDICAL SUPPLIES CHARGED	333,166		333,166		
56		DRUGS CHARGED TO PATIENTS	637,104		637,104		
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	1,410,739		1,410,739		
62		OBSERVATION BEDS (NON-DIS	77,286		77,286		
63		OTHER OUTPATIENT SERVICE					
63	50	RURAL HEALTH CLINIC					
63	51	RURAL HEALTH CLINIC 2					
63	52	RURAL HEALTH CLINIC 3	2,200,678		2,200,678		
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		SUBTOTAL	12,290,672		12,290,672		
102		LESS OBSERVATION BEDS	77,286		77,286		
103		TOTAL	12,213,386		12,213,386		

COMPUTATION OF RATIO OF COSTS TO CHARGES | PROVIDER NO: 14-1308 | PERIOD: FROM 5/1/2007 TO 4/30/2008 | PREPARED 9/24/2008 | WORKSHEET C | PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES	OUTPATIENT CHARGES	TOTAL CHARGES	COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO
			6	7	8	9	10	11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	383,491		383,491			
33		NURSERY	11,400		11,400			
36		OTHER LONG TERM CARE	1,035,153		1,035,153			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	26,431	725,523	751,954	.859362	.859362	
38		RECOVERY ROOM	844	5,697	6,541	1.201040	1.201040	
39		DELIVERY ROOM & LABOR ROO	29,175	2,510	31,685	3.590974	3.590974	
40		ANESTHESIOLOGY	53,431	387,211	440,642	1.012731	1.012731	
41		RADIOLOGY-DIAGNOSTIC	137,509	4,105,713	4,243,222	.285947	.285947	
42		RADIOLOGY-THERAPEUTIC						
42	01	ONCOLOGY						
44		LABORATORY	284,290	3,051,031	3,335,321	.298940	.298940	
49		RESPIRATORY THERAPY	205,525	242,551	448,076	.367380	.367380	
50		PHYSICAL THERAPY	279,601	1,212,168	1,491,769	.639123	.639123	
51		OCCUPATIONAL THERAPY						
51	01	CARDIAC REHAB		58,251	58,251	.321625	.321625	
53		ELECTROCARDIOLOGY	16,408	187,449	203,857	.099114	.099114	
55		MEDICAL SUPPLIES CHARGED	130,033	1,169,392	1,299,425	.256395	.256395	
56		DRUGS CHARGED TO PATIENTS	654,596	848,623	1,503,219	.423826	.423826	
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY		936,527	936,527	1.506352	1.506352	
62		OBSERVATION BEDS (NON-DIS		60,049	60,049	1.287049	1.287049	
63		OTHER OUTPATIENT SERVICE						
63	50	RURAL HEALTH CLINIC						
63	51	RURAL HEALTH CLINIC 2						
63	52	RURAL HEALTH CLINIC 3		828,668	828,668	2.655681	2.655681	
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	3,247,887	13,821,363	17,069,250			
102		LESS OBSERVATION BEDS						
103		TOTAL	3,247,887	13,821,363	17,069,250			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET C
	TO 4/30/2008	PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
			1	2	3	4	5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	1,586,993		1,586,993		
33		NURSERY	78,903		78,903		
36		OTHER LONG TERM CARE	1,384,341		1,384,341		
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	646,201		646,201		
38		RECOVERY ROOM	7,856		7,856		
39		DELIVERY ROOM & LABOR ROO	113,780		113,780		
40		ANESTHESIOLOGY	446,252		446,252		
41		RADIOLOGY-DIAGNOSTIC	1,213,335		1,213,335		
42		RADIOLOGY-THERAPEUTIC					
42	01	ONCOLOGY					
44		LABORATORY	997,060		997,060		
49		RESPIRATORY THERAPY	164,614		164,614		
50		PHYSICAL THERAPY	953,424		953,424		
51		OCCUPATIONAL THERAPY					
51	01	CARDIAC REHAB	18,735		18,735		
53		ELECTROCARDIOLOGY	20,205		20,205		
55		MEDICAL SUPPLIES CHARGED	333,166		333,166		
56		DRUGS CHARGED TO PATIENTS	637,104		637,104		
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	1,410,739		1,410,739		
62		OBSERVATION BEDS (NON-DIS	77,286		77,286		
63		OTHER OUTPATIENT SERVICE					
63	50	RURAL HEALTH CLINIC					
63	51	RURAL HEALTH CLINIC 2					
63	52	RURAL HEALTH CLINIC 3	2,200,678		2,200,678		
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		SUBTOTAL	12,290,672		12,290,672		
102		LESS OBSERVATION BEDS	77,286		77,286		
103		TOTAL	12,213,386		12,213,386		

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES	OUTPATIENT CHARGES	TOTAL CHARGES	COST OR OTHER RATIO	TEFRA INPAT-IENT RATIO	PPS INPAT-IENT RATIO
			6	7	8	9	10	11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	383,491		383,491			
33		NURSERY	11,400		11,400			
36		OTHER LONG TERM CARE	1,035,153		1,035,153			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	26,431	725,523	751,954	.859362	.859362	
38		RECOVERY ROOM	844	5,697	6,541	1.201040	1.201040	
39		DELIVERY ROOM & LABOR ROO	29,175	2,510	31,685	3.590974	3.590974	
40		ANESTHESIOLOGY	53,431	387,211	440,642	1.012731	1.012731	
41		RADIOLOGY-DIAGNOSTIC	137,509	4,105,713	4,243,222	.285947	.285947	
42		RADIOLOGY-THERAPEUTIC						
42	01	ONCOLOGY						
44		LABORATORY	284,290	3,051,031	3,335,321	.298940	.298940	
49		RESPIRATORY THERAPY	205,525	242,551	448,076	.367380	.367380	
50		PHYSICAL THERAPY	279,601	1,212,168	1,491,769	.639123	.639123	
51		OCCUPATIONAL THERAPY						
51	01	CARDIAC REHAB		58,251	58,251	.321625	.321625	
53		ELECTROCARDIOLOGY	16,408	187,449	203,857	.099114	.099114	
55		MEDICAL SUPPLIES CHARGED	130,033	1,169,392	1,299,425	.256395	.256395	
56		DRUGS CHARGED TO PATIENTS	654,596	848,623	1,503,219	.423826	.423826	
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY		936,527	936,527	1.506352	1.506352	
62		OBSERVATION BEDS (NON-DIS		60,049	60,049	1.287049	1.287049	
63		OTHER OUTPATIENT SERVICE						
63	50	RURAL HEALTH CLINIC						
63	51	RURAL HEALTH CLINIC 2						
63	52	RURAL HEALTH CLINIC 3		828,668	828,668	2.655681	2.655681	
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	3,247,887	13,821,363	17,069,250			
102		LESS OBSERVATION BEDS						
103		TOTAL	3,247,887	13,821,363	17,069,250			

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	646,201	57,169	589,032			646,201
38		RECOVERY ROOM	7,856	1,697	6,159			7,856
39		DELIVERY ROOM & LABOR ROO	113,780	8,417	105,363			113,780
40		ANESTHESIOLOGY	446,252	8,076	438,176			446,252
41		RADIOLOGY-DIAGNOSTIC	1,213,335	143,310	1,070,025			1,213,335
42		RADIOLOGY-THERAPEUTIC						
42	01	ONCOLOGY						
44		LABORATORY	997,060	34,739	962,321			997,060
49		RESPIRATORY THERAPY	164,614	8,094	156,520			164,614
50		PHYSICAL THERAPY	953,424	33,156	920,268			953,424
51		OCCUPATIONAL THERAPY						
51	01	CARDIAC REHAB	18,735	333	18,402			18,735
53		ELECTROCARDIOLOGY	20,205	2,435	17,770			20,205
55		MEDICAL SUPPLIES CHARGED	333,166	10,827	322,339			333,166
56		DRUGS CHARGED TO PATIENTS	637,104	24,619	612,485			637,104
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	1,410,739	52,258	1,358,481			1,410,739
62		OBSERVATION BEDS (NON-DIS	77,286		77,286			77,286
63		OTHER OUTPATIENT SERVICE						
63	50	RURAL HEALTH CLINIC						
63	51	RURAL HEALTH CLINIC 2						
63	52	RURAL HEALTH CLINIC 3	2,200,678	54,469	2,146,209			2,200,678
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	9,240,435	439,599	8,800,836			9,240,435
102		LESS OBSERVATION BEDS	77,286		77,286			77,286
103		TOTAL	9,163,149	439,599	8,723,550			9,163,149

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	751,954	.859362	.859362
38		RECOVERY ROOM	6,541	1.201040	1.201040
39		DELIVERY ROOM & LABOR ROO	31,685	3.590974	3.590974
40		ANESTHESIOLOGY	440,642	1.012731	1.012731
41		RADIOLOGY-DIAGNOSTIC	4,243,222	.285947	.285947
42		RADIOLOGY-THERAPEUTIC			
42	01	ONCOLOGY			
44		LABORATORY	3,335,321	.298940	.298940
49		RESPIRATORY THERAPY	448,076	.367380	.367380
50		PHYSICAL THERAPY	1,491,769	.639123	.639123
51		OCCUPATIONAL THERAPY			
51	01	CARDIAC REHAB	58,251	.321625	.321625
53		ELECTROCARDIOLOGY	203,857	.099114	.099114
55		MEDICAL SUPPLIES CHARGED	1,299,425	.256395	.256395
56		DRUGS CHARGED TO PATIENTS	1,503,219	.423826	.423826
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	936,527	1.506352	1.506352
62		OBSERVATION BEDS (NON-DIS	60,049	1.287049	1.287049
63		OTHER OUTPATIENT SERVICE			
63	50	RURAL HEALTH CLINIC			
63	51	RURAL HEALTH CLINIC 2			
63	52	RURAL HEALTH CLINIC 3	828,668	2.655681	2.655681
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	15,639,206		
102		LESS OBSERVATION BEDS	60,049		
103		TOTAL	15,579,157		

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	646,201	57,169	589,032			646,201
38		RECOVERY ROOM	7,856	1,697	6,159			7,856
39		DELIVERY ROOM & LABOR ROO	113,780	8,417	105,363			113,780
40		ANESTHESIOLOGY	446,252	8,076	438,176			446,252
41		RADIOLOGY-DIAGNOSTIC	1,213,335	143,310	1,070,025			1,213,335
42		RADIOLOGY-THERAPEUTIC						
42	01	ONCOLOGY						
44		LABORATORY	997,060	34,739	962,321			997,060
49		RESPIRATORY THERAPY	164,614	8,094	156,520			164,614
50		PHYSICAL THERAPY	953,424	33,156	920,268			953,424
51		OCCUPATIONAL THERAPY						
51	01	CARDIAC REHAB	18,735	333	18,402			18,735
53		ELECTROCARDIOLOGY	20,205	2,435	17,770			20,205
55		MEDICAL SUPPLIES CHARGED	333,166	10,827	322,339			333,166
56		DRUGS CHARGED TO PATIENTS	637,104	24,619	612,485			637,104
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	1,410,739	52,258	1,358,481			1,410,739
62		OBSERVATION BEDS (NON-DIS	77,286		77,286			77,286
63		OTHER OUTPATIENT SERVICE						
63	50	RURAL HEALTH CLINIC						
63	51	RURAL HEALTH CLINIC 2						
63	52	RURAL HEALTH CLINIC 3	2,200,678	54,469	2,146,209			2,200,678
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	9,240,435	439,599	8,800,836			9,240,435
102		LESS OBSERVATION BEDS	77,286		77,286			77,286
103		TOTAL	9,163,149	439,599	8,723,550			9,163,149

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	751,954	.859362	.859362
38		RECOVERY ROOM	6,541	1.201040	1.201040
39		DELIVERY ROOM & LABOR ROO	31,685	3.590974	3.590974
40		ANESTHESIOLOGY	440,642	1.012731	1.012731
41		RADIOLOGY-DIAGNOSTIC	4,243,222	.285947	.285947
42		RADIOLOGY-THERAPEUTIC			
42	01	ONCOLOGY			
44		LABORATORY	3,335,321	.298940	.298940
49		RESPIRATORY THERAPY	448,076	.367380	.367380
50		PHYSICAL THERAPY	1,491,769	.639123	.639123
51		OCCUPATIONAL THERAPY			
51	01	CARDIAC REHAB	58,251	.321625	.321625
53		ELECTROCARDIOLOGY	203,857	.099114	.099114
55		MEDICAL SUPPLIES CHARGED	1,299,425	.256395	.256395
56		DRUGS CHARGED TO PATIENTS	1,503,219	.423826	.423826
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	936,527	1.506352	1.506352
62		OBSERVATION BEDS (NON-DIS	60,049	1.287049	1.287049
63		OTHER OUTPATIENT SERVICE			
63	50	RURAL HEALTH CLINIC			
63	51	RURAL HEALTH CLINIC 2			
63	52	RURAL HEALTH CLINIC 3	828,668	2.655681	2.655681
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	15,639,206		
102		LESS OBSERVATION BEDS	60,049		
103		TOTAL	15,579,157		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS | PROVIDER NO: 14-1308 | PERIOD: FROM 5/ 1/2007 TO 4/30/2008 | PREPARED 9/24/2008 | WORKSHEET C PART III

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 CHARGE RATIO 4	TOTAL INPATIENT COST 5
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	646,201	751,954			
38		RECOVERY ROOM	7,856	6,541			
39		DELIVERY ROOM & LABOR ROO	113,780	31,685			
40		ANESTHESIOLOGY	446,252	440,642			
41		RADIOLOGY-DIAGNOSTIC	1,213,335	4,243,222			
42		RADIOLOGY-THERAPEUTIC					
42	01	ONCOLOGY					
44		LABORATORY	997,060	3,335,321			
49		RESPIRATORY THERAPY	164,614	448,076			
50		PHYSICAL THERAPY	953,424	1,491,769			
51		OCCUPATIONAL THERAPY					
51	01	CARDIAC REHAB	18,735	58,251			
53		ELECTROCARDIOLOGY	20,205	203,857			
55		MEDICAL SUPPLIES CHARGED	333,166	1,299,425			
56		DRUGS CHARGED TO PATIENTS	637,104	1,503,219			
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	1,410,739	936,527			
62		OBSERVATION BEDS (NON-DIS	77,286	60,049			
63		OTHER OUTPATIENT SERVICE					
63	50	RURAL HEALTH CLINIC					
63	51	RURAL HEALTH CLINIC 2					
63	52	RURAL HEALTH CLINIC 3	2,200,678	828,668			
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		TOTAL	9,240,435	15,639,206			

COMPUTATION OF OUTPATIENT COST PER VISIT - RURAL PRIMARY CARE HOSPITAL

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET C
	TO 4/30/2008	PART V

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	PROVIDER-BASED PHYSICIAN ADJUSTMENT	TOTAL COSTS	TOTAL ANCILLARY CHARGES	TOTAL OUTPATIENT CHARGES	RATIO OF OUT-PATIENT CHRGS TO TTL CHARGES	TOTAL OUT-PATIENT COSTS
			1	2	3	4	5	6	7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM	646,201		646,201	751,954			
38		RECOVERY ROOM	7,856		7,856	6,541			
39		DELIVERY ROOM & LABOR ROO	113,780		113,780	31,685			
40		ANESTHESIOLOGY	446,252		446,252	440,642			
41		RADIOLOGY-DIAGNOSTIC	1,213,335	12,423	1,225,758	4,243,222			
42		RADIOLOGY-THERAPEUTIC							
42	01	ONCOLOGY							
44		LABORATORY	997,060	16,643	1,013,703	3,335,321			
49		RESPIRATORY THERAPY	164,614		164,614	448,076			
50		PHYSICAL THERAPY	953,424		953,424	1,491,769			
51		OCCUPATIONAL THERAPY							
51	01	CARDIAC REHAB	18,735		18,735	58,251			
53		ELECTROCARDIOLOGY	20,205	11,448	31,653	203,857			
55		MEDICAL SUPPLIES CHARGED	333,166		333,166	1,299,425			
56		DRUGS CHARGED TO PATIENTS	637,104		637,104	1,503,219			
		OUTPAT SERVICE COST CNTRS							
61		EMERGENCY	1,410,739	134,363	1,545,102	936,527			
62		OBSERVATION BEDS (NON-DIS	77,286		77,286	60,049			
63		OTHER OUTPATIENT SERVICE							
63	50	RURAL HEALTH CLINIC							
63	51	RURAL HEALTH CLINIC 2							
63	52	RURAL HEALTH CLINIC 3							
		OTHER REIMBURS COST CNTRS							
64		HOME PROGRAM DIALYSIS							
65		AMBULANCE SERVICES							
66		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	7,039,757	174,877	7,214,634	14,810,538			
102		TOTAL OUTPATIENT VISITS							
103		AGGREGATE COST PER VISIT							
104		TITLE V OUTPATIENT VISITS							
105		TITLE XVIII OUTPAT VISITS							
106		TITLE XIX OUTPAT VISITS							
107		TITLE V OUTPAT COSTS							
108		TITLE XVIII OUTPAT COSTS							
109		TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-1308 | PERIOD: FROM 5/ 1/2007 TO 4/30/2008 | PREPARED 9/24/2008 | WORKSHEET D | PART V | COMPONENT NO: 14-1308

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9) 1	Cost/Charge Ratio (C, Pt I, col. 9) 1.01	Cost/Charge Ratio (C, Pt II, col. 9) 1.02	Outpatient Ambulatory Surgical Ctr 2	Outpatient Radiology 3
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.859362		.859362		
38		RECOVERY ROOM	1.201040		1.201040		
39		DELIVERY ROOM & LABOR ROOM	3.590974		3.590974		
40		ANESTHESIOLOGY	1.012731		1.012731		
41		RADIOLOGY-DIAGNOSTIC	.285947		.285947		
42		RADIOLOGY-THERAPEUTIC					
42	01	ONCOLOGY					
44		LABORATORY	.298940		.298940		
49		RESPIRATORY THERAPY	.367380		.367380		
50		PHYSICAL THERAPY	.639123		.639123		
51		OCCUPATIONAL THERAPY					
51	01	CARDIAC REHAB	.321625		.321625		
53		ELECTROCARDIOLOGY	.099114		.099114		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.256395		.256395		
56		DRUGS CHARGED TO PATIENTS	.423826		.423826		
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	1.506352		1.506352		
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.287049		1.287049		
63		OTHER OUTPATIENT SERVICE COST CENTER					
63	50	RURAL HEALTH CLINIC					
63	51	RURAL HEALTH CLINIC 2					
63	52	RURAL HEALTH CLINIC 3					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
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: 14-1308 | PERIOD: FROM 5/ 1/2007 TO 4/30/2008 | PREPARED 9/24/2008 | WORKSHEET D | PART V | COMPONENT NO: 14-1308

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		342,143			
38		RECOVERY ROOM		819			
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY		156,531			
41		RADIOLOGY-DIAGNOSTIC		1,491,141			
42		RADIOLOGY-THERAPEUTIC					
42	01	ONCOLOGY					
44		LABORATORY		1,211,196			
49		RESPIRATORY THERAPY		94,308			
50		PHYSICAL THERAPY		457,884			
51		OCCUPATIONAL THERAPY					
51	01	CARDIAC REHAB		51,791			
53		ELECTROCARDIOLOGY		99,580			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		486,977			
56		DRUGS CHARGED TO PATIENTS		582,692			
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY		331,239			
62		OBSERVATION BEDS (NON-DISTINCT PART)		43,495			
63		OTHER OUTPATIENT SERVICE COST CENTER					
63	50	RURAL HEALTH CLINIC					
63	51	RURAL HEALTH CLINIC 2					
63	52	RURAL HEALTH CLINIC 3					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL		5,349,796			
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES		5,349,796			

(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: 14-1308 | PERIOD: FROM 5/ 1/2007 TO 4/30/2008 | COMPONENT NO: 14-1308 | PREPARED 9/24/2008 | WORKSHEET D | PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
			9	10	11
(A)		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	294,025		
38		RECOVERY ROOM	984		
39		DELIVERY ROOM & LABOR ROOM			
40		ANESTHESIOLOGY	158,524		
41		RADIOLOGY-DIAGNOSTIC	426,387		
42		RADIOLOGY-THERAPEUTIC			
42	01	ONCOLOGY			
44		LABORATORY	362,075		
49		RESPIRATORY THERAPY	34,647		
50		PHYSICAL THERAPY	292,644		
51		OCCUPATIONAL THERAPY			
51	01	CARDIAC REHAB	16,657		
53		ELECTROCARDIOLOGY	9,870		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	124,858		
56		DRUGS CHARGED TO PATIENTS	246,960		
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	498,963		
62		OBSERVATION BEDS (NON-DISTINCT PART)	55,980		
63		OTHER OUTPATIENT SERVICE COST CENTER			
63	50	RURAL HEALTH CLINIC			
63	51	RURAL HEALTH CLINIC 2			
63	52	RURAL HEALTH CLINIC 3			
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-RENTED			
67		DURABLE MEDICAL EQUIP-SOLD			
101		SUBTOTAL	2,522,574		
102		CRNA CHARGES			
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104		NET CHARGES	2,522,574		

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.423826
2	PROGRAM VACCINE CHARGES	3,797
3	PROGRAM COSTS	1,609

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)	2,290
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	743
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	724
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	928
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)	464
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	103
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)	52
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	465
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	899
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)	449
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	98.28
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	103.19
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,586,993
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	10,123
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	5,366
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,040,098
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	546,895
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	383,491
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,263
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	372,228
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.426096
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	592.79
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	514.13
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	78.66
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	112.18
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	2,131
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	544,764

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	733.20
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	340,938
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	340,938

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					185,278
49	TOTAL PROGRAM INPATIENT COSTS					526,216

	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	
52	TOTAL PROGRAM EXCLUDABLE COST	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	659,147
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	329,207
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	988,354
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 4/30/2008	PART III
14-1308		

TITLE XVIII PART A HOSPITAL OTHER

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
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	105
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	736.06
85	OBSERVATION BED COST	77,286

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:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET D-4
COMPONENT NO:	TO 4/30/2008	
14-1308		

TITLE XVIII, PART A HOSPITAL OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		265,412	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.859362	1,824	1,567
38		RECOVERY ROOM	1.201040		
39		DELIVERY ROOM & LABOR ROOM	3.590974		
40		ANESTHESIOLOGY	1.012731	615	623
41		RADIOLOGY-DIAGNOSTIC	.285947	76,323	21,824
42		RADIOLOGY-THERAPEUTIC			
42	01	ONCOLOGY			
44		LABORATORY	.298940	114,966	34,368
49		RESPIRATORY THERAPY	.367380	45,513	16,721
50		PHYSICAL THERAPY	.639123	18,809	12,021
51		OCCUPATIONAL THERAPY			
51	01	CARDIAC REHAB	.321625		
53		ELECTROCARDIOLOGY	.099114	9,563	948
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.256395	52,098	13,358
56		DRUGS CHARGED TO PATIENTS	.423826	197,837	83,848
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	1.506352		
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.287049		
63		OTHER OUTPATIENT SERVICE COST CENTER			
63	50	RURAL HEALTH CLINIC			
63	51	RURAL HEALTH CLINIC 2			
63	52	RURAL HEALTH CLINIC 3			
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-RENTED			
67		DURABLE MEDICAL EQUIP-SOLD			
101		TOTAL		517,548	185,278
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		517,548	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | PROVIDER NO: 14-1308 | PERIOD: FROM 5/1/2007 TO 4/30/2008 | PREPARED 9/24/2008 WORKSHEET D-4 | COMPONENT NO: 14-Z308

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
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.859362		
38		RECOVERY ROOM	1.201040		
39		DELIVERY ROOM & LABOR ROOM	3.590974		
40		ANESTHESIOLOGY	1.012731		
41		RADIOLOGY-DIAGNOSTIC	.285947	33,429	9,559
42		RADIOLOGY-THERAPEUTIC			
42	01	ONCOLOGY			
44		LABORATORY	.298940	104,177	31,143
49		RESPIRATORY THERAPY	.367380	53,383	19,612
50		PHYSICAL THERAPY	.639123	221,944	141,850
51		OCCUPATIONAL THERAPY			
51	01	CARDIAC REHAB	.321625		
53		ELECTROCARDIOLOGY	.099114		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.256395	77,935	19,982
56		DRUGS CHARGED TO PATIENTS	.423826	322,949	136,874
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	1.506352		
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.287049		
63		OTHER OUTPATIENT SERVICE COST CENTER			
63	50	RURAL HEALTH CLINIC			
63	51	RURAL HEALTH CLINIC 2			
63	52	RURAL HEALTH CLINIC 3			
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-RENTED			
67		DURABLE MEDICAL EQUIP-SOLD			
101		TOTAL		813,817	359,020
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		813,817	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET D-4
COMPONENT NO:	TO 4/30/2008	
14-1308		

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.859362		
38		RECOVERY ROOM	1.201040		
39		DELIVERY ROOM & LABOR ROOM	3.590974		
40		ANESTHESIOLOGY	1.012731		
41		RADIOLOGY-DIAGNOSTIC	.285947		
42		RADIOLOGY-THERAPEUTIC			
42	01	ONCOLOGY			
44		LABORATORY	.298940		
49		RESPIRATORY THERAPY	.367380		
50		PHYSICAL THERAPY	.639123		
51		OCCUPATIONAL THERAPY			
51	01	CARDIAC REHAB	.321625		
53		ELECTROCARDIOLOGY	.099114		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.256395		
56		DRUGS CHARGED TO PATIENTS	.423826		
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	1.506352		
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.287049		
63		OTHER OUTPATIENT SERVICE COST CENTER			
63	50	RURAL HEALTH CLINIC			
63	51	RURAL HEALTH CLINIC 2			
63	52	RURAL HEALTH CLINIC 3	2.655681		
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-RENTED			
67		DURABLE MEDICAL EQUIP-SOLD			
101		TOTAL			
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET E
COMPONENT NO:	TO 4/30/2008	PART B
14-1308		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,524,183
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,524,183
	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)	2,549,425
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	CAH DEDUCTIBLES	14,335
18.01	CAH ACTUAL BILLED COINSURANCE LINE 17.01 (SEE INSTRUCTIONS)	826,794
19	SUBTOTAL (SEE INSTRUCTIONS)	1,708,296
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,708,296
24	PRIMARY PAYER PAYMENTS	3,217
25	SUBTOTAL	1,705,079
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	81,910
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	81,910
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,786,989
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,786,989
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,856,583
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-69,594
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 4/30/2008	
14-1308		

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A		PART B	
			MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			424,416		1,856,583
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		ADJUSTMENTS TO PROVIDER .01				
		ADJUSTMENTS TO PROVIDER .02				
		ADJUSTMENTS TO PROVIDER .03				
		ADJUSTMENTS TO PROVIDER .04				
		ADJUSTMENTS TO PROVIDER .05				
		ADJUSTMENTS TO PROGRAM .50				
		ADJUSTMENTS TO PROGRAM .51				
		ADJUSTMENTS TO PROGRAM .52				
		ADJUSTMENTS TO PROGRAM .53				
		ADJUSTMENTS TO PROGRAM .54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			424,416		1,856,583
	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)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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(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.

Health Financial Systems MCRIF32 FOR WASHINGTON COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96 (11/1998)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 4/30/2008	
14-Z308		

TITLE XVIII SWING BED SNF

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	INPATIENT-PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1,271,053		
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER	.01				
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			1,271,053		
	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)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY					

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 9/24/2008
14-1308	FROM 5/ 1/2007	
COMPONENT NO:	TO 4/30/2008	WORKSHEET E-2
14-Z308		

TITLE XVIII SWING BED SNF

	COMPUTATION OF NET COST OF COVERED SERVICES	PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	998,238	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	362,610	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,348	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,360,848	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,360,848	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,360,848	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	39,524	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,321,324	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,321,324	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,271,053	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	50,271	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	
COMPONENT NO:	TO 4/30/2008	WORKSHEET E-2
14-Z308		

TITLE XIX SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 4/30/2008	PART II
14-1308		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT

		HOSPITAL
1	INPATIENT SERVICES	526,216
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	526,216
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	531,478
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	531,478
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	95,204
21	EXCESS REASONABLE COST	
22	SUBTOTAL	436,274
23	COINSURANCE	
24	SUBTOTAL	436,274
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS)	2,558
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,558
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	438,832
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	438,832
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	424,416
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	14,416
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 4/30/2008	PART III
-		

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 4/30/2008	PART III
-		

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2

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

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	503,586			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	2,424,601			
5	OTHER RECEIVABLES	74,945			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-425,000			
7	INVENTORY	240,911			
8	PREPAID EXPENSES	181,201			
9	OTHER CURRENT ASSETS	57,813			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	3,058,057			
	FIXED ASSETS				
12	LAND	62,855			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	5,133,279			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	5,196,134			
	OTHER ASSETS				
22	INVESTMENTS	1,022,243			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	1,022,243			
27	TOTAL ASSETS	9,276,434			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	265,014			
29	SALARIES, WAGES & FEES PAYABLE	802,551			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	103,520			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	105,000			
36	TOTAL CURRENT LIABILITIES	1,276,085			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE	2,410,000			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	184,524			
42	TOTAL LONG-TERM LIABILITIES	2,594,524			
43	TOTAL LIABILITIES	3,870,609			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	5,405,825			
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	5,405,825			
52	TOTAL LIABILITIES AND FUND BALANCES	9,276,434			

STATEMENT OF CHANGES IN FUND BALANCES | PROVIDER NO: 14-1308 | PERIOD: FROM 5/ 1/2007 TO 4/30/2008 | PREPARED 9/24/2008 WORKSHEET G-1

		GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		5,520,385		
2	NET INCOME (LOSS)		-114,560		
3	TOTAL		5,405,825		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		5,405,825		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		5,405,825		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | PROVIDER NO: 14-1308 | PERIOD: FROM 5/ 1/2007 TO 4/30/2008 | PREPARED 9/24/2008 | WORKSHEET G-2 | PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	383,491		383,491
4	00	SWING BED - SNF	372,586		372,586
5	00	SWING BED - NF			
8	00	OTHER LONG TERM CARE	1,035,153		1,035,153
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	1,791,230		1,791,230
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	1,791,230		1,791,230
17	00	ANCILLARY SERVICES	1,781,854	12,570,085	14,351,939
18	00	OUTPATIENT SERVICES		2,700,345	2,700,345
18	50	RURAL HEALTH CLINIC			
18	51	RURAL HEALTH CLINIC 2			
18	52	RURAL HEALTH CLINIC 3		905,103	905,103
19	00	HOME HEALTH AGENCY			
20	00	AMBULANCE SERVICES			
21	00	CORF			
22	00	AMBULATORY SURGICAL CENTER (D.P.)			
23	00	HOSPICE			
24	00	OTHER OPERATING	132,827		132,827
24	01	NURSERY	15,731		15,731
25	00	TOTAL PATIENT REVENUES	3,721,642	16,175,533	19,897,175

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		12,706,548	
		ADD (SPECIFY)			
27	00	INTEREST	105,963		
28	00	BAD DEBT	313,029		
29	00				
30	00				
31	00				
32	00				
33	00	TOTAL ADDITIONS		418,992	
		DEDUCT (SPECIFY)			
34	00	DEDUCT (SPECIFY)			
35	00				
36	00				
37	00				
38	00				
39	00	TOTAL DEDUCTIONS			
40	00	TOTAL OPERATING EXPENSES		13,125,540	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET G-3
	TO 4/30/2008	

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	19,897,175
2	LESS: ALLOWANCES AND DISCOUNTS ON	7,723,717
3	NET PATIENT REVENUES	12,173,458
4	LESS: TOTAL OPERATING EXPENSES	13,125,540
5	NET INCOME FROM SERVICE TO PATIENT	-952,082
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	73,810
7	INCOME FROM INVESTMENTS	56,367
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	294,365
24	MISCELLANEOUS	
24.01	GRANT REVENUE	412,155
24.02	GAIN OR DISPOSAL	825
25	TOTAL OTHER INCOME	837,522
26	TOTAL	-114,560
	OTHER EXPENSES	
27	DIRECT NON ALLOWABLE EXPENSES	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-114,560

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

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET M-1
COMPONENT NO:	TO 4/30/2008	
14-3472		

RHC 3

		COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI-CATION 4
	FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	1,084,780		1,084,780	
2	PHYSICIAN ASSISTANT	69,258		69,258	
3	NURSE PRACTITIONER				
4	VISITING NURSE				
5	OTHER NURSE	100,020		100,020	
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	LABORATORY TECHNICIAN				
9	OTHER FACILITY HEALTH CARE STAFF COSTS				
10	SUBTOTAL (SUM OF LINES 1-9)	1,254,058		1,254,058	
	COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT		54,764	54,764	
12	PHYSICIAN SUPERVISION UNDER AGREEMENT				
13	OTHER COSTS UNDER AGREEMENT				
14	SUBTOTAL (SUM OF LINES 11-13)		54,764	54,764	
	OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		7,322	7,322	
16	TRANSPORTATION (HEALTH CARE STAFF)		16,055	16,055	
17	DEPRECIATION-MEDICAL EQUIPMENT				
18	PROFESSIONAL LIABILITY INSURANCE				
19	OTHER HEALTH CARE COSTS				
20	ALLOWABLE GME COSTS				
21	SUBTOTAL (SUM OF LINES 15-20)		23,377	23,377	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,254,058	78,141	1,332,199	
	COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY		429	429	
24	DENTAL				
25	OPTOMETRY				
26	ALL OTHER NONREIMBURSABLE COSTS				
27	NONALLOWABLE GME COSTS				
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		429	429	
	FACILITY OVERHEAD				
29	FACILITY COSTS		5,754	5,754	
30	ADMINISTRATIVE COSTS	43,770	9,797	53,567	
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	43,770	15,551	59,321	
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,297,828	94,121	1,391,949	

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

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET M-1
COMPONENT NO:	TO 4/30/2008	
14-3472		

RHC 3

		RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
	FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	1,084,780		1,084,780
2	PHYSICIAN ASSISTANT	69,258		69,258
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	100,020		100,020
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	1,254,058		1,254,058
	COSTS UNDER AGREEMENT			
11	PHYSICIAN SERVICES UNDER AGREEMENT	54,764		54,764
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)	54,764		54,764
	OTHER HEALTH CARE COSTS			
15	MEDICAL SUPPLIES	7,322		7,322
16	TRANSPORTATION (HEALTH CARE STAFF)	16,055		16,055
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	23,377		23,377
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,332,199		1,332,199
	COSTS OTHER THAN RHC/FQHC SERVICES			
23	PHARMACY	429		429
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	429		429
	FACILITY OVERHEAD			
29	FACILITY COSTS	5,754		5,754
30	ADMINISTRATIVE COSTS	53,567		53,567
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	59,321		59,321
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,391,949		1,391,949

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 9/24/2008
14-1308	FROM 5/ 1/2007	WORKSHEET M-2
COMPONENT NO:	TO 4/30/2008	
14-3472		

RHC 3

VISITS AND PRODUCTIVITY

		NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
	POSITIONS				
1	PHYSICIANS	2.92	6,337	4,200	12,264
2	PHYSICIAN ASSISTANTS	.95	1,943	2,100	1,995
3	NURSE PRACTITIONERS			2,100	
4	SUBTOTAL (SUM OF LINES 1-3)	3.87	8,280		14,259
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3.87	8,280		
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)	1,332,199
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	429
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	1,332,628
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.999678
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	59,321
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	808,729
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	868,050
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)	
18	SUBTRACT LINE 17 FROM LINE 16	868,050
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	867,770
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	2,199,969

		GREATER OF COL. 2 OR COL. 4 5
	POSITIONS	
1	PHYSICIANS	
2	PHYSICIAN ASSISTANTS	
3	NURSE PRACTITIONERS	
4	SUBTOTAL (SUM OF LINES 1-3)	14,259
5	VISITING NURSE	
6	CLINICAL PSYCHOLOGIST	
7	CLINICAL SOCIAL WORKER	
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	14,259
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.

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CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

TITLE XVIII RHC 3

	DETERMINATION OF RATE FOR RHC/FQHC SERVICES			
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	2,199,969		
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	1,606		
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	2,198,363		
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	14,259		
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)			
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	14,259		
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	154.17		
		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)	74.29	75.63	
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	154.17	154.17	
	CALCULATION OF SETTLEMENT			
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	2,534		
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	390,667		
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)*		390,667	
16.01	PRIMARY PAYER AMOUNT		167	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		20,406	
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		370,094	
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		296,075	
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		1,606	
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		297,681	
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		6,255	
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)		303,936	
25	INTERIM PAYMENTS		226,639	
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		77,297	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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 PNEUMOCCCCAL AND INFLUENZA VACCINE COST

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TITLE XVIII RHC 3

		PNEUMOCCCCAL 1	INFLUENZA 2
1	HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	1,254,058	1,254,058
2	RATIO OF PNEUMOCCCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		.000430
3	PNEUMOCCCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)		539
4	MEDICAL SUPPLIES COST - PNEUMOCCCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)		433
5	DIRECT COST OF PNEUMOCCCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)		972
6	TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	1,332,199	1,332,199
7	TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	868,050	868,050
8	RATIO OF PNEUMOCCCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)		.000730
9	OVERHEAD COST - PNEUMOCCCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)		634
10	TOTAL PNEUMOCCCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)		1,606
11	TOTAL NUMBER OF PNEUMOCCCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)		29
12	COST PER PNEUMOCCCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)		55.38
13	NUMBER OF PNEUMOCCCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES		29
14	PROGRAM COST OF PNEUMOCCCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)		1,606
15	TOTAL COST OF PNEUMOCCCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		1,606
16	TOTAL PROGRAM COST OF PNEUMOCCCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		1,606

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

[X] RHC [ ] FQHC

RHC 3

	DESCRIPTION		PART B MM/DD/YYYY 1	PART B AMOUNT 2
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			226,639
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 PROGRAM	.50		
	ADJUSTMENTS TO PROGRAM	.51		
	ADJUSTMENTS TO PROGRAM	.52		
	ADJUSTMENTS TO PROGRAM	.53		
	ADJUSTMENTS TO PROGRAM	.54		
	SUBTOTAL	.99		NONE
4	TOTAL INTERIM PAYMENTS			226,639
	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)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02		
7	TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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(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.