

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0001		FROM 7/1/2008		-- AUDITED -- DESK REVIEW		/ /
				TO 6/30/2009		-- INITIAL -- REOPENED		INTERMEDIARY NO.
						-- FORMAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/25/2009 TIME 15:15

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 GRAHAM HOSPITAL ASSOCIATION 14-0001

FOR THE COST REPORTING PERIOD BEGINNING 7/1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	B	TITLE XVIII	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	-1,200,076	42,528	0
5	HOSPITAL-BASED SNF	0	270,828	-1,131	0
7	HOSPITAL-BASED HHA	0	0	0	0
9	RHC	0	0	232,170	0
9.01	RHC II	0	0	0	0
9.02	RHC III	0	0	0	0
9.03	RHC IV	0	0	0	0
100	TOTAL	0	-929,248	273,567	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 210 WEST WALNUT P.O. BOX:
 1.01 CITY: CANTON STATE: IL ZIP CODE: 61520- COUNTY: FULTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	GRAHAM HOSPITAL ASSOCIATION	14-0001	2.01	3	4	5	6
06.00 HOSPITAL-BASED SNF	GRAHAM HOSPITAL ASSOCIATION ECF	14-5572		7/19/1966	N	P	N
09.00 HOSPITAL-BASED HHA	GRAHAM HOSPITAL HOME HEALTH AGENCY	14-7142		7/2/1987	N	P	N
12.00 HOSP-BASED HOSPI CE	GRAHAM HOSPITAL HOSPI CE	14-1558		6/1/1979	N	P	N
14.00 HOSPITAL-BASED RHC	COLEMAN CLINIC	14-3493		7/28/1993			
14.01 HOSPITAL-BASED RHC 2	FARMINGTON CLINIC	14-3494		1/1/2008	N	O	N
14.02 HOSPITAL-BASED RHC 3	CANTON CLINIC	14-3492		1/1/2008	N	O	N
14.03 HOSPITAL-BASED RHC 4	CUBA CLINIC	14-3497		2/10/2009	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM 7/1/2008 TO 6/30/2009

18 TYPE OF CONTROL 1 2

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? Y

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 PROVIDER'S ACTUAL MSA OR CBSA. 2 Y 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 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MPPA §147? (SEE INSTRUCT) ENTER "Y" FOR YES, AND "N" FOR NO. Y

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y

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 MEDI CARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDI CARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDI CARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDI CARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDI CARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDI CARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDI CARE CERTIFIED SLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDI CARE TRANSPLANT CENTER; ENTER THE CON (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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. 15-1, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDI CARE 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 I.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, 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 I/M 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) N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR GME 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) N

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. 1

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/1/2008 ENDING: 6/30/2009

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. N / /

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 N

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

 100 0.8335 0.8386

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 2 14 99914

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	48.57%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	3.72%	N
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	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 OPTIMAL 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) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

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 ELIGIBLE 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 ELIGIBLE 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

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

	V	XVI	XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE	N	Y	N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUCT). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCT). 0

MULTI CAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/ 8/ 2009

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS		O/P VISITS		TRIPS TOTAL TITLE X I X 5
				TITLE V 3	TITLE XVI I I 4	TITLE N/A 4.01	TITLE N/A 4.01	
1 ADULTS & PEDI ATRI CS	44	16,060						1,170
2 HMO								
2 01 HMO - (I RF PPS SUBPROV DER)								
3 ADULTS & PED- SB SNF								
4 ADULTS & PED- SB NF								
5 TOTAL ADULTS AND PEDS	44	16,060				3,731		1,170
6 INTENSIVE CARE UNIT	5	1,825				351		56
11 NURSERY								441
12 TOTAL	49	17,885				4,082		1,667
13 RPCH VISITS								
15 SKILLED NURSING FACILITY	32	11,680				5,011		478
16 NURSING FACILITY	22	8,030						4,121
18 HOME HEALTH AGENCY						3,125		
21 HOSPICE								
24 RHC						11,934		
25 TOTAL	103							
26 OBSERVATION BED DAYS								256
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS - I RF								

COMPONENT	I/P DAYS		O/P VISITS TOTAL ALL PATS 6	TRIPS		INTERNS & RES. FTES	
	TITLE ADM TTED 5.01	OBSERVATION BEDS NOT ADM TTED 5.02		TITLE ADM TTED 6.01	OBSERVATION BEDS NOT ADM TTED 6.02	TITLE TOTAL 7	RES. FTES LESS I & R REPL NON-PHYS ANES 8
1 ADULTS & PEDI ATRI CS			6,914				
2 HMO							
2 01 HMO - (I RF PPS SUBPROV DER)							
3 ADULTS & PED- SB SNF							
4 ADULTS & PED- SB NF							
5 TOTAL ADULTS AND PEDS			6,914				
6 INTENSIVE CARE UNIT			674				
11 NURSERY			610				
12 TOTAL			8,198				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			7,841				
16 NURSING FACILITY			7,225				
18 HOME HEALTH AGENCY			5,191				
21 HOSPICE							
24 RHC			73,857				
25 TOTAL							
26 OBSERVATION BED DAYS	43	213	1,671	357	1,314		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			128				
28 01 EMP DISCOUNT DAYS - I RF							

COMPONENT	I & R FTES NET 9	FULL TIME EQUIV		DISCHARGES		TOTAL ALL PATIENTS 15
		EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVI I I 13	
1 ADULTS & PEDI ATRI CS						1,987
2 HMO						
2 01 HMO - (I RF PPS SUBPROV DER)						
3 ADULTS & PED- SB SNF						
4 ADULTS & PED- SB NF						
5 TOTAL ADULTS AND PEDS						
6 INTENSIVE CARE UNIT						
11 NURSERY						
12 TOTAL		435.29		955	393	1,987
13 RPCH VISITS						
15 SKILLED NURSING FACILITY		33.54				
16 NURSING FACILITY		19.38				
18 HOME HEALTH AGENCY		10.02				
21 HOSPICE		3.12				
24 RHC		115.26				
25 TOTAL		616.61				
26 OBSERVATION BED DAYS						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS - I RF						

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	26,268,518		26,268,518	1,262,615.22	20.80	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,013,777		1,013,777	9,385.71	108.01	
4 PHYSICIAN - PART A	43,182		43,182	251.00	172.04	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,802,423		1,802,423	16,720.77	107.80	
5.01 NON-PHYSICIAN - PART B	1,765,942		1,765,942	119,737.82	14.75	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,206,002	-32,927	1,173,075	66,796.82	17.56	
8.01 EXCLUDED AREA SALARIES	2,139,624	480,451	2,620,075	129,500.21	20.23	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	31,067		31,067	513.75	60.47	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	4,631,618		4,631,618			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	916,270		916,270			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	129,774		129,774			CMS 339
18 PHYSICIAN PART A	4,568		4,568			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	533,137		533,137			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)	207,139		207,139			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	161,633		161,633	10,202.75	15.84	
22 ADMINISTRATIVE & GENERAL	3,216,048	425,931	3,641,979	205,362.82	17.73	
22.01 A & G UNDER CONTRACT	120,273		120,273	799.28	150.48	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,007,196	-768	1,006,428	58,337.43	17.25	
25 LAUNDRY & LINEN SERVICE	24,906		24,906	2,472.77	10.07	
26 HOUSEKEEPING	530,607	53,532	584,139	57,684.96	10.13	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	630,507	-347,914	282,593	24,398.28	11.58	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		347,914	347,914	30,037.86	11.58	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	587,342		587,342	21,164.28	27.75	
31 CENTRAL SERVICE AND SUPPLY	35,988		35,988	3,155.75	11.40	
32 PHARMACY	559,471		559,471	24,721.73	22.63	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	505,717		505,717	39,356.33	12.85	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	21,806,649		21,806,649	1,117,570.20	19.51	
2 EXCLUDED AREA SALARIES	3,345,626	447,524	3,793,150	196,297.03	19.32	
3 SUBTOTAL SALARIES	18,461,023	-447,524	18,013,499	921,273.17	19.55	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	31,067		31,067	513.75	60.47	
5 SUBTOTAL WAGE-RELATED COSTS	4,636,186		4,636,186		25.74	
6 TOTAL	23,128,276	-447,524	22,680,752	921,786.92	24.61	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	7,379,688	478,695	7,858,383	477,694.24	16.45	

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

PROVIDER NO: 14-0001
 HHA NO: 14-7142
 COUNTY: FULTON
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 WORKSHEET S-4

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,179	259	1,181
2 UNDUPLICATED CENSUS COUNT		181.00	22.48	102.37
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	3,619
2 UNDUPLICATED CENSUS COUNT	305.85

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.74		.74
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONNEL	2.28		2.28
6 DIRECTING NURSING SERVICE	4.30		4.30
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.49		.49
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.11		.11
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.04	.04
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.36		.36
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.74		1.74
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	1,968	379	50	23
22 SKILLED NURSING VISIT CHARGES	293,063	56,850	7,438	3,450
23 PHYSICAL THERAPY VISITS	293	0	0	3
24 PHYSICAL THERAPY VISIT CHARGES	47,435	0	0	489
25 OCCUPATIONAL THERAPY VISITS	69	0	0	2
26 OCCUPATIONAL THERAPY VISIT CHARGES	11,144	0	0	326
27 SPEECH PATHOLOGY VISITS	7	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,141	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	38	3	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	7,828	621	0	207
31 HOME HEALTH AIDE VISITS	252	35	2	0
32 HOME HEALTH AIDE VISIT CHARGES	23,694	3,290	188	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,627	417	52	29
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	384,305	60,761	7,626	4,472
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	191	0	20	3
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	7	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	26,029	14,296	3,786	246

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:

PERIOD:

PREPARED 11/25/2009

14-0001

FROM 7/1/2008

WORKSHEET S-4

HHA NO:

TO 6/30/2009

14-7142

COUNTY:

FULTON

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCI C WITHIN A PEP 5	SCI C ONLY EPI CODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,420
22 SKILLED NURSING VISIT CHARGES	0	0	360,801
23 PHYSICAL THERAPY VISITS	0	0	296
24 PHYSICAL THERAPY VISIT CHARGES	0	0	47,924
25 OCCUPATIONAL THERAPY VISITS	0	0	71
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	11,470
27 SPEECH PATHOLOGY VISITS	0	0	7
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,141
29 MEDICAL SOCIAL SERVICE VISITS	0	0	42
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	8,656
31 HOME HEALTH AIDE VISITS	0	0	289
32 HOME HEALTH AIDE VISIT CHARGES	0	0	27,172
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,125
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	457,164
36 TOTAL NUMBER OF EPI CODES (STANDARD/NON OUTLIER)	0	0	214
37 TOTAL NUMBER OF OUTLIER EPI CODES	0	0	7
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	44,357

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET S-7

GROUP (1)	MBPI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/ AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		4				
5	RVB						
6	RVA		8				
6 .01	RVX						
6 .02	RVL		7				
7	RHC		73				
8	RHB		104				
9	RHA		194				
9 .01	RHX						
9 .02	RHL						
10	RMC		44				
11	RMB		296				
12	RMA		919				
12 .01	RMK		380				
12 .02	RML		2,243				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		163				
16	SE2		274				
17	SE1		14				
18	SSC						
19	SSB						
20	SSA		260				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		6				
26	CA1		22				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		5,011				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET S-7
	TO 6/30/2009	

	GROUP(1) 1	MBPI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IA2				
28	IA1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01)	:	0.8335
Wage Index Factor (after 10/01)	:	0.8386
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	RURAL
SNF MSA Code	:	14
SNF CBSA Code	:	99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1)		MBPI REVENUE CODE	SERVICES BASE RATE 3a	PRIOR TO RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES BASE RATE 4a	ON OR AFTER RATE 4	OCTOBER 1ST DAYS 4.01
1	RUC		478.65			497.80		
2	RUB		442.78			460.49		
3	RUA		424.23			441.19		
3.01	RUX		555.34			577.55		
3.02	RUL		493.49			513.24		
4	RVC		378.00	378.00	4	393.12		
5	RVB		360.68			375.12		
6	RVA		327.29			340.39	340.39	8
6.01	RVX		416.34			433.00		
6.02	RVL		390.37			405.99		
7	RHC		323.91	323.91	19	336.86	405.99	7
8	RHB		310.31	310.31	12	322.72	336.86	54
9	RHA		289.28	289.28	47	300.84	322.72	92
9.01	RHX		348.65			362.60	300.84	147
9.02	RHL		342.47			356.16		
10	RMC		296.13	296.13	9	307.99		
11	RMB		288.72	288.72	55	300.27	307.99	35
12	RMA		282.53	282.53	284	293.84	300.27	241
12.01	RMK		392.62	392.62	74	408.32	293.84	635
12.02	RML		361.69	361.69	547	376.16	408.32	306
13	RLB		256.66			266.93		
14	RLA		220.79			229.62		
14.01	RLX		277.69			288.79		
15	SE3		311.09	311.09	41	323.53	323.53	122
16	SE2		265.33	265.33	50	275.94	275.94	224
17	SE1		236.87			246.34	246.34	14
18	SSC		233.17			242.48		
19	SSB		220.79			229.62		
20	SSA		217.09	217.09	64	225.77	225.77	196
21	CC2		231.93			241.20		
22	CC1		212.13			220.62		
23	CB2		202.24			210.32		
24	CB1		193.58			201.32		
25	CA2		192.34	192.34	3	200.03	200.03	3
26	CA1		179.97			187.17	187.17	22
27	IB2		172.55			179.45		
28	IB1		170.08			176.88		
29	IA2		156.47			162.73		
30	IA1		150.28			156.29		
31	BB2		171.32			178.17		
32	BB1		166.37			173.02		
33	BA2		155.24			161.44		
34	BA1		145.34			151.15		
35	PE2		186.16			193.60		
36	PE1		182.45			189.75		
37	PD2		177.50			184.60		
38	PD1		175.03			182.03		
39	PC2		168.85			175.59		
40	PC1		166.37			173.02		
41	PB2		149.05			155.01		
42	PB1		147.81			153.72		
43	PA2		146.57			152.43		
44	PA1		142.87			148.58		
45	Default		142.87			148.58		
46	TOTAL				1,209			3,802

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1)	MBPI REVENUE CODE	AIDS DIAGNOSIS		CODE 042		SWING BED SNF DAYS	TOTAL
		SERV PRI OR TO	OCT. 1ST DAYS	SERV ON	AFTER OCT. 1ST DAYS		
1	2	RATE 4.02		RATE 4.04			
1	RUC	1,091.32		1,134.98			
2	RUB	1,009.54		1,049.92			
3	RUA	967.24		1,005.91			
3.01	RUX	1,266.18		1,316.81			
3.02	RUL	1,125.16		1,170.19			
4	RVC	861.84		896.31			1,512
5	RVB	822.35		855.27			
6	RVA	746.22		776.09			2,723
6.01	RVX	949.26		987.24			
6.02	RVL	890.04		925.66			2,842
7	RHC	738.51		768.04			24,344
8	RHB	707.51		735.80			33,414
9	RHA	659.56		685.92			57,819
9.01	RHX	794.92		826.73			
9.02	RHL	780.83		812.04			
10	RMC	675.18		702.22			13,445
11	RMB	658.28		684.62			88,245
12	RMA	644.17		669.96			266,827
12.01	RMK	895.17		930.97			154,000
12.02	RML	824.65		857.64			835,811
13	RLB	585.18		608.60			
14	RLA	503.40		523.53			
14.01	RLX	633.13		658.44			
15	SE3	709.29		737.65			52,226
16	SE2	604.95		629.14			75,078
17	SE1	540.06		561.66			3,449
18	SSC	531.63		552.85			
19	SSB	503.40		523.53			
20	SSA	494.97		514.76			58,145
21	CC2	528.80		549.94			
22	CC1	483.66		503.01			
23	CB2	461.11		479.53			
24	CB1	441.36		459.01			
25	CA2	438.54		456.07			1,177
26	CA1	410.33		426.75			4,118
27	IB2	393.41		409.15			
28	IB1	387.78		403.29			
29	IA2	356.75		371.02			
30	IA1	342.64		356.34			
31	BB2	390.61		406.23			
32	BB1	379.32		394.49			
33	BA2	353.95		368.08			
34	BA1	331.38		344.62			
35	PE2	424.44		441.41			
36	PE1	415.99		432.63			
37	PD2	404.70		420.89			
38	PD1	399.07		415.03			
39	PC2	384.98		400.35			
40	PC1	379.32		394.49			
41	PB2	339.83		353.42			
42	PB1	337.01		350.48			
43	PA2	334.18		347.54			
44	PA1	325.74		338.76			
45	Default	325.74		338.76			
46	TOTAL						1,675,175

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.
 [] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

GROUP(1)	MBPI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1ST BASE RATE RATE DAYS	3a	3	3.01	SERVICES ON OR AFTER OCTOBER 1ST BASE RATE RATE DAYS	4a	4	4.01
1	RUC								
2	RUB								
3	RUA								
3.01	RUX								
3.02	RUL								
4	RVC					4			
5	RVB								
6	RVA								
6.01	RVX								
6.02	RVL								14
7	RHC				19				54
8	RHB				12				92
9	RHA				47				143
9.01	RHX								
9.02	RHL								
10	RMC				9				35
11	RMB				55				246
12	RMA				284				678
12.01	RMK				74				318
12.02	RML				547				1,782
13	RLB								
14	RLA								
14.01	RLX								
15	SE3				41				125
16	SE2				50				222
17	SE1								14
18	SSC								
19	SSB								
20	SSA				64				226
21	CC2								
22	CC1								
23	CB2								
24	CB1								
25	CA2				3				3
26	CA1								22
27	IB2								
28	IB1								
29	IA2								
30	IA1								
31	BB2								
32	BB1								
33	BA2								
34	BA1								
35	PE2								
36	PE1								
37	PD2								
38	PD1								
39	PC2								
40	PC1								
41	PB2								
42	PB1								
43	PA2								
44	PA1								
45	Default								
46	TOTAL								

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

GROUP(1)	MBPI REVENUE CODE	AIDS DIAGNOSIS		CODE 042		SWING BED SNF DAYS	TOTAL
		SERV PRI OR TO OCT. 1ST RATE	DAYS	SERV ON AFTEER OCT. 1ST RATE	DAYS		
1	RUC	4.02	4.03	4.04	4.05	4.06	5
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB						
6	RVA						
6.01	RVX						
6.02	RVL						
7	RHC						
8	RHB						
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB						
12	RMA						
12.01	RMK						
12.02	RML						
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.
 [] Transfer total to settlement worksheet.

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 2001 NORTH MAIN STREET
 1.01 CITY: LEWISTOWN STATE: IL ZIP CODE: 61542 COUNTY: FULTON
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT
 PHYSICIAN NAME BILLING NUMBER

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD
 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.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	830	1500	730	1730	730	1730	730	1730	730	1730	730	1730	830	1700

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

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

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

15 PROVIDER NAME: FARMINGTON CLINIC PROVIDER NUMBER: 143494
 15.01 PROVIDER NAME: CANTON CLINIC PROVIDER NUMBER: 143492
 15.02 PROVIDER NAME: CUBA CLINIC PROVIDER NUMBER: 143497

TITLE V TITLE XVII TITLE XIX

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

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

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET S-9
HOSPICE NO:	TO 6/30/2009	
14-1558		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAL D DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	4,309	175		
3 INPATIENT RESPIRE CARE	5	5		
4 GENERAL INPATIENT CARE	6		21	90
5 TOTAL HOSPICE DAYS	4,320	180	21	90

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	219	4,703
3 INPATIENT RESPIRE CARE		10
4 GENERAL INPATIENT CARE	111	117
5 TOTAL HOSPICE DAYS	330	4,830

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	80	7		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDI CARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	54.00	25.71		
9 UNDUPLICATED CENSUS COUNT				

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		87
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDI CARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		55.52
9 UNDUPLICATED CENSUS COUNT		

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAL REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDEPENDENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDEPENDENT CARE PROGRAMS
 - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .351432
 - 25 TOTAL STATE AND LOCAL INDEPENDENT CARE PROGRAM COST (LINE 23 * LINE 24)
 - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
 - 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
 - 28 TOTAL GROSS MEDICAL CHARGES FROM YOUR RECORDS 19,387,238

DESCRIPTION

29	TOTAL GROSS MEDI CAID COST (LINE 24 * LINE 28)	6,813,296
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,006,755
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,408,102
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	6,813,296

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS- BLDG & FIXT		3,932,745	3,932,745	-1,454,517	2,478,228
3.01	0301	NEW CAP REL COSTS- CARDIAC REHAB				30,975	30,975
4	0400	NEW CAP REL COSTS- M/BLE EQUIP				2,090,360	2,090,360
5	0500	EMPLOYEE BENEFITS	161,633	6,489,745	6,651,378	137,164	6,788,542
6	0600	ADMINISTRATIVE & GENERAL	3,216,048	4,547,972	7,764,020	1,333,646	9,097,666
8	0800	OPERATION OF PLANT	1,007,196	1,573,064	2,580,260	-2,790	2,577,470
9	0900	LAUNDRY & LINEN SERVICE	24,906	274,733	299,639	-12	299,627
10	1000	HOUSEKEEPING	530,607	83,774	614,381	53,521	667,902
11	1100	DIETARY	630,507	652,858	1,283,365	-708,496	574,869
12	1200	CAFETERIA				708,162	708,162
14	1400	NURSING ADMINISTRATIVE	587,342	24,990	612,332	-216	612,116
15	1500	CENTRAL SERVICES & SUPPLY	35,988	419,704	455,692	-26,299	429,393
16	1600	PHARMACY	559,471	1,339,022	1,898,493	-1,249,371	649,122
17	1700	MEDICAL RECORDS & LIBRARY	505,717	74,535	580,252	5	580,257
21	2100	NURSING SCHOOL	808,983	179,094	988,077	-207	987,870
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,338,439	296,035	2,634,474	-2,773	2,631,701
26	2600	INTENSIVE CARE UNIT	471,955	73,694	545,649	-744	544,905
33	3300	NURSERY	235,809	8,220	244,029	-80	243,949
34	3400	SKILLED NURSING FACILITY	1,206,002	57,111	1,263,113	-33,285	1,229,828
35	3500	NURSING FACILITY	586,249	15,796	602,045	-20,605	581,440
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,606,565	3,536,907	5,143,472	-29,550	5,113,922
39	3900	DELIVERY ROOM & LABOR ROOM	62,138		62,138		62,138
40	4000	ANESTHESIOLOGY	1,013,777	149,282	1,163,059	-1,070	1,161,989
41	4100	RADIOLOGY-DIAGNOSTIC	811,360	1,629,521	2,440,881	110,339	2,551,220
44	4400	LABORATORY	1,249,268	1,391,719	2,640,987	831,746	3,472,733
49	4900	RESPIRATORY THERAPY	382,232	45,991	428,223	-1,334	426,889
50	5000	PHYSICAL THERAPY	749,357	45,920	795,277	-76	795,201
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,599	3,599
56	5600	DRUGS CHARGED TO PATIENTS				1,660,219	1,660,219
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
60.01	6001	CARDIAC REHAB	251,637	40,178	291,815	-1,808	290,007
61	6100	EMERGENCY	2,553,602	169,044	2,722,646	-5,239	2,717,407
62	6200	OBSERVATION BEDS (NON-DIAGNOSTIC PART)					
63.50	6310	RHC	3,503,915	8,731,397	12,235,312	-4,304,724	7,930,588
		OTHER REIMBURS COST CNTRS					
66	6600	DURABLE MEDICAL EQUIP-RENTED	433,423	715,036	1,148,459	15,004	1,163,463
71	7100	HOME HEALTH AGENCY	512,947	2,974	515,921	74,806	590,727
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		767,360	767,360	-767,360	
90	9000	OTHER CAPITAL RELATED COSTS					
93	9300	HOSPICE	149,044	314,250	463,294	-176,168	287,126
95		SUBTOTALS	26,186,117	37,582,671	63,768,788	-1,737,178	62,031,610
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES	14,846	11,851	26,697	1,506,222	1,532,919
99	9900	NONPAID WORKERS					
99.01	9901	NONPAID WORKERS					
99.02	9902	FOUNDATION		183	183		183
100	7950	PHYSICIANS CLINIC					
100.01	7951	PROCTOR CHEMICAL DEPENDENCY					
100.02	7952	ST. FRANCIS RENAL DIALYSIS					
100.03	7953	RUCHFORD PCB				10,041	10,041
100.04	7954	GRAHAM PCB				205,642	205,642
100.05	7955	FARMINGTON PCB				5,939	5,939
100.06	7956	LEWISTON PCB				8,759	8,759
100.07	7957	OTHER RENTAL PROPERTY					
100.08	7958	KELLEY HOME	67,555	30,192	97,747	575	98,322
101		TOTAL	26,268,518	37,624,897	63,893,415	-0-	63,893,415

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS- BLDG & FIXT	203,122	2,681,350
3.01	0301 NEW CAP REL COSTS- CARDIAC REHAB		30,975
4	0400 NEW CAP REL COSTS- M/BLE EQUIP	-4,095	2,086,265
5	0500 EMPLOYEE BENEFITS	-2,044,609	4,743,933
6	0600 ADMIN STRATIVE & GENERAL	-622,306	8,475,360
8	0800 OPERATION OF PLANT	-3,735	2,573,735
9	0900 LAUNDRY & LINEN SERVICE		299,627
10	1000 HOUSEKEEPING	-5,460	662,442
11	1100 DIETARY	-46,621	528,248
12	1200 CAFETERIA	-369,590	338,572
14	1400 NURSING ADMINISTRATION	-2,281	609,835
15	1500 CENTRAL SERVICES & SUPPLY	-1,057	428,336
16	1600 PHARMACY	-370,030	279,092
17	1700 MEDICAL RECORDS & LIBRARY	-18,798	561,459
21	2100 NURSING SCHOOL	-507,392	480,478
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-77,343	2,554,358
26	2600 INTENSIVE CARE UNIT		544,905
33	3300 NURSERY		243,949
34	3400 SKILLED NURSING FACILITY	16,670	1,246,498
35	3500 NURSING FACILITY	12,045	593,485
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		5,113,922
39	3900 DELIVERY ROOM & LABOR ROOM		62,138
40	4000 ANESTHESIOLOGY	-1,059,115	102,874
41	4100 RADIOLOGY-DIAGNOSTIC	-88,383	2,462,837
44	4400 LABORATORY	-174,064	3,298,669
49	4900 RESPIRATORY THERAPY		426,889
50	5000 PHYSICAL THERAPY		795,201
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,599
56	5600 DRUGS CHARGED TO PATIENTS		1,660,219
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 CARDIAC REHAB	-3,227	286,780
61	6100 EMERGENCY	-1,485,321	1,232,086
62	6200 OBSERVATION BEDS (NON-DIAGNOSTIC PART)		
63.50	6310 RHC	-244	7,930,344
	OTHER REIMBURSEMENT COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED	-48,593	1,114,870
71	7100 HOME HEALTH AGENCY	-352	590,375
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-39,260	247,866
95	SUBTOTALS	-6,740,039	55,291,571
	NONREIMBURSEMENT COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		1,532,919
99	9900 NONPAID WORKERS		
99.01	9901 NONPAID WORKERS		
99.02	9902 FOUNDATION		183
100	7950 PHYSICIANS CLINIC		
100.01	7951 PROCTOR CHEMICAL DEPENDENCY		
100.02	7952 ST. FRANCIS RENAL DIALYSIS		
100.03	7953 RUCHFORD PCB		10,041
100.04	7954 GRAHAM PCB		205,642
100.05	7955 FARMINGTON PCB		5,939
100.06	7956 LEWISTON PCB		8,759
100.07	7957 OTHER RENTAL PROPERTY		
100.08	7958 KELLEY HOME		98,322
101	TOTAL	-6,740,039	57,153,376

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS- BLDG & FI XT	0300	
3.01	NEW CAP REL COSTS- CARDI AC REHAB	0301	NEW CAP REL COSTS- BLDG & FI XT
4	NEW CAP REL COSTS- M/BLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATIVE	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
21	NURSING SCHOOL	2100	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY- DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CARDIAC REHAB	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP- RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS- BLDG & FI XT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	NONPAID WORKERS	9901	NONPAID WORKERS
99.02	FOUNDATION	9902	NONPAID WORKERS
100	PHYSICIANS CLINIC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PROCTOR CHEMICAL DEPENDENCY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	ST. FRANCIS RENAL DIALYSIS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RUCHFORD POB	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	GRAHAM POB	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	FARMINGTON POB	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LEWISTON POB	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	OTHER RENTAL PROPERTY	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	KELLEY HOME	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS- BLDG & FI XT

RECLASSIFICATIONS

PROVIDER NO:
140001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS DRUG EXPENSE	A	DRUGS CHARGED TO PATIENTS	56		1,660,219
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21 TO RECLASS INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		767,360
22 TO RECLASS TELEPHONE COSTS	C	ADMINISTRATIVE & GENERAL	6		60,369
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 TO RECLASS TELEPHONE COSTS	C				
2 TO RECLASS HOSPICE EXPENSE	E	LABORATORY	44		224
3		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,599
4		HOME HEALTH AGENCY	71		80,034
5 TO RECLASS POSTAGE AND SHIPPING COST	F	ADMINISTRATIVE & GENERAL	6		29,478
6		MEDICAL RECORDS & LIBRARY	17		28
7		PHYSICAL THERAPY	50		20
8		HOME HEALTH AGENCY	71		10
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 TO RECLASS CAFETERIA COSTS	G	CAFETERIA	12	347,914	360,248
28 TO RECLASS MAINTENANCE LABOR	H	GRAHAM PCB	100.04	768	
29 TO RECLASS MARKETING EXPENSE	I	ADMINISTRATIVE & GENERAL	6		3,711
30					
31					
32					
33					
34					
35 TO RECLASS OFFSITE CAPITAL COSTS	J	DURABLE MEDICAL EQUIP- RENTED	66		36,241

RECLASSIFICATIONS

PROVIDER NO:
140001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS OFFSITE CAPITAL COSTS	J	RUCHFORD POB	100.03		9,539
2		GRAHAM POB	100.04		201,220
3		FARMINGTON POB	100.05		5,819
4		LEWISTON POB	100.06		8,639
5		KELLEY HOME	100.08		338
6		HOSPICE	93		5,390
7		HOME HEALTH AGENCY	71		5,390
8 TO RECLASS PROPERTY INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		49,818
9		RUCHFORD POB	100.03		502
10		GRAHAM POB	100.04		3,654
11		FARMINGTON POB	100.05		120
12		LEWISTON POB	100.06		120
13		KELLEY HOME	100.08		256
14 TO RECLASS DEPRECIATION EXPENSE	L	NEW CAP REL COSTS- CARDIAC REHAB	3.01		30,653
15		NEW CAP REL COSTS- M/BLE EQUIP	4		1,952,839
16 TO RECLASS RHC EXPENSE	M	ADMINISTRATIVE & GENERAL	6	425,931	1,005,791
17		RADIOLOGY- DIAGNOSTIC	41	99,005	16,995
18		LABORATORY	44	371,749	461,239
19		PHYSICIANS' PRIVATE OFFICES	98	500,288	1,005,948
20		NEW CAP REL COSTS- M/BLE EQUIP	4		122,216
21 TO RECLASS EXECUTIVE BENEFIT EXPENSE	N	EMPLOYEE BENEFITS	5		116,136
22 TO RECLASS EMPLOYEE BENEFIT AUDIT PL	O	EMPLOYEE BENEFITS	5		21,028
23 TO RECLASS NURSING HOUSEKEEPING EXPE	P	HOUSEKEEPING	10	53,532	
24					
36 TOTAL RECLASSIFICATIONS				1,799,187	8,025,191

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6

		----- DECREASE -----				A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	REF 10
1 TO RECLASS DRUG EXPENSE	A	CENTRAL SERVICES & SUPPLY	15		26,219	
2		PHARMACY	16		1,248,846	
3		NURSING SCHOOL	21		58	
4		ADULTS & PEDIATRICS	25		2,538	
5		INTENSIVE CARE UNIT	26		432	
6		NURSERY	33		2	
7		SKILLED NURSING FACILITY	34		307	
8		OPERATING ROOM	37		25,659	
9		ANESTHESIOLOGY	40		362	
10		RADIOLOGY-DIAGNOSTIC	41		5,265	
11		LABORATORY	44		1,036	
12		RESPIRATORY THERAPY	49		1,067	
13		PHYSICAL THERAPY	50		96	
14		PHYSICIANS' PRIVATE OFFICES	98		14	
15		CARDIAC REHAB	60.01		550	
16		EMERGENCY	61		3,573	
17		RHC	63.50		239,370	
18		DURABLE MEDICAL EQUIP- RENTED	66		6,988	
19		HOME HEALTH AGENCY	71		784	
20		HOSPICE	93		97,053	
21 TO RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	88		767,360	11
22 TO RECLASS TELEPHONE COSTS	C	OPERATION OF PLANT	8		1,262	
23		DIETARY	11		261	
24		NURSING ADMINISTRATIVE	14		208	
25		PHARMACY	16		184	
26		MEDICAL RECORDS & LIBRARY	17		23	
27		NURSING SCHOOL	21		133	
28		OPERATING ROOM	37		423	
29		ANESTHESIOLOGY	40		444	
30		RADIOLOGY-DIAGNOSTIC	41		373	
31		LABORATORY	44		283	
32		RESPIRATORY THERAPY	49		91	
33		EMERGENCY	61		84	
34		RHC	63.50		34,341	
35		DURABLE MEDICAL EQUIP- RENTED	66		12,415	
1 TO RECLASS TELEPHONE COSTS	C	HOME HEALTH AGENCY	71		9,844	
2 TO RECLASS HOSPICE EXPENSE	E	HOSPICE	93		83,857	
3						
4						
5 TO RECLASS POSTAGE AND SHIPPING COST	F	OPERATION OF PLANT	8		760	
6		LAUNDRY & LINEN SERVICE	9		12	
7		HOUSEKEEPING	10		11	
8		DIETARY	11		73	
9		NURSING ADMINISTRATIVE	14		8	
10		CENTRAL SERVICES & SUPPLY	15		80	
11		PHARMACY	16		341	
12		NURSING SCHOOL	21		16	
13		ADULTS & PEDIATRICS	25		235	
14		INTENSIVE CARE UNIT	26		312	
15		NURSERY	33		78	
16		SKILLED NURSING FACILITY	34		51	
17		OPERATING ROOM	37		2,750	
18		ANESTHESIOLOGY	40		264	
19		RADIOLOGY-DIAGNOSTIC	41		23	
20		LABORATORY	44		147	
21		RESPIRATORY THERAPY	49		176	
22		EMERGENCY	61		685	
23		RHC	63.50		21,849	
24		DURABLE MEDICAL EQUIP- RENTED	66		1,587	
25		HOSPICE	93		59	
26		KELLEY HOME	100.08		19	
27 TO RECLASS CAFETERIA COSTS	G	DIETARY	11	347,914	360,248	
28 TO RECLASS MAINTENANCE LABOR	H	OPERATION OF PLANT	8	768		
29 TO RECLASS MARKETING EXPENSE	I	OPERATING ROOM	37		718	
30		CARDIAC REHAB	60.01		1,258	
31		EMERGENCY	61		897	
32		RHC	63.50		2	
33		DURABLE MEDICAL EQUIP- RENTED	66		247	
34		HOSPICE	93		589	
35 TO RECLASS OFFSITE CAPITAL COSTS	J	NEW CAP REL COSTS- BLDG & FIXT	3		272,576	9

RECLASSIFICATIONS

PROVIDER NO:
140001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE				A-7 REF
			LINE NO	SALARY	OTHER		
1 TO RECLASS OFFSITE CAPITAL COSTS	J	6	7	8	9	10	
2							
3							
4							
5							
6							
7							
8 TO RECLASS PROPERTY INSURANCE	K	ADM NI STRATIVE & GENERAL	6		54,470	12	
9							
10							
11							
12							
13							
14 TO RECLASS DEPRECIATION EXPENSE	L	NEW CAP REL COSTS- BLDG & FIXT	3		1,983,492	9	
15						9	
16 TO RECLASS RHC EXPENSE	M	RHC	63.50	1,396,973	2,612,189		
17							
18							
19							
20							
21 TO RECLASS EXECUTIVE BENEFIT EXPENSE	N	ADM NI STRATIVE & GENERAL	6		116,136	9	
22 TO RECLASS EMPLOYEE BENEFIT AUDIT PL	O	ADM NI STRATIVE & GENERAL	6		21,028		
23 TO RECLASS NURSING HOUSEKEEPING EXPE	P	SKILLED NURSING FACILITY	34	32,927			
24		NURSING FACILITY	35	20,605			
36 TOTAL RECLASSIFICATIONS				1,799,187	8,025,191		

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: TO RECLASS DRUG EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,660,219	CENTRAL SERVICES & SUPPLY	15	26,219	
2.00			0	PHARMACY	16	1,248,846	
3.00			0	NURSING SCHOOL	21	58	
4.00			0	ADULTS & PEDIATRICS	25	2,538	
5.00			0	INTENSIVE CARE UNIT	26	432	
6.00			0	NURSERY	33	2	
7.00			0	SKILLED NURSING FACILITY	34	307	
8.00			0	OPERATING ROOM	37	25,659	
9.00			0	ANESTHESIOLOGY	40	362	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	5,265	
11.00			0	LABORATORY	44	1,036	
12.00			0	RESPIRATORY THERAPY	49	1,067	
13.00			0	PHYSICAL THERAPY	50	96	
14.00			0	PHYSICIANS' PRIVATE OFFICES	98	14	
15.00			0	CARDIAC REHAB	60.01	550	
16.00			0	EMERGENCY	61	3,573	
17.00			0	RHC	63.50	239,370	
18.00			0	DURABLE MEDICAL EQUIP-RENTED	66	6,988	
19.00			0	HOME HEALTH AGENCY	71	784	
20.00			0	HOSPICE	93	97,053	
TOTAL RECLASSIFICATIONS FOR CODE A			1,660,219	TOTAL			1,660,219

RECLASS CODE: B
EXPLANATION: TO RECLASS INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	767,360	INTEREST EXPENSE	88	767,360	
TOTAL RECLASSIFICATIONS FOR CODE B			767,360	TOTAL			767,360

RECLASS CODE: C
EXPLANATION: TO RECLASS TELEPHONE COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	60,369	OPERATION OF PLANT	8	1,262	
2.00			0	DIETARY	11	261	
3.00			0	NURSING ADMINISTRATIVE	14	208	
4.00			0	PHARMACY	16	184	
5.00			0	MEDICAL RECORDS & LIBRARY	17	23	
6.00			0	NURSING SCHOOL	21	133	
7.00			0	OPERATING ROOM	37	423	
8.00			0	ANESTHESIOLOGY	40	444	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	373	
10.00			0	LABORATORY	44	283	
11.00			0	RESPIRATORY THERAPY	49	91	
12.00			0	EMERGENCY	61	84	
13.00			0	RHC	63.50	34,341	
14.00			0	DURABLE MEDICAL EQUIP-RENTED	66	12,415	
15.00			0	HOME HEALTH AGENCY	71	9,844	
TOTAL RECLASSIFICATIONS FOR CODE C			60,369	TOTAL			60,369

RECLASS CODE: E
EXPLANATION: TO RECLASS HOSPICE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	224	HOSPICE	93	83,857	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,599			0	
3.00	HOME HEALTH AGENCY	71	80,034			0	
TOTAL RECLASSIFICATIONS FOR CODE E			83,857	TOTAL			83,857

RECLASS CODE: F
EXPLANATION: TO RECLASS POSTAGE AND SHIPPING COST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	29,478	OPERATION OF PLANT	8	760	
2.00	MEDICAL RECORDS & LIBRARY	17	28	LAUNDRY & LINEN SERVICE	9	12	
3.00	PHYSICAL THERAPY	50	20	HOUSEKEEPING	10	11	
4.00	HOME HEALTH AGENCY	71	10	DIETARY	11	73	

RECLASSIFICATIONS

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RECLASS CODE: F
EXPLANATION: TO RECLASS POSTAGE AND SHIPPING COST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
5.00			0	NURSING ADMINISTRATIVE	14	8	
6.00			0	CENTRAL SERVICES & SUPPLY	15	80	
7.00			0	PHARMACY	16	341	
8.00			0	NURSING SCHOOL	21	16	
9.00			0	ADULTS & PEDIATRICS	25	235	
10.00			0	INTENSIVE CARE UNIT	26	312	
11.00			0	NURSERY	33	78	
12.00			0	SKILLED NURSING FACILITY	34	51	
13.00			0	OPERATING ROOM	37	2,750	
14.00			0	ANESTHESIOLOGY	40	264	
15.00			0	RADIOLOGY-DIAGNOSTIC	41	23	
16.00			0	LABORATORY	44	147	
17.00			0	RESPIRATORY THERAPY	49	176	
18.00			0	EMERGENCY	61	685	
19.00			0	RHC	63.50	21,849	
20.00			0	DURABLE MEDICAL EQUIP-RENTED	66	1,587	
21.00			0	HOSPICE	93	59	
22.00			0	KELLEY HOME	100.08	19	
TOTAL RECLASSIFICATIONS FOR CODE F			29,536			29,536	

RECLASS CODE: G
EXPLANATION: TO RECLASS CAFETERIA COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	708,162	DIETARY	11	708,162	
TOTAL RECLASSIFICATIONS FOR CODE G			708,162			708,162	

RECLASS CODE: H
EXPLANATION: TO RECLASS MAINTENANCE LABOR

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	GRAHAM POB	100.04	768	OPERATION OF PLANT	8	768	
TOTAL RECLASSIFICATIONS FOR CODE H			768			768	

RECLASS CODE: I
EXPLANATION: TO RECLASS MARKETING EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	3,711	OPERATING ROOM	37	718	
2.00			0	CARDIAC REHAB	60.01	1,258	
3.00			0	EMERGENCY	61	897	
4.00			0	RHC	63.50	2	
5.00			0	DURABLE MEDICAL EQUIP-RENTED	66	247	
6.00			0	HOSPICE	93	589	
TOTAL RECLASSIFICATIONS FOR CODE I			3,711			3,711	

RECLASS CODE: J
EXPLANATION: TO RECLASS OFFSITE CAPITAL COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DURABLE MEDICAL EQUIP-RENTED	66	36,241	NEW CAP REL COSTS-BLDG & FIXT	3	272,576	
2.00	RUFHORD POB	100.03	9,539			0	
3.00	GRAHAM POB	100.04	201,220			0	
4.00	FARMINGTON POB	100.05	5,819			0	
5.00	LEWISTON POB	100.06	8,639			0	
6.00	KELLEY HOME	100.08	338			0	
7.00	HOSPICE	93	5,390			0	
8.00	HOME HEALTH AGENCY	71	5,390			0	
TOTAL RECLASSIFICATIONS FOR CODE J			272,576			272,576	

RECLASS CODE: K
EXPLANATION: TO RECLASS PROPERTY INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	49,818	ADMINISTRATIVE & GENERAL	6	54,470	

RECLASSIFICATIONS

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RECLASS CODE: K
EXPLANATION: TO RECLASS PROPERTY INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	RUCHFORD POB	100.03	502			0	
3.00	GRAHAM POB	100.04	3,654			0	
4.00	FARMINGTON POB	100.05	120			0	
5.00	LEWISTON POB	100.06	120			0	
6.00	KELLEY HOME	100.08	256			0	
TOTAL RECLASSIFICATIONS FOR CODE K			54,470			54,470	

RECLASS CODE: L
EXPLANATION: TO RECLASS DEPRECIATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS- CARDIAC REHA	3.01	30,653	NEW CAP REL COSTS- BLDG & FI XT	3	1,983,492	
2.00	NEW CAP REL COSTS- MMBLE EQUIP	4	1,952,839			0	
TOTAL RECLASSIFICATIONS FOR CODE L			1,983,492			1,983,492	

RECLASS CODE: M
EXPLANATION: TO RECLASS RHC EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,431,722	RHC	63.50	4,009,162	
2.00	RADIOLOGY-DIAGNOSTIC	41	116,000			0	
3.00	LABORATORY	44	832,988			0	
4.00	PHYSICIANS' PRIVATE OFFICES	98	1,506,236			0	
5.00	NEW CAP REL COSTS- MMBLE EQUIP	4	122,216			0	
TOTAL RECLASSIFICATIONS FOR CODE M			4,009,162			4,009,162	

RECLASS CODE: N
EXPLANATION: TO RECLASS EXECUTIVE BENEFIT EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	116,136	ADMINISTRATIVE & GENERAL	6	116,136	
TOTAL RECLASSIFICATIONS FOR CODE N			116,136			116,136	

RECLASS CODE: O
EXPLANATION: TO RECLASS EMPLOYEE BENEFIT AUDIT PL

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	21,028	ADMINISTRATIVE & GENERAL	6	21,028	
TOTAL RECLASSIFICATIONS FOR CODE O			21,028			21,028	

RECLASS CODE: P
EXPLANATION: TO RECLASS NURSING HOUSEKEEPING EXPE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOUSEKEEPING	10	53,532	SKILLED NURSING FACILITY	34	32,927	
2.00			0	NURSING FACILITY	35	20,605	
TOTAL RECLASSIFICATIONS FOR CODE P			53,532			53,532	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	1,680,691	245,291			245,291	63,395	1,862,587	
2 LAND IMPROVEMENTS	1,574,126						1,574,126	
3 BUILDINGS & FIXTURE	38,186,501	298,831			298,831	25,122	38,460,210	
4 BUILDING IMPROVEMENT	14,525,901	254,353			254,353	15,817	14,764,437	
5 FIXED EQUIPMENT	616,568	7,196			7,196		623,764	
6 MOVABLE EQUIPMENT	21,563,313	4,493,152			4,493,152	1,478,900	24,577,565	
7 SUBTOTAL	78,147,100	5,298,823			5,298,823	1,583,234	81,862,689	
8 RECONCILING ITEMS								
9 TOTAL	78,147,100	5,298,823			5,298,823	1,583,234	81,862,689	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS- BL	54,904,722		54,904,722	.686308	34,191			34,191
3 01	NEW CAP REL COSTS- CA	517,815		517,815	.006473	322			322
4	NEW CAP REL COSTS- IM	24,577,565		24,577,565	.307219	15,305			15,305
5	TOTAL	80,000,102		80,000,102	1.000000	49,818			49,818

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS- BL	1,676,486		767,360	34,191		203,313	2,681,350
3 01	NEW CAP REL COSTS- CA	30,653			322			30,975
4	NEW CAP REL COSTS- IM	2,070,960			15,305			2,086,265
5	TOTAL	3,778,099		767,360	49,818		203,313	4,798,590

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS- BL	3,932,745						3,932,745
3 01	NEW CAP REL COSTS- CA							
4	NEW CAP REL COSTS- IM							
5	TOTAL	3,932,745						3,932,745

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS- BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS- MMBLE E	4	
5 INVESTMENT INCOME- OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-10,404	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRIVATE SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-1,649	NEW CAP REL COSTS- MMBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,822,528			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA- EMPLOYEES AND GUESTS	B	-369,590	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES	B	-1,057	CENTRAL SERVICES & SUPPLY	15	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-358,323	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-18,798	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-507,392	NURSING SCHOOL	21	
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INITIAL 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 PHYSICIAN COMP					
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS- BLDG &	3	
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS- MMBLE E	4	
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CRNA SALARY EXPENSE	A	-1,013,777	ANESTHESIOLOGY	40	
38 CRNA BENEFIT EXPENSE	A	-35,035	EMPLOYEE BENEFITS	5	
39 CRNA CONTRACTED EXPENSE	A	-45,338	ANESTHESIOLOGY	40	
40 UNEMPLOYMENT CASH BASIS	A	-31,240	EMPLOYEE BENEFITS	5	
41 HOME NON PATIENT SALES	B	-48,593	DURABLE MEDICAL EQUIP-REN	66	
42 PHOTOCOPY REIMBURSE	B	-7,931	ADMINISTRATIVE & GENERAL	6	
43 DIETARY CONSULTANT AND EMP PURCHASE	B	-24,170	DIETARY	11	
44 PHYSICIAN RECRUITMENT	A	-76,886	ADMINISTRATIVE & GENERAL	6	
45 NRSNG SVS CPR CLASS FEES	A	-2,281	NURSING ADMINSTRATION	14	
46 LAMAZE CLASS FEES	A	-160	ADULTS & PEDIATRICS	25	
47 MISCELLANEOUS LAB REVENUE	B	-24	LABORATORY	44	
48 PHONE SALARIES EXPENSE	A	-7,125	ADMINISTRATIVE & GENERAL	6	
49 PHONE BENEFIT EXPENSE	A	-1,800	EMPLOYEE BENEFITS	5	
49.01 PHONE OTHER EXPENSE	A	-703	ADMINISTRATIVE & GENERAL	6	
49.02 PHONE DEPRECIATION BSVC EXPENSE	A	-191	NEW CAP REL COSTS- BLDG &	3	9
49.03 PHONE DEPRECIATION MM EXPENSE	A	-459	NEW CAP REL COSTS- MMBLE E	4	9
49.04 BIOTECH LAB OUTREACH	B	-3,735	OPERATION OF PLANT	8	
49.05 MEDICAL STAFF DUES	A	-6,700	ADMINISTRATIVE & GENERAL	6	
49.06 IL PROVIDER PARTICIPATION FEE	A	17,520	SKILLED NURSING FACILITY	34	
49.07 IL PROVIDER PARTICIPATION FEE	A	12,045	NURSING FACILITY	35	
49.08 REFUND/EXP REBATE	B	-11,707	PHARMACY	16	
49.09 REFUND/EXP REBATE	B	-22,451	DIETARY	11	
49.10 HOSPICE OTHER REVENUE	B	-39,260	HOSPICE	93	
49.11 HOUSEKEEPING OTHER REVENUE	B	-5,460	HOUSEKEEPING	10	
49.12 OTHER INCOME & PURCHASE GROUP	B	-73,459	ADMINISTRATIVE & GENERAL	6	
49.13 MISCELLANEOUS REVENUE	B	-10	ADMINISTRATIVE & GENERAL	6	
49.14 IHA & AHA DUES LOBBYING PORTION	A	-24,817	ADMINISTRATIVE & GENERAL	6	
49.15 IL HEALTHCARE ASSOCIATION LOBBYING	A	-850	SKILLED NURSING FACILITY	34	
49.16 IL HOMECARE COUNCIL LOBBYING	A	-352	HOME HEALTH AGENCY	71	
49.17 MARKETING DEPT SALARY EXPENSE	A	-101,039	ADMINISTRATIVE & GENERAL	6	
49.18 MARKETING DEPT BENEFIT EXPENSE	A	-16,506	EMPLOYEE BENEFITS	5	
49.19 MARKETING DEPT OTHER EXPENSE	A	-310,232	ADMINISTRATIVE & GENERAL	6	
49.20 MARKETING DEPRECIATION EXPENSE	A	-1,987	NEW CAP REL COSTS- MMBLE E	4	9
49.21 SELF INSURANCE COSTS	A	-1,819,600	EMPLOYEE BENEFITS	5	
49.22 MISCELLANEOUS INCOME	B	-5,626	RADIOLOGY-DIAGNOSTIC	41	
49.23 DONATION TO SPOON RIVER	A	-3,000	ADMINISTRATIVE & GENERAL	6	
49.24 RHC OTHER INCOME	B	-244	RHC	63.50	
49.25 ER PHYSICIAN BENEFITS	A	-37,526	EMPLOYEE BENEFITS	5	
49.26 LOSS ON REFINANCING OF DEBT	B	203,313	NEW CAP REL COSTS- BLDG &	3	14
49.27 LOAN FORGIVENESS EXPENSE	A	-102,902	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,740,039			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	EMERGENCY/ AGGREGATE	1,504,605	1,461,423	43,182	159,800	251	19,284	964
2 44	PATHOLOGY/ AGGREGATE	57,000	57,000					
3 44	EKG/ AGGREGATE	96,040	96,040					
4 41	MAMMOGRAM AGGREGATE	6,617	6,617					
5 41	ECHO/ AGGREGATE	76,140	76,140					
6 60 1	CARDIAC REHAB/ AGGREGATE	3,227	3,227					
7 25	CB/ AGGREGATE	77,183	77,183					
8 44	PATHOLOGY RHC/ AGGREGATE	21,000	21,000					
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,841,812	1,798,630	43,182		251	19,284	964

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008 TO 6/30/2009
PREPARED 11/25/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 61	EMERGENCY/ AGGREGATE					19,284	23,898	1,485,321
2 44	PATHOLOGY/ AGGREGATE							57,000
3 44	EKG/ AGGREGATE							96,040
4 41	MAMMOGRAM AGGREGATE							6,617
5 41	ECHO/ AGGREGATE							76,140
6 60 1	CARDIAC REHAB/ AGGREGATE							3,227
7 25	CB/ AGGREGATE							77,183
8 44	PATHOLOGY RHC/ AGGREGATE							21,000
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					19,284	23,898	1,822,528

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS- BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS- CARDIAC REHAB	6	DOLLAR VALUE	ENTERED
4	NEW CAP REL COSTS- MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTEs	ENTERED
14	NURSING ADMINISTRATION	13	FTEs	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS- BLDG &	NEW CAP REL C OSTS- CARDI AC	NEW CAP REL C OSTS- MMBLE E	EMPLOYEE BENE FI TS	SUBTOTAL 5a.00	ADM NI STRATI V E & GENERAL 6
	0	3	3.01	4	5		
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG &	2,681,350	2,681,350					
004 NEW CAP REL COSTS- CARDI AC	30,975		30,975				
005 NEW CAP REL COSTS- MMBLE E	2,086,265			2,086,265			
006 EMPLOYEE BENEFITS	4,743,933	18,737		1,797	4,764,467		
008 ADM NI STRATI VE & GENERAL	8,475,360	310,312		502,038	715,731	10,003,441	10,003,441
009 OPERATI ON OF PLANT	2,573,735	394,722		19,714	203,843	3,192,014	677,224
010 LAUNDRY & LI NEN SERVI CE	299,627	42,802		60	5,044	347,533	73,733
011 HOUSEKEEPI NG	662,442	28,736		10,318	118,312	819,808	173,932
012 DI ETARY	528,248	110,502		42,667	57,237	738,654	156,714
014 CAFETERI A	338,572	29,541			70,467	438,580	93,050
015 NURSI NG ADM NI STRATI ON	609,835	43,379		4,224	118,961	776,399	164,722
016 CENTRAL SERVI CES & SUPPLY	428,336			1,828	7,289	437,453	92,811
017 PHARMACY	279,092	25,260		68,128	113,316	485,796	103,067
021 MEDI CAL RECORDS & LI BRARY	561,459	55,633		69,890	102,428	789,410	167,483
025 NURSI NG SCHOO	480,478	329,948		20,410	163,852	994,688	211,035
026 I NPAT ROUTI NE SRVC CNTRS							
026 ADULTS & PEDI ATRI CS	2,554,358	205,487		80,041	473,630	3,313,516	703,002
033 I NTENSI VE CARE UNI T	544,905	39,715		10,266	95,590	690,476	146,493
034 NURSERY	243,949	11,516		4,128	47,761	307,354	65,209
035 SKI LLED NURSI NG FACI LI TY	1,246,498	154,230		14,641	237,596	1,652,965	350,696
037 NURSI NG FACI LI TY	593,485	68,196		6,977	114,566	783,224	166,170
039 ANCI LLARY SRVC COST CNTRS							
040 OPERATI NG ROOM	5,113,922	185,757		225,538	325,395	5,850,612	1,241,278
041 DELI VERY ROOM & LABOR ROO	62,138	34,132		660	12,585	109,515	23,235
044 ANESTHESI CLOGY	102,874	13,435		14,851		131,160	27,827
049 RADI CLOGY- DI AGNOSTI C	2,462,837	136,983		494,123	184,386	3,278,329	695,537
050 LABORATORY	3,298,669	123,158		159,962	328,322	3,910,111	829,577
055 RESPI RATORY THERAPY	426,889	2,067		4,577	77,418	510,951	108,404
056 PHYSI CAL THERAPY	795,201	45,030		18,602	151,776	1,010,609	214,413
060 MEDI CAL SUPPLI ES CHARGED	3,599					3,599	764
060 DRUGS CHARGED TO PATI ENTS	1,660,219					1,660,219	352,235
060 OUTPAT SERVI CE COST CNTRS							
060 CLI NI C							
061 01 CARDI AC REHAB	286,780		30,975		50,967	368,722	78,229
062 EMERGENCY	1,232,086	123,480		105,595	221,211	1,682,372	356,935
063 OBSERVATI ON BEDS (NON- DI S							
063 50 RHC	7,930,344			84,513	426,742	8,441,599	1,791,005
066 OTHER REI MBURS COST CNTRS							
071 DURABLE MEDI CAL EQUI P- REN	1,114,870			44,918	87,786	1,247,574	264,688
093 HOME HEALTH AGENCY	590,375			21,912	103,893	716,180	151,946
095 SPEC PURPOSE COST CENTERS							
096 HOSPI CE	247,866			127	30,188	278,181	59,019
098 SUBTOTALS	55,291,571	2,532,758	30,975	2,032,505	4,646,292	54,971,044	9,540,433
099 NONREI MBURS COST CENTERS							
099 01 GIFT, FLOWER, COFFEE SHOP		60,237		159		60,396	12,814
099 02 PHYSI CI ANS' PRI VATE OFFI C	1,532,919	5,463		4,866	104,336	1,647,584	349,555
100 NONPAI D WORKERS							
100 01 NONPAI D WORKERS							
100 02 FOUNDATI ON	183					183	39
100 03 PHYSI CI ANS CLI NI C		32,534		3,997		36,531	7,750
100 04 PROCTOR CHEM CAL DEPENDEN		1,288				1,288	273
100 05 ST. FRANCI S RENAL DI ALYSI		49,070				49,070	10,411
100 06 RUCHFORD POB	10,041			1,167		11,208	2,378
100 07 GRAHAM POB	205,642			43,233	156	249,031	52,835
100 08 FARM NGTON POB	5,939					5,939	1,260
100 09 LEW STON POB	8,759					8,759	1,858
100 10 OTHER RENTAL PROPERTY							
100 11 KELLEY HOME	98,322			338	13,683	112,343	23,835
101 CROSS FOOT ADJUSTMENT							
102 NEGATI VE COST CENTER							
103 TOTAL	57,153,376	2,681,350	30,975	2,086,265	4,764,467	57,153,376	10,003,441

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG &							
004 NEW CAP REL COSTS- CARDIAC							
005 NEW CAP REL COSTS- MMBLE E							
006 EMPLOYEE BENEFITS							
008 ADMIN STRATIVE & GENERAL							
009 OPERATION OF PLANT	3,869,238						
010 LAUNDRY & LINEN SERVICE	84,600	505,866					
011 HOUSEKEEPING	56,798	7,391	1,057,929				
012 DIETARY	218,411			1,113,779			
014 CAFETERIA	58,390				590,020		
015 NURSING ADMINISTRATION	85,741		5,253		19,451	1,051,566	
016 CENTRAL SERVICES & SUPPLY					2,800		533,064
017 PHARMACY	49,927		14,544		21,859		
021 MEDICAL RECORDS & LIBRARY	109,961		12,542		34,590		
025 NURSING SCHOOL	652,157	130	33,447		37,296		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	406,154	137,686	303,199	393,624	97,253	816,249	
034 INTENSIVE CARE UNIT	78,498	18,945	41,022	33,159	16,315	136,929	
035 NURSERY	22,762	1,274			8,979	75,358	
037 SKILLED NURSING FACILITY	304,841	90,521	62,820	357,914	60,406		
039 NURSING FACILITY	134,792	63,202	55,744	329,082	36,064		
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	367,157	92,045	215,974		55,963		
044 DELIVERY ROOM & LABOR ROOM	67,462				2,744	23,030	
049 ANESTHESIOLOGY	26,555						
050 RADIOLOGY-DIAGNOSTIC	270,752	20,028	56,531		33,806		
055 LABORATORY	243,427		39,486		56,131		
056 RESPIRATORY THERAPY	4,085	411	8,969		14,411		
060 PHYSICAL THERAPY	89,004	7,331	21,726		26,096		
061 MEDICAL SUPPLIES CHARGED							533,064
062 DRUGS CHARGED TO PATIENTS							
063 OUTPAT SERVICE COST CNTRS							
066 CLINIC							
066 01 CARDIAC REHAB					10,155		
061 EMERGENCY	244,064	60,564	133,286		54,656		
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
099 HOSPICE							
099 SUBTOTALS	3,575,538	499,528	1,004,543	1,113,779	588,975	1,051,566	533,064
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	119,061		6,611				
099 PHYSICIANS PRIVATE OFFICE	10,797	3,640	29,766				
099 01 NONPAID WORKERS							
099 02 FOUNDATION							
100 PHYSICIANS CLINIC	64,306				1,045		
100 01 PROCTOR CHEMICAL DEPENDEN	2,547						
100 02 ST. FRANCIS RENAL DIALYSIS	96,989	2,698	17,009				
100 03 RUFHORD POB							
100 04 GRAHAM POB							
100 05 FARMINGTON POB							
100 06 LEWISTON POB							
100 07 OTHER RENTAL PROPERTY							
100 08 KELLEY HOME							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,869,238	505,866	1,057,929	1,113,779	590,020	1,051,566	533,064

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21	SUBTOTAL 25	I & R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS- BLDG &						
004 NEW CAP REL COSTS- CARDIAC						
005 NEW CAP REL COSTS- MMBLE E						
006 EMPLOYEE BENEFITS						
008 ADMNISTRATIVE & GENERAL						
009 OPERATI ON OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMNISTRATI ON						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	675,193					
021 MEDICAL RECORDS & LIBRARY		1,113,986				
025 NURSING SCHOOL			1,928,777			
026 INPAT ROUTINE SRVC CNTRS						
033 ADULTS & PEDIATRICS	1,032	334,736	866,998	7,373,449		7,373,449
034 INTENSIVE CARE UNIT	176	29,252	116,741	1,308,006		1,308,006
035 NURSERY	1	54,776		535,713		535,713
037 SKILLED NURSING FACILITY	125	40,191	415,838	3,336,317		3,336,317
039 NURSING FACILITY		36,950		1,605,228		1,605,228
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM	10,435	62,604	216,475	8,112,543		8,112,543
044 DELIVERY ROOM & LABOR ROOM				225,986		225,986
049 ANESTHESIOLOGY	147			185,689		185,689
050 RADIOLOGY-DIAGNOSTIC	2,141	298,158		4,655,282		4,655,282
055 LABORATORY	421	117,445	19,604	5,216,202		5,216,202
056 RESPIRATORY THERAPY	434			647,665		647,665
060 PHYSICAL THERAPY	39		23,147	1,392,365		1,392,365
061 MEDICAL SUPPLIES CHARGED	10,663			548,090		548,090
062 DRUGS CHARGED TO PATIENTS	507,893			2,520,347		2,520,347
063 OUTPAT SERVICE COST CNTRS						
066 CLINIC						
068 01 CARDIAC REHAB	224		27,163	484,493		484,493
069 EMERGENCY	1,453	139,874	89,696	2,762,900		2,762,900
071 OBSERVATION BEDS (NON-DIS)						
073 50 RHC	83,019			10,315,623		10,315,623
076 OTHER REIMBURS COST CNTRS						
078 DURABLE MEDICAL EQUIP-REN	2,842			1,515,104		1,515,104
081 HOME HEALTH AGENCY	319		59,522	927,967		927,967
083 SPEC PURPOSE COST CENTERS						
086 HOSPICE	39,470		29,761	406,431		406,431
088 SUBTOTALS	660,858	1,113,986	1,864,945	54,075,400		54,075,400
091 NONREIMBURS COST CENTERS						
093 GIFT, FLOWER, COFFEE SHOP				198,882		198,882
096 PHYSICIANS PRIVATE OFFICE	14,335			2,055,677		2,055,677
099 NONPAID WORKERS						
100 01 NONPAID WORKERS						
100 02 FOUNDATION				222		222
100 03 PHYSICIANS CLINIC			63,832	173,464		173,464
100 04 PROCTOR CHEMICAL DEPENDEN				4,108		4,108
100 05 ST. FRANCIS RENAL DIALYSIS				176,177		176,177
100 06 RUFORD POB				13,586		13,586
100 07 GRAHAM POB				301,866		301,866
100 08 FARMINGTON POB				7,199		7,199
100 09 LEWISTON POB				10,617		10,617
100 10 OTHER RENTAL PROPERTY						
100 11 KELLEY HOME				136,178		136,178
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	675,193	1,113,986	1,928,777	57,153,376		57,153,376

	COST CENTER DESCRIPTION	DIRECT ASSIGNED NEW CAPITAL RELATED COSTS	NEW CAP REL COSTS- BLDG &	NEW CAP REL COSTS- CARDIAC	NEW CAP REL COSTS- M/BLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL
		0	3	3.01	4	4a	5	6
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS- BLDG &							
004	NEW CAP REL COSTS- CARDIAC							
005	NEW CAP REL COSTS- M/BLE E							
006	EMPLOYEE BENEFITS		18,737		1,797	20,534	20,534	
008	ADMINISTRATIVE & GENERAL		310,312		502,038	812,350	3,083	815,433
009	OPERATION OF PLANT	9,415	394,722		19,714	423,851	879	55,203
010	LAUNDRY & LINEN SERVICE		42,802		60	42,862	22	6,010
011	HOUSEKEEPING		28,736		10,318	39,054	510	14,178
012	DIETARY	1,500	110,502		42,667	154,669	247	12,774
014	CAFETERIA		29,541			29,541	304	7,585
015	NURSING ADMINISTRATIVE		43,379		4,224	47,603	513	13,427
016	CENTRAL SERVICES & SUPPLY				1,828	1,828	31	7,565
017	PHARMACY	422	25,260		68,128	93,810	488	8,401
021	MEDICAL RECORDS & LIBRARY		55,633		69,890	125,523	441	13,652
025	NURSING SCHOOL		329,948		20,410	350,358	706	17,202
026	INPATIENT ROUTINE SERVICE CENTERS							
033	ADULTS & PEDIATRICS		205,487		80,041	285,528	2,041	57,304
034	INTENSIVE CARE UNIT		39,715		10,266	49,981	412	11,941
035	NURSERY		11,516		4,128	15,644	206	5,315
037	SKILLED NURSING FACILITY		154,230		14,641	168,871	1,024	28,586
039	NURSING FACILITY		68,196		6,977	75,173	494	13,545
040	ANCILLARY SERVICE COST CENTERS							
041	OPERATING ROOM		185,757		225,538	411,295	1,403	101,180
044	DELIVERY ROOM & LABOR ROOM		34,132		660	34,792	54	1,894
049	ANESTHESIOLOGY	3,800	13,435		14,851	32,086		2,268
050	RADIOLOGY-DIAGNOSTIC	609,300	136,983		494,123	1,240,406	795	56,695
055	LABORATORY		123,158		159,962	283,120	1,415	67,621
056	RESPIRATORY THERAPY	4,663	2,067		4,577	11,307	334	8,836
060	PHYSICAL THERAPY		45,030		18,602	63,632	654	17,477
061	MEDICAL SUPPLIES CHARGED							62
062	DRUGS CHARGED TO PATIENTS							28,712
063	OUTPATIENT SERVICE COST CENTERS							
066	CLINIC							
067	01 CARDIAC REHAB			30,975		30,975	220	6,377
068	EMERGENCY		123,480		105,595	229,075	953	29,095
069	OBSERVATION BEDS (NON-DIS)							
070	50 RHC	30,313			84,513	114,826	1,839	146,014
071	OTHER REIMBURSEMENT CENTERS							
072	DURABLE MEDICAL EQUIPMENT-REN	36,241			44,918	81,159	378	21,576
073	HOME HEALTH AGENCY	5,390			21,912	27,302	448	12,386
074	SPECIAL PURPOSE CENTERS							
075	HOSPICE	65,336			127	65,463	130	4,811
076	SUBTOTALS	766,380	2,532,758	30,975	2,032,505	5,362,618	20,024	777,692
077	NONREIMBURSEMENT CENTERS							
078	GIFT, FLOWER, COFFEE SHOP		60,237		159	60,396		1,044
079	PHYSICIANS' PRIVATE OFFICE		5,463		4,866	10,329	450	28,493
080	NONPAID WORKERS							
081	01 NONPAID WORKERS							
082	FOUNDATION							3
083	PHYSICIANS CLINIC		32,534		3,997	36,531		632
084	PROCTOR CHEMICAL DEPENDENT		1,288			1,288		22
085	ST. FRANCIS RENAL DIALYSIS		49,070			49,070		849
086	RUFORD POB	9,539			1,167	10,706		194
087	04 GRAHAM POB	201,220			43,233	244,453	1	4,307
088	05 FARMINGTON POB	5,819				5,819		103
089	06 LEWISTON POB	8,639				8,639		151
090	07 OTHER RENTAL PROPERTY							
091	08 KELLEY HOME	338			338	676	59	1,943
092	CROSS FOOT ADJUSTMENTS							
093	NEGATIVE COST CENTER							
094	TOTAL	991,935	2,681,350	30,975	2,086,265	5,790,525	20,534	815,433

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0001

FROM 7/1/2008

WORKSHEET B

TO 6/30/2009

PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG &							
004 NEW CAP REL COSTS- CARDIAC							
005 NEW CAP REL COSTS- MMBLE E							
006 EMPLOYEE BENEFITS							
008 ADMIN STRATIVE & GENERAL							
009 OPERATION OF PLANT	479,933						
010 LAUNDRY & LINEN SERVICE	10,494	59,388					
011 HOUSEKEEPING	7,045	868	61,655				
012 DIETARY	27,091			194,781			
014 CAFETERIA	7,243				44,673		
015 NURSING ADMINISTRATION	10,635		306		1,473	73,957	
016 CENTRAL SERVICES & SUPPLY					212		9,636
017 PHARMACY	6,193		848		1,655		
021 MEDICAL RECORDS & LIBRARY	13,639		731		2,619		
025 NURSING SCHOOL	80,892	15	1,949		2,824		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	50,379	16,164	17,669	68,838	7,362	57,407	
034 INTENSIVE CARE UNIT	9,737	2,224	2,391	5,799	1,235	9,630	
035 NURSERY	2,823	150			680	5,300	
037 SKILLED NURSING FACILITY	37,812	10,627	3,661	62,593	4,574		
039 NURSING FACILITY	16,719	7,420	3,249	57,551	2,731		
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	45,542	10,806	12,587		4,237		
044 DELIVERY ROOM & LABOR ROOM	8,368				208	1,620	
049 ANESTHESIOLOGY	3,294						
050 RADIOLOGY-DIAGNOSTIC	33,584	2,351	3,295		2,560		
055 LABORATORY	30,194		2,301		4,250		
056 RESPIRATORY THERAPY	507	48	523		1,091		
060 PHYSICAL THERAPY	11,040	861	1,266		1,976		
061 MEDICAL SUPPLIES CHARGED							9,636
062 DRUGS CHARGED TO PATIENTS							
063 OUTPAT SERVICE COST CNTRS							
066 CLINIC							
060 01 CARDIAC REHAB					769		
061 EMERGENCY	30,273	7,110	7,768		4,138		
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
099 HOSPICE							
095 SUBTOTALS	443,504	58,644	58,544	194,781	44,594	73,957	9,636
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	14,768		385				
099 PHYSICIANS PRI VATE OFFIC	1,339	427	1,735				
099 01 NONPAID WORKERS							
099 02 FOUNDATION							
100 PHYSICIANS CLINIC	7,976				79		
100 01 PROCTOR CHEMICAL DEPENDEN	316						
100 02 ST. FRANCIS RENAL DIALYSIS	12,030	317	991				
100 03 RUFHORD POB							
100 04 GRAHAM POB							
100 05 FARMINGTON POB							
100 06 LEWISTON POB							
100 07 OTHER RENTAL PROPERTY							
100 08 KELLEY HOME							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	479,933	59,388	61,655	194,781	44,673	73,957	9,636

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	16	17	21	25	26	27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS- BLDG &						
004 NEW CAP REL COSTS- CARDIAC						
005 NEW CAP REL COSTS- MMBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATIONS OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATIVE						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	111,395					
021 MEDICAL RECORDS & LIBRARY		156,605				
025 NURSING SCHOOL	4		453,950			
026 INPATIENT ROUTINE SRVC CNTRS						
033 ADULTS & PEDIATRICS	170	47,057		609,919		609,919
034 INTENSIVE CARE UNIT	29	4,112		97,491		97,491
035 NURSERY		7,701		37,819		37,819
037 SKILLED NURSING FACILITY	21	5,650		323,419		323,419
039 NURSING FACILITY		5,194		182,076		182,076
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM	1,722	8,801		597,573		597,573
044 DELIVERY ROOM & LABOR ROOM				46,936		46,936
049 ANESTHESIOLOGY	24			37,672		37,672
050 RADIOLOGY- DIAGNOSTIC	353	41,915		1,381,954		1,381,954
055 LABORATORY	70	16,511		405,482		405,482
056 RESPIRATORY THERAPY	72			22,718		22,718
060 PHYSICAL THERAPY	6			96,912		96,912
061 MEDICAL SUPPLIES CHARGED	1,759			11,457		11,457
062 DRUGS CHARGED TO PATIENTS	83,792			112,504		112,504
063 OUTPAT SERVICE COST CNTRS						
066 CLINIC						
060 01 CARDIAC REHAB	37			38,378		38,378
061 EMERGENCY	240	19,664		328,316		328,316
062 OBSERVATION BEDS (NON-DIS)						
063 50 RHC	13,697			276,376		276,376
066 OTHER REIMBURS COST CNTRS						
071 DURABLE MEDICAL EQUIP-REN	469			103,582		103,582
093 HOME HEALTH AGENCY	53			40,189		40,189
095 SPEC PURPOSE COST CENTERS						
096 HOSPICE	6,512			76,916		76,916
099 SUBTOTALS	109,030	156,605		4,827,689		4,827,689
098 NONREIMBURS COST CENTERS						
099 01 GIFT, FLOWER, COFFEE SHOP				76,593		76,593
100 02 PHYSICIANS PRIVATE OFFICE	2,365			45,138		45,138
100 03 NONPAID WORKERS						
100 01 NONPAID WORKERS						
100 02 FOUNDATION				3		3
100 03 PHYSICIANS CLINIC				45,218		45,218
100 01 PROCTOR CHEMICAL DEPENDEN				1,626		1,626
100 02 ST. FRANCIS RENAL DIALYSIS				63,257		63,257
100 03 RUFHORD POB				10,900		10,900
100 04 GRAHAM POB				248,761		248,761
100 05 FARMINGTON POB				5,922		5,922
100 06 LEWISTON POB				8,790		8,790
100 07 OTHER RENTAL PROPERTY						
100 08 KELLEY HOME				2,678		2,678
101 CROSS FOOT ADJUSTMENTS			453,950	453,950		453,950
102 NEGATIVE COST CENTER						
103 TOTAL	111,395	156,605	453,950	5,790,525		5,790,525

COST CENTER DESCRIPTION	NEW CAP REL COSTS- BLDG & (SQUARE FEET)	C NEW CAP REL COSTS- CARDI AC (DOLLAR VALUE)	C NEW CAP REL COSTS- M/BL E (DOLLAR VALUE)	C EMPLOYEE BENE FIT S (GROSS ALARI ES)	S RECONCI L- IATI ON ()	ADM NI STRATI V E & GENERAL (ACCUM COST)
	3	3.01	4	5	6a.00	6
GENERAL SERVICE COST						
003 NEW CAP REL COSTS- BLD	199,776					
003 01 NEW CAP REL COSTS- CAR		30,653				
004 NEW CAP REL COSTS- MMB			1,952,839			
005 EMPLOYEE BENEFITS	1,396		1,682	23,523,521		
006 ADM NI STRATI VE & GENE	23,120		469,931	3,533,815	-10,003,441	47,149,935
008 OPERATI ON OF PLANT	29,409		18,453	1,006,428		3,192,014
009 LAUNDRY & LI NEN SERVI	3,189		56	24,906		347,533
010 HOUSEKEEPI NG	2,141		9,658	584,139		819,808
011 DI ETARY	8,233		39,938	282,593		738,654
012 CAFETERI A	2,201			347,914		438,580
014 NURSI NG ADM NI STRATI O	3,232		3,954	587,342		776,399
015 CENTRAL SERVI CES & SU			1,711	35,988		437,453
016 PHARMACY	1,882		63,771	559,471		485,796
017 MEDI CAL RECORDS & LI B	4,145		65,420	505,717		789,410
021 NURSI NG SCHOOL	24,583		19,105	808,983		994,688
INPAT ROUTI NE SRVC ON						
ADULTS & PEDI ATRI CS	15,310		74,922	2,338,439		3,313,516
026 INTENSI VE CARE UNI T	2,959		9,609	471,955		690,476
033 NURSERY	858		3,864	235,809		307,354
034 SKI LLED NURSI NG FACI L	11,491		13,705	1,173,075		1,652,965
035 NURSI NG FACI LI TY	5,081		6,531	565,644		783,224
ANCI LLARY SRVC COST C						
OPERATI NG ROOM	13,840		211,114	1,606,565		5,850,612
039 DELI VERY ROOM & LABOR	2,543		618	62,138		109,515
040 ANESTHESI OLOGY	1,001		13,901			131,160
041 RADIOLOGY- DI AGNOSTI C	10,206		462,522	910,365		3,278,329
044 LABORATORY	9,176		149,732	1,621,017		3,910,111
049 RESPI RATORY THERAPY	154		4,284	382,232		510,951
050 PHYSI CAL THERAPY	3,355		17,412	749,357		1,010,609
055 MEDI CAL SUPPLI ES CHAR						3,599
056 DRUGS CHARGED TO PATI						1,660,219
OUTPAT SERVI CE COST C						
CLI NI C						
060 01 CARDI AC REHAB		30,653		251,637		368,722
061 EMERGENCY	9,200		98,842	1,092,179		1,682,372
062 OBSERVATI ON BEDS (NON						
063 50 RHC			79,108	2,106,942		8,441,599
OTHER REI MBURS COST C						
DURABLE MEDI CAL EQUI P			42,045	433,423		1,247,574
071 HOME HEALTH AGENCY			20,511	512,947		716,180
SPEC PURPOSE COST CEN						
HOSPI CE			119	149,044		278,181
095 SUBTOTALS	188,705	30,653	1,902,518	22,940,064	-10,003,441	44,967,603
NONREI MBURS COST CENT						
GI FT, FLOWER, COFFEE	4,488		149			60,396
098 PHYSI CI ANS' PRI VATE O	407		4,555	515,134		1,647,584
099 NONPAI D WORKERS						
099 01 NONPAI D WORKERS						
099 02 FOUNDATI ON						183
100 PHYSI CI ANS CLI NI C	2,424		3,741			36,531
100 01 PROCTOR CHEM CAL DEPE	96					1,288
100 02 ST. FRANCI S RENAL DI A	3,656					49,070
100 03 RUCHFORD POB			1,092			11,208
100 04 GRAHAM POB			40,468	768		249,031
100 05 FARM NGTON POB						5,939
100 06 LEW STON POB						8,759
100 07 OTHER RENTAL PROPERTY						
100 08 KELLEY HOME			316	67,555		112,343
101 CROSS FOOT ADJUSTMENT						
102 NEGATI VE COST CENTER						
103 COST TO BE ALLOCATED	2,681,350	30,975	2,086,265	4,764,467		10,003,441
(WRKSH T B, PART I)						
104 UNI T COST MULTI PLI ER	13.421782		1.068324			
(WRKSH T B, PT I)		1.010505		.202541		.212162
105 COST TO BE ALLOCATED						
(WRKSH T B, PART I I)						
106 UNI T COST MULTI PLI ER						
(WRKSH T B, PT I I)						
107 COST TO BE ALLOCATED				20,534		815,433
(WRKSH T B, PART I I I)						
108 UNI T COST MULTI PLI ER						
(WRKSH T B, PT I I I)				.000873		.017294

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (FTEs)	CENTRAL SERVICES & SUPPLY (COSTED EQUIP.)	R
	8	9	10	11	12	14	15	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS- BLD								
003 01 NEW CAP REL COSTS- CAR								
004 NEW CAP REL COSTS- MMB								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATION & GENERAL								
008 OPERATION OF PLANT	145,851							
009 LAUNDRY & LINEN SERVICE	3,189	1,311,466						
010 HOUSEKEEPING	2,141	19,162	29,606					
011 DIETARY	8,233			73,359				
012 CAFETERIA	2,201				31,608			
014 NURSING ADMINISTRATION	3,232		147		1,042	6,712		
015 CENTRAL SERVICES & SUPPLY					150		376,003	
016 PHARMACY	1,882		407		1,171			
017 MEDICAL RECORDS & LIBRARY	4,145		351		1,853			
021 NURSING SCHOOL	24,583	338	936		1,998			
INPATIENT ROUTINE SERVICE								
025 ADULTS & PEDIATRICS	15,310	356,954	8,485	25,926	5,210	5,210		
026 INTENSIVE CARE UNIT	2,959	49,114	1,148	2,184	874	874		
033 NURSERY	858	3,302			481	481		
034 SKILLED NURSING FACILITY	11,491	234,676	1,758	23,574	3,236			
035 NURSING FACILITY	5,081	163,852	1,560	21,675	1,932			
ANCILLARY SERVICE COST								
037 OPERATING ROOM	13,840	238,628	6,044		2,998			
039 DELIVERY ROOM & LABOR	2,543				147			
040 ANESTHESIOLOGY	1,001					147		
041 RADIOLOGY-DIAGNOSTIC	10,206	51,922	1,582		1,811			
044 LABORATORY	9,176		1,105		3,007			
049 RESPIRATORY THERAPY	154	1,066	251		772			
050 PHYSICAL THERAPY	3,355	19,006	608		1,398			
055 MEDICAL SUPPLIES CHARGED TO PATIENT							376,003	
056 OUTPATIENT SERVICE COST CLINIC								
060 01 CARDIAC REHAB					544			
061 EMERGENCY	9,200	157,014	3,730		2,928			
062 OBSERVATION BEDS (NON RHC)								
063 OTHER REIMBURSEMENT COST CENTER								
066 DURABLE MEDICAL EQUIPMENT								
071 HOME HEALTH AGENCY								
SPECIAL PURPOSE COST CENTER								
093 HOSPITAL								
095 SUBTOTALS	134,780	1,295,034	28,112	73,359	31,552	6,712	376,003	
NONREIMBURSEMENT COST CENTER								
096 GIFT, FLOWER, COFFEE	4,488		185					
098 PHYSICIANS' PRIVATE OFFICE	407	9,438	833					
099 NONPAID WORKERS								
099 01 NONPAID WORKERS								
099 02 FOUNDATION								
100 PHYSICIANS CLINIC	2,424				56			
100 01 PROCTOR CHEMICAL DEPARTMENT	96							
100 02 ST. FRANCIS RENAL DIALYSIS	3,656	6,994	476					
100 03 RUCHFORD POB								
100 04 GRAHAM POB								
100 05 FARMINGTON POB								
100 06 LEWISTON POB								
100 07 OTHER RENTAL PROPERTY								
100 08 KELLEY HOME								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,869,238	505,866	1,057,929	1,113,779	590,020	1,051,566	533,064	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	26.528704	.385726	35.733601	15.182582	18.666793	156.669547	1.417712	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	479,933	59,388	61,655	194,781	44,673	73,957	9,636	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	3.290571	.045284	2.082517	2.655175	1.413345	11.018623	.025627	

COST ALLOCATION - STATISTICAL BASIS

14-0001

FROM 7/1/2008

WORKSHEET B-1

TO 6/30/2009

COST CENTER DESCRIPTION		PHARMACY (COSTED EQUI S.	MEDICAL RECORDS & LIBRARY R(TIME) SPENT	NURSING SCHOOL (ASSIGNED TIME)
	GENERAL SERVICE COST	16	17	21
003	NEW CAP REL COSTS- BLD			
003 01	NEW CAP REL COSTS- CAR			
004	NEW CAP REL COSTS- MMB			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENERAL			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIVE			
015	CENTRAL SERVICES & SUPPORT			
016	PHARMACY	1,660,219		
017	MEDICAL RECORDS & LIBRARY		68,739	
021	NURSING SCHOOL	58		816,595
	INPATIENT ROUTINE SERVICE			
025	ADULTS & PEDIATRICS	2,538	20,655	367,065
026	INTENSIVE CARE UNIT	432	1,805	49,425
033	NURSERY	2	3,380	
034	SKILLED NURSING FACILITY	307	2,480	176,055
035	NURSING FACILITY		2,280	
037	ANCILLARY SERVICE COST CENTER			
039	OPERATING ROOM	25,659	3,863	91,650
040	DELIVERY ROOM & LABOR			
041	ANESTHESIOLOGY	362		
044	RADIOLOGY-DIAGNOSTIC	5,265	18,398	
049	LABORATORY	1,036	7,247	8,300
049	RESPIRATORY THERAPY	1,067		
050	PHYSICAL THERAPY	96		9,800
055	MEDICAL SUPPLIES CHARGED TO PATIENT	26,219		
056	DRUGS CHARGED TO PATIENT	1,248,846		
060	OUTPATIENT SERVICE COST CENTER			
060 01	CLINIC			
060 01	CARDIAC REHAB	550		11,500
061	EMERGENCY	3,573	8,631	37,975
062	OBSERVATION BEDS (NON)			
063 50	RHC	204,135		
066	OTHER REIMBURSEMENT COST CENTER			
071	DURABLE MEDICAL EQUIPMENT	6,988		
	HOME HEALTH AGENCY	784		25,200
	SPECIAL PURPOSE COST CENTER			
093	HOSPICE	97,053		12,600
095	SUBTOTALS	1,624,970	68,739	789,570
096	NONREIMBURSEMENT COST CENTER			
098	GIFT, FLOWER, COFFEE			
099	PHYSICIANS' PRIVATE OFFICE	35,249		
099	NONPAID WORKERS			
099 01	NONPAID WORKERS			
099 02	FOUNDATION			
100	PHYSICIANS CLINIC			27,025
100 01	PROCTOR CHEMICAL DEPARTMENT			
100 02	ST. FRANCIS RENAL DIALYSIS			
100 03	RUCHFORD POB			
100 04	GRAHAM POB			
100 05	FARMINGTON POB			
100 06	LEWISTON POB			
100 07	OTHER RENTAL PROPERTY			
100 08	KELLEY HOME			
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	675,193	1,113,986	1,928,777
	(PER WORKSHEET B, PART I)			
104	UNIT COST MULTIPLIER		16.206026	
	(WORKSHEET B, PART I)	.406689		2.361975
105	COST TO BE ALLOCATED			
	(PER WORKSHEET B, PART I)			
106	UNIT COST MULTIPLIER			
	(WORKSHEET B, PART I)			
107	COST TO BE ALLOCATED	111,395	156,605	453,950
	(PER WORKSHEET B, PART I)			
108	UNIT COST MULTIPLIER		2.278255	
	(WORKSHEET B, PART I)	.067097		.555906

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0001
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/25/2009
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I CCL 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	7,373,449		7,373,449		7,373,449
26	INTENSIVE CARE UNIT	1,308,006		1,308,006		1,308,006
33	NURSERY	535,713		535,713		535,713
34	SKILLED NURSING FACILITY	3,336,317		3,336,317		3,336,317
35	NURSING FACILITY	1,605,228		1,605,228		1,605,228
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,112,543		8,112,543		8,112,543
39	DELIVERY ROOM & LABOR ROOM	225,986		225,986		225,986
40	ANESTHESIOLOGY	185,689		185,689		185,689
41	RADIOLOGY-DIAGNOSTIC	4,655,282		4,655,282		4,655,282
44	LABORATORY	5,216,202		5,216,202		5,216,202
49	RESPIRATORY THERAPY	647,665		647,665		647,665
50	PHYSICAL THERAPY	1,392,365		1,392,365		1,392,365
55	MEDICAL SUPPLIES CHARGED	548,090		548,090		548,090
56	DRUGS CHARGED TO PATIENTS	2,520,347		2,520,347		2,520,347
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 CARDIAC REHAB	484,493		484,493		484,493
61	EMERGENCY	2,762,900		2,762,900	23,898	2,786,798
62	OBSERVATION BEDS (NON-DIS)	1,435,188		1,435,188		1,435,188
63	50 RHC	10,315,623		10,315,623		10,315,623
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	1,515,104		1,515,104		1,515,104
101	SUBTOTAL	54,176,190		54,176,190	23,898	54,200,088
102	LESS OBSERVATION BEDS	1,435,188		1,435,188		1,435,188
103	TOTAL	52,741,002		52,741,002	23,898	52,764,900

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0001

FROM 7/1/2008

WORKSHEET C

|

TO 6/30/2009

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,034,265		6,034,265			
26	INTENSIVE CARE UNIT	1,003,393		1,003,393			
33	NURSERY	341,673		341,673			
34	SKILLED NURSING FACILITY	2,470,889		2,470,889			
35	NURSING FACILITY	1,073,987		1,073,987			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,457,085	10,029,685	17,486,770	.463925	.463925	.463925
39	DELIVERY ROOM & LABOR ROOM	329,188	105,489	434,677	.519894	.519894	.519894
40	ANESTHESIOLOGY	611,253	1,213,626	1,824,879	.101754	.101754	.101754
41	RADIOLOGY-DIAGNOSTIC	3,317,108	42,338,961	45,656,069	.101964	.101964	.101964
44	LABORATORY	4,079,403	15,047,377	19,126,780	.272717	.272717	.272717
49	RESPIRATORY THERAPY	1,714,975	485,393	2,200,368	.294344	.294344	.294344
50	PHYSICAL THERAPY	1,394,312	1,683,800	3,078,112	.452344	.452344	.452344
55	MEDICAL SUPPLIES CHARGED	2,228,172	8,128,626	10,356,798	.052921	.052921	.052921
56	DRUGS CHARGED TO PATIENTS	5,213,049	2,897,538	8,110,587	.310748	.310748	.310748
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB	111	316,190	316,301	1.531747	1.531747	1.531747
61	EMERGENCY	1,045,659	7,812,113	8,857,772	.311918	.311918	.314616
62	OBSERVATION BEDS (NON-DIS)	306,667	1,071,897	1,378,564	1.041075	1.041075	1.041075
63	50 RHC		18,316,810	18,316,810	.563178	.563178	.563178
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		2,005,934	2,005,934	.755311	.755311	.755311
101	SUBTOTAL	38,621,189	111,453,439	150,074,628			
102	LESS OBSERVATION BEDS						
103	TOTAL	38,621,189	111,453,439	150,074,628			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET C
	TO 6/30/2009	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I CCL 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	7,373,449		7,373,449		7,373,449
26	INTENSIVE CARE UNIT	1,308,006		1,308,006		1,308,006
33	NURSERY	535,713		535,713		535,713
34	SKILLED NURSING FACILITY	3,336,317		3,336,317		3,336,317
35	NURSING FACILITY	1,605,228		1,605,228		1,605,228
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,112,543		8,112,543		8,112,543
39	DELIVERY ROOM & LABOR ROOM	225,986		225,986		225,986
40	ANESTHESIOLOGY	185,689		185,689		185,689
41	RADIOLOGY-DIAGNOSTIC	4,655,282		4,655,282		4,655,282
44	LABORATORY	5,216,202		5,216,202		5,216,202
49	RESPIRATORY THERAPY	647,665		647,665		647,665
50	PHYSICAL THERAPY	1,392,365		1,392,365		1,392,365
55	MEDICAL SUPPLIES CHARGED	548,090		548,090		548,090
56	DRUGS CHARGED TO PATIENTS	2,520,347		2,520,347		2,520,347
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 CARDIAC REHAB	484,493		484,493		484,493
61	EMERGENCY	2,762,900		2,762,900	23,898	2,786,798
62	OBSERVATION BEDS (NON-DIS)	1,435,188		1,435,188		1,435,188
63	50 RHC	10,315,623		10,315,623		10,315,623
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	1,515,104		1,515,104		1,515,104
101	SUBTOTAL	54,176,190		54,176,190	23,898	54,200,088
102	LESS OBSERVATION BEDS	1,435,188		1,435,188		1,435,188
103	TOTAL	52,741,002		52,741,002	23,898	52,764,900

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,034,265		6,034,265			
26	INTENSIVE CARE UNIT	1,003,393		1,003,393			
33	NURSERY	341,673		341,673			
34	SKILLED NURSING FACILITY	2,470,889		2,470,889			
35	NURSING FACILITY	1,073,987		1,073,987			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,457,085	10,029,685	17,486,770	.463925	.463925	.463925
39	DELIVERY ROOM & LABOR ROOM	329,188	105,489	434,677	.519894	.519894	.519894
40	ANESTHESIOLOGY	611,253	1,213,626	1,824,879	.101754	.101754	.101754
41	RADIOLOGY-DIAGNOSTIC	3,317,108	42,338,961	45,656,069	.101964	.101964	.101964
44	LABORATORY	4,079,403	15,047,377	19,126,780	.272717	.272717	.272717
49	RESPIRATORY THERAPY	1,714,975	485,393	2,200,368	.294344	.294344	.294344
50	PHYSICAL THERAPY	1,394,312	1,683,800	3,078,112	.452344	.452344	.452344
55	MEDICAL SUPPLIES CHARGED	2,228,172	8,128,626	10,356,798	.052921	.052921	.052921
56	DRUGS CHARGED TO PATIENTS	5,213,049	2,897,538	8,110,587	.310748	.310748	.310748
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB	111	316,190	316,301	1.531747	1.531747	1.531747
61	EMERGENCY	1,045,659	7,812,113	8,857,772	.311918	.311918	.314616
62	OBSERVATION BEDS (NON-DIS)	306,667	1,071,897	1,378,564	1.041075	1.041075	1.041075
63	50 RHC		18,316,810	18,316,810	.563178	.563178	.563178
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-RENT		2,005,934	2,005,934	.755311	.755311	.755311
101	SUBTOTAL	38,621,189	111,453,439	150,074,628			
102	LESS OBSERVATION BEDS						
103	TOTAL	38,621,189	111,453,439	150,074,628			

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	8,112,543	597,573	7,514,970			8,112,543
39	DELIVERY ROOM & LABOR ROOM	225,986	46,936	179,050			225,986
40	ANESTHESIOLOGY	185,689	37,672	148,017			185,689
41	RADIOLOGY-DIAGNOSTIC	4,655,282	1,381,954	3,273,328			4,655,282
44	LABORATORY	5,216,202	405,482	4,810,720			5,216,202
49	RESPIRATORY THERAPY	647,665	22,718	624,947			647,665
50	PHYSICAL THERAPY	1,392,365	96,912	1,295,453			1,392,365
55	MEDICAL SUPPLIES CHARGED	548,090	11,457	536,633			548,090
56	DRUGS CHARGED TO PATIENTS	2,520,347	112,504	2,407,843			2,520,347
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB	484,493	38,378	446,115			484,493
61	EMERGENCY	2,762,900	328,316	2,434,584			2,762,900
62	OBSERVATION BEDS (NON-DIS)	1,435,188	118,716	1,316,472			1,435,188
63	50 RHC	10,315,623	276,376	10,039,247			10,315,623
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	1,515,104	103,582	1,411,522			1,515,104
101	SUBTOTAL	40,017,477	3,578,576	36,438,901			40,017,477
102	LESS OBSERVATION BEDS	1,435,188	118,716	1,316,472			1,435,188
103	TOTAL	38,582,289	3,459,860	35,122,429			38,582,289

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	17,486,770	.463925	.463925
39	DELIVERY ROOM & LABOR ROOM	434,677	.519894	.519894
40	ANESTHESIOLOGY	1,824,879	.101754	.101754
41	RADIOLOGY-DIAGNOSTIC	45,656,069	.101964	.101964
44	LABORATORY	19,126,780	.272717	.272717
49	RESPIRATORY THERAPY	2,200,368	.294344	.294344
50	PHYSICAL THERAPY	3,078,112	.452344	.452344
55	MEDICAL SUPPLIES CHARGED	10,356,798	.052921	.052921
56	DRUGS CHARGED TO PATIENTS	8,110,587	.310748	.310748
60	CLINIC			
60	01 CARDIAC REHAB	316,301	1.531747	1.531747
61	EMERGENCY	8,857,772	.311918	.311918
62	OBSERVATION BEDS (NON-DIS)	1,378,564	1.041075	1.041075
63	50 RHC	18,316,810	.563178	.563178
66	OTHER REIMBURS COST CNTRS			
	DURABLE MEDICAL EQUIP-REN	2,005,934	.755311	.755311
101	SUBTOTAL	139,150,421		
102	LESS OBSERVATION BEDS	1,378,564		
103	TOTAL	137,771,857		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	8,112,543	597,573	7,514,970			8,112,543
39	DELIVERY ROOM & LABOR ROOM	225,986	46,936	179,050			225,986
40	ANESTHESIOLOGY	185,689	37,672	148,017			185,689
41	RADIOLOGY-DIAGNOSTIC	4,655,282	1,381,954	3,273,328			4,655,282
44	LABORATORY	5,216,202	405,482	4,810,720			5,216,202
49	RESPIRATORY THERAPY	647,665	22,718	624,947			647,665
50	PHYSICAL THERAPY	1,392,365	96,912	1,295,453			1,392,365
55	MEDICAL SUPPLIES CHARGED	548,090	11,457	536,633			548,090
56	DRUGS CHARGED TO PATIENTS	2,520,347	112,504	2,407,843			2,520,347
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB	484,493	38,378	446,115			484,493
61	EMERGENCY	2,762,900	328,316	2,434,584			2,762,900
62	OBSERVATION BEDS (NON-DIS)	1,435,188	118,716	1,316,472			1,435,188
63	50 RHC	10,315,623	276,376	10,039,247			10,315,623
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	1,515,104	103,582	1,411,522			1,515,104
101	SUBTOTAL	40,017,477	3,578,576	36,438,901			40,017,477
102	LESS OBSERVATION BEDS	1,435,188	118,716	1,316,472			1,435,188
103	TOTAL	38,582,289	3,459,860	35,122,429			38,582,289

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	17,486,770	.463925	.463925
39	DELIVERY ROOM & LABOR ROOM	434,677	.519894	.519894
40	ANESTHESIOLOGY	1,824,879	.101754	.101754
41	RADIOLOGY-DIAGNOSTIC	45,656,069	.101964	.101964
44	LABORATORY	19,126,780	.272717	.272717
49	RESPIRATORY THERAPY	2,200,368	.294344	.294344
50	PHYSICAL THERAPY	3,078,112	.452344	.452344
55	MEDICAL SUPPLIES CHARGED	10,356,798	.052921	.052921
56	DRUGS CHARGED TO PATIENTS	8,110,587	.310748	.310748
60	CLINIC			
60	01 CARDIAC REHAB	316,301	1.531747	1.531747
61	EMERGENCY	8,857,772	.311918	.311918
62	OBSERVATION BEDS (NON-DIS)	1,378,564	1.041075	1.041075
63	50 RHC	18,316,810	.563178	.563178
66	OTHER REIMBURS COST CNTRS			
	DURABLE MEDICAL EQUIP-REN	2,005,934	.755311	.755311
101	SUBTOTAL	139,150,421		
102	LESS OBSERVATION BEDS	1,378,564		
103	TOTAL	137,771,857		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO:
14-0001

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/25/2009
WORKSHEET D
PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				609,919		609,919
26	INTENSIVE CARE UNIT				97,491		97,491
33	NURSERY				37,819		37,819
101	TOTAL				745,229		745,229

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	8,585	3,731			71.04	265,050
26	INTENSIVE CARE UNIT	674	351			144.65	50,772
33	NURSERY	610				62.00	
101	TOTAL	9,869	4,082				315,822

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		597,573	17,486,770	3,696,647		
39	DELIVERY ROOM & LABOR ROOM		46,936	434,677			
40	ANESTHESIOLOGY		37,672	1,824,879	301,054		
41	RADIOLOGY-DIAGNOSTIC		1,381,954	45,656,069	1,815,845		
44	LABORATORY		405,482	19,126,780	3,066,014		
49	RESPIRATORY THERAPY		22,718	2,200,368	740,529		
50	PHYSICAL THERAPY		96,912	3,078,112	267,876		
55	MEDICAL SUPPLIES CHARGED		11,457	10,356,798	658,035		
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		112,504	8,110,587	2,338,245		
60	CLINIC						
60	01 CARDIAC REHAB		38,378	316,301			
61	EMERGENCY		328,316	8,857,772	463,309		
62	OBSERVATION BEDS (NON-DIS)		118,716	1,378,564	181,365		
63	50 RHC						
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN		103,582	2,005,934			
101	TOTAL		3,302,200	120,833,611	13,528,919		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART II
14-0001		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.034173	126,326
39	DELIVERY ROOM & LABOR ROOM	.107979	
40	ANESTHESIOLOGY	.020644	6,215
41	RADIOLOGY-DIAGNOSTIC	.030269	54,964
44	LABORATORY	.021200	64,999
49	RESPIRATORY THERAPY	.010325	7,646
50	PHYSICAL THERAPY	.031484	8,434
55	MEDICAL SUPPLIES CHARGED	.001106	728
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.013871	32,434
60	CLINIC		
60	01 CARDIAC REHAB	.121334	
61	EMERGENCY	.037065	17,173
62	OBSERVATION BEDS (NON-DIS)	.086116	15,618
63	50 RHC		
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN	.051638	
101	TOTAL		334,537

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

PROVIDER NO: 14-0001
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/25/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATION COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		866,998		866,998	8,585	100.99
26	INTENSIVE CARE UNIT		116,741		116,741	674	173.21
33	NURSERY					610	
34	SKILLED NURSING FACILITY		415,838		415,838	7,841	53.03
35	NURSING FACILITY					7,225	
101	TOTAL		1,399,577		1,399,577	24,935	

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

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET D
	TO 6/30/2009	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	3,731	376,794
26	INTENSIVE CARE UNIT	351	60,797
33	NURSERY		
34	SKILLED NURSING FACILITY	5,011	265,733
35	NURSING FACILITY		
101	TOTAL	9,093	703,324

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM				216,475							
39	DELIVERY ROOM & LABOR ROOM											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
44	LABORATORY				19,604							
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY				23,147							
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 CARDIAC REHAB				27,163							
61	EMERGENCY				89,696							
62	OBSERVATION BEDS (NON-DIS)				168,755							
63	50 RHC											
66	OTHER REIMBURS COST CNTRS											
66	DURABLE MEDICAL EQUIP-REN											
101	TOTAL				544,840							

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	216,475	216,475	17,486,770	.012379	.012379	3,696,647	45,761
39	DELIVERY ROOM & LABOR ROOM			434,677				
40	ANESTHESIOLOGY			1,824,879			301,054	
41	RADIOLOGY-DIAGNOSTIC			45,656,069			1,815,845	
44	LABORATORY	19,604	19,604	19,126,780	.001025	.001025	3,066,014	3,143
49	RESPIRATORY THERAPY			2,200,368			740,529	
50	PHYSICAL THERAPY	23,147	23,147	3,078,112	.007520	.007520	267,876	2,014
55	MEDICAL SUPPLIES CHARGED			10,356,798			658,035	
56	DRUGS CHARGED TO PATIENTS			8,110,587			2,338,245	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CARDIAC REHAB	27,163	27,163	316,301	.085877	.085877		
61	EMERGENCY	89,696	89,696	8,857,772	.010126	.010126	463,309	4,691
62	OBSERVATION BEDS (NON-DIS)	168,755	168,755	1,378,564	.122414	.122414	181,365	22,202
63	50 RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			2,005,934				
101	TOTAL	544,840	544,840	120,833,611			13,528,919	77,811

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,571,935	1,571,935		19,459	19,459	
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY	144,471	144,471				
41	RADIOLOGY-DIAGNOSTIC	3,586,587	3,586,587				
44	LABORATORY	770,248	770,248		790	790	
49	RESPIRATORY THERAPY	128,448	128,448				
50	PHYSICAL THERAPY	39	39				
55	MEDICAL SUPPLIES CHARGED	217,211	217,211				
56	DRUGS CHARGED TO PATIENTS	535,671	535,671				
60	OUTPAT SERVICE COST CNTRS CLINIC						
60	01 CARDIAC REHAB	41,165	41,165		3,535	3,535	
61	EMERGENCY	688,989	688,989		6,977	6,977	
62	OBSERVATION BEDS (NON-DIS)	207,187	207,187		25,363	25,363	
63	50 RHC						
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN						
101	TOTAL	7,891,951	7,891,951		56,124	56,124	

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost / Charge Ratio (C, Pt I, col. 9)	Cost / Charge Ratio (C, Pt II, col. 9)	Out patient Ambulatory Surgical Ctr	Out patient Radiology	Other Out patient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.463925	.463925			
39 DELIVERY ROOM & LABOR ROOM	.519894	.519894			
40 ANESTHESIOLOGY	.101754	.101754			
41 RADIOLOGY-DIAGNOSTIC	.101964	.101964			
44 LABORATORY	.272717	.272717			
49 RESPIRATORY THERAPY	.294344	.294344			
50 PHYSICAL THERAPY	.452344	.452344			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.052921	.052921			
56 DRUGS CHARGED TO PATIENTS	.310748	.310748			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CARDIAC REHAB	1.531747	1.531747			
61 EMERGENCY	.311918	.311918			
62 OBSERVATION BEDS (NON-DIAGNOSTIC PART)	1.041075	1.041075			
63 50 RHC					
66 OTHER REIMBURS COST CNTRS					
DURABLE MEDICAL EQUIP-RENTED	.755311	.755311			
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)

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCI LLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,571,935		1,571,935	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		144,471		144,471	
41 RADIOLOGY-DIAGNOSTIC		3,586,587		3,586,587	
44 LABORATORY		770,248		770,248	
49 RESPIRATORY THERAPY		128,448		128,448	
50 PHYSICAL THERAPY		39		39	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		217,211		217,211	
56 DRUGS CHARGED TO PATIENTS		535,671		535,671	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CARDIAC REHAB		41,165		41,165	
61 EMERGENCY		688,989		688,989	
62 OBSERVATION BEDS (NON-DISTINCT PART)		207,187		207,187	
63 50 RHC					
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED					
102 SUBTOTAL		7,891,951		7,891,951	
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES		7,891,951		7,891,951	

(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

Cost Center Description	Out patient Radiology	Other Out patient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				729,260	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				14,701	
41 RADIOLOGY-DIAGNOSTIC				365,703	
44 LABORATORY				210,060	
49 RESPIRATORY THERAPY				37,808	
50 PHYSICAL THERAPY				18	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				11,495	
56 DRUGS CHARGED TO PATIENTS				166,459	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CARDIAC REHAB				63,054	
61 EMERGENCY				214,908	
62 OBSERVATION BEDS (NON-DISTINCT PART)				215,697	
63 50 RHC					
66 OTHER REIMBURS COST CNTRS					
DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL				2,029,163	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				2,029,163	

TITLE XVIII, PART B HOSPITAL

Cost Center	Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A)	ANCILLARY SRVC COST CNTRS	9.03	10	11
37	OPERATING ROOM	729,260		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	14,701		
41	RADIOLOGY-DIAGNOSTIC	365,703		
44	LABORATORY	210,060		
49	RESPIRATORY THERAPY	37,808		
50	PHYSICAL THERAPY	18		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,495		
56	DRUGS CHARGED TO PATIENTS	166,459		
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 CARDIAC REHAB	63,054		
61	EMERGENCY	214,908		
62	OBSERVATION BEDS (NON-DISTINCT PART)	215,697		
63	50 RHC			
66	OTHER REIMBURS COST CNTRS			
101	DURABLE MEDICAL EQUIP-RENTED			
102	SUBTOTAL	2,029,163		
103	CRNA CHARGES			
104	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES	2,029,163		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS- RATIO OF COST TO CHARGES	1	.310748
2	PROGRAM VACCINE CHARGES		10,925
3	PROGRAM COSTS		3,395

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART II
14-5572		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS)						
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CARDIAC REHAB		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS)		
63	50 RHC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM				216,475							
39	DELIVERY ROOM & LABOR ROOM											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
44	LABORATORY				19,604							
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY				23,147							
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 CARDIAC REHAB				27,163							
61	EMERGENCY				89,696							
62	OBSERVATION BEDS (NON-DIS)											
63	50 RHC											
66	OTHER REIMBURS COST CNTRS											
66	DURABLE MEDICAL EQUIP-REN											
101	TOTAL				376,085							

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	216,475	216,475	17,486,770	.012379	.012379	10,593	131
39	DELIVERY ROOM & LABOR ROOM			434,677				
40	ANESTHESIOLOGY			1,824,879			600	
41	RADIOLOGY-DIAGNOSTIC			45,656,069			26,065	
44	LABORATORY	19,604	19,604	19,126,780	.001025	.001025	53,948	55
49	RESPIRATORY THERAPY			2,200,368			441,350	
50	PHYSICAL THERAPY	23,147	23,147	3,078,112	.007520	.007520	652,834	4,909
55	MEDICAL SUPPLIES CHARGED			10,356,798			180,977	
56	DRUGS CHARGED TO PATIENTS			8,110,587			509,623	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CARDIAC REHAB	27,163	27,163	316,301	.085877	.085877		
61	EMERGENCY	89,696	89,696	8,857,772	.010126	.010126		
62	OBSERVATION BEDS (NON-DIS)			1,378,564				
63	50 RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			2,005,934				
101	TOTAL	376,085	376,085	120,833,611			1,875,990	5,095

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS)						
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

TITLE XVIII, PART B SKILLED NURSING FACILITY

Cost Center Description	Cost / Charge Ratio (C, Pt I, col. 9)	Cost / Charge Ratio (C, Pt II, col. 9)	Out patient Ambulatory Surgical Ctr	Out patient Radiology	Other Out patient Diagnostic
	1	1.02	2	3	4
(A) ANCI LLARY SRVC COST CNTRS					
37 OPERATING ROOM	.463925	.463925			
39 DELIVERY ROOM & LABOR ROOM	.519894	.519894			
40 ANESTHESIOLOGY	.101754	.101754			
41 RADIOLOGY-DIAGNOSTIC	.101964	.101964			
44 LABORATORY	.272717	.272717			
49 RESPIRATORY THERAPY	.294344	.294344			
50 PHYSICAL THERAPY	.452344	.452344			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.052921	.052921			
56 DRUGS CHARGED TO PATIENTS	.310748	.310748			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CARDIAC REHAB	1.531747	1.531747			
61 EMERGENCY	.311918	.311918			
62 OBSERVATION BEDS (NON-DIAGNOSTIC PART)	1.041075	1.041075			
63 50 RHC					
66 OTHER REIMBURS COST CNTRS					
DURABLE MEDICAL EQUIP-RENTED	.755311	.755311			
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)

TITLE XVIII, PART B SKILLED NURSING FACILITY

Cost Center Description	All Other (1)	Out patient Ambulatory Surgical	Out patient Radiology	Other Out patient Diagnostic	All Other
	5	6	7	8	9
(A) ANCI LLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	11				1
56 DRUGS CHARGED TO PATIENTS	112				35
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CARDIAC REHAB					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED	123				36
102 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
NET CHARGES	123				36

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

TITLE XVIII, PART B SKILLED NURSING FACILITY

Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center	Description	10	11
(A)	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CARDIAC REHAB		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DISTINCT PART)		
63	50 RHC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-RENTED		
101	SUBTOTAL		
102	CRNA CHARGES		
103	LESS PBP CLINIC LAB SVCS-		
	PROGRAM ONLY CHARGES		
104	NET CHARGES		

1	DRUGS CHARGED TO PATIENTS- RATIO OF COST TO CHARGES	1	.310748
2	PROGRAM VACCINE CHARGES		1,565
3	PROGRAM COSTS		486

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,585
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	8,585
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,585
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,731
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
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 TITLES 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	MEDI CARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7,373,449
18	MEDI CARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDI CAL D RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDI CAL D RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,373,449
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	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,373,449

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,412,829
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,412,829
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.994688
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	863.46
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7,373,449

TITLE XVII PART A HOSPITAL PPS

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					858.88
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,204,481
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,204,481

	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	1,308,006	674	1,940.66	351	681,172
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					753,413
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					412,348
52	TOTAL PROGRAM EXCLUDABLE COST					1,165,761
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					6,921,947

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)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
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 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART I
14-5572		

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWNG BED DAYS, EXCLUDING NEWBORN)	7,841
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWNG-BED AND NEWBORN DAYS)	7,841
3	PRIVATE ROOM DAYS (EXCLUDING SWNG-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWNG-BED PRIVATE ROOM DAYS)	7,841
5	TOTAL SWNG-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWNG-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWNG-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWNG-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWNG-BED AND NEWBORN DAYS)	5,011
10	SWNG-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWNG-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)	
12	SWNG-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWNG-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 SWNG-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWNG-BED ADJUSTMENT

17	MEDICARE RATE FOR SWNG-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWNG-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWNG-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWNG-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,336,317
22	SWNG-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWNG-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWNG-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWNG-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWNG-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWNG-BED COST	3,336,317

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWNG-BED CHARGES)	2,470,889
29	PRIVATE ROOM CHARGES (EXCLUDING SWNG-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWNG-BED CHARGES)	2,470,889
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.350250
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	315.12
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWNG-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,336,317

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART I
14-5572		

TITLE XIX - I/P

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,841
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	7,841
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,841
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	478
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
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
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
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
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,819,747	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		545,805	
37	OPERATING ROOM	.463925	3,696,647	1,714,967
39	DELIVERY ROOM & LABOR ROOM	.519894		
40	ANESTHESIOLOGY	.101754	301,054	30,633
41	RADIOLOGY-DIAGNOSTIC	.101964	1,815,845	185,151
44	LABORATORY	.272717	3,066,014	836,154
49	RESPIRATORY THERAPY	.294344	740,529	217,970
50	PHYSICAL THERAPY	.452344	267,876	121,172
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.052921	658,035	34,824
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.310748	2,338,245	726,605
60	CLINIC			
60	01 CARDIAC REHAB	1.531747		
61	EMERGENCY	.314616	463,309	145,764
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.041075	181,365	188,815
63	50 RHC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	.755311		
101	TOTAL		13,528,919	4,202,055
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		13,528,919	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.463925	10,593	4,914
39	DELIVERY ROOM & LABOR ROOM	.519894		
40	ANESTHESIOLOGY	.101754	600	61
41	RADIOLOGY-DIAGNOSTIC	.101964	26,065	2,658
44	LABORATORY	.272717	53,948	14,713
49	RESPIRATORY THERAPY	.294344	441,350	129,909
50	PHYSICAL THERAPY	.452344	652,834	295,306
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.052921	180,977	9,577
56	DRUGS CHARGED TO PATIENTS	.310748	509,623	158,364
60	CLINIC			
60	01 CARDIAC REHAB	1.531747		
61	EMERGENCY	.311918		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.041075		
63	50 RHC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED	.755311		
101	TOTAL		1,875,990	615,502
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,875,990	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	1,353,250	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	4,059,751	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1/10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	13,648	
3 BED DAYS AVAILABLE DEDUCTIBLE DEDUCTED BY # DAYS IN COST RPTG PERIOD	45.40	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR OR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 TIME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DI SPORPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.07
4.01 PERCENTAGE OF MEDICATED PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		19.69
4.02 SUM OF LINES 4 AND 4.01		23.76
4.03 ALLOWABLE DI SPORPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.82
4.04 DI SPORPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTI ONS)		477,427
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10% YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCT)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	5,904,076	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	6,615,228	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	6,615,228	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		448,162
10 EXCEPTON PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART I.V, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART I.V, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		437,591
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		77,811
16 TOTAL		7,578,792
17 PRIMARY PAYER PAYMENTS		1,848
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		7,576,944
19 DEDUCTIONS BILLED TO PROGRAM BENEFICIARIES		695,216
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		11,583
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		21,936
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		15,355
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	6,885,500	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	6,885,500	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	8,085,576	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-1,200,076	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,395	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)	1,973,039	1,973,039
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1,641,970	1,641,970
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO	.862	.862
1.04	LINE 1.01 TIMES LINE 1.03	1,700,760	1,700,760
1.05	LINE 1.02 DIVIDED BY LINE 1.04	96.54	96.54
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		49,972
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (CLS 9, 9.01, 9.02) LINE 101.	112,248	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	3,395	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	10,925	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS		
10	TOTAL REASONABLE CHARGES	10,925	

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)	10,925	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	7,530	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUCT)	3,395	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,446,160	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	876,730	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,572,825	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	2,572,825	
24	PRIMARY PAYER PAYMENTS	71	
25	SUBTOTAL	2,572,754	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	33,399	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	23,379	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	2,596,133	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERM NATI ON 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	2,596,133	
33	SEQUESTERATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	2,553,605	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER PROGRAM	42,528	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	522
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, (CLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	522
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	1,688
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS	
10	TOTAL REASONABLE CHARGES	1,688
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)	1,688
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,166
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUCT)	522
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	30
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	492
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	492
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	492
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	492
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERM NATI ON 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	492
33	SEQUESTERATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,623
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER PROGRAM	-1,131
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,128,475			
2	TEMPORARY INVESTMENTS	2,280,329			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	10,152,435			
5	OTHER RECEIVABLES	194,419			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,863,250			
8	PREPAID EXPENSES	1,054,475			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	17,673,383			
FIXED ASSETS					
12	LAND	1,862,587			
12.01	LAND IMPROVEMENTS	1,574,126			
13	LESS ACCUMULATED DEPRECIATION	-1,159,533			
13.01	BUILDINGS	41,910,701			
14	LESS ACCUMULATED DEPRECIATION	-18,119,474			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	15,388,201			
16	LESS ACCUMULATED DEPRECIATION	-12,049,141			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	21,127,074			
18	LESS ACCUMULATED DEPRECIATION	-14,278,658			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT - NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	36,255,883			
21	OTHER ASSETS				
22	INVESTMENTS	56,112,538			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,826,102			
26	TOTAL OTHER ASSETS	57,938,640			
27	TOTAL ASSETS	111,867,906			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,393,342			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	635,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	850,000			
35 OTHER CURRENT LIABILITIES	3,425,559			
36 TOTAL CURRENT LIABILITIES	7,303,901			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	30,450,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	4,270,577			
42 TOTAL LONG TERM LIABILITIES	34,720,577			
43 TOTAL LIABILITIES	42,024,478			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	69,843,428			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	69,843,428			
52 TOTAL LIABILITIES AND FUND BALANCES	111,867,906			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		74,392,829		
2	NET INCOME (LOSS)		-2,866,069		
3	TOTAL		71,526,760		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		71,526,760		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGE IN TEMPORARILY RES		90,233		
14	CHANGE IN BENEFICIAL INTE	1,593,099			
15					
16					
17					
18	TOTAL DEDUCTIONS		1,683,332		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		69,843,428		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	6,375,938		6,375,938
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,470,889		2,470,889
7 00 NURSING FACILITY	1,073,987		1,073,987
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,920,814		9,920,814
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,003,393		1,003,393
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,003,393		1,003,393
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	10,924,207		10,924,207
17 00 ANCILLARY SERVICES	29,483,419	65,259,818	94,743,237
18 00 OUTPATIENT SERVICES			
18 50 RHC		27,575,941	27,575,941
19 00 HOME HEALTH AGENCY		764,739	764,739
23 00 HOSPICE		1,070,007	1,070,007
24 00 OTHER PROFESSIONAL FEES	1,489,285	5,592,503	7,081,788
25 00 TOTAL PATIENT REVENUES	41,896,911	100,263,008	142,159,919

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		63,893,415	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	5,435,212		
28 00 RENTAL EXPENSES	250,118		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		5,685,330	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		69,578,745	

DESCRIPTION

1	TOTAL PATIENT REVENUES	142,159,919
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	74,723,776
3	NET PATIENT REVENUES	67,436,143
4	LESS: TOTAL OPERATING EXPENSES	69,578,745
5	NET INCOME FROM SERVICE TO PATIENTS	-2,142,602
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	70,114
7	INCOME FROM INVESTMENTS	1,234,067
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	34,158
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	369,590
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	1,057
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	358,323
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	18,798
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	616,111
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	148,503
23	GOVERNMENTAL APPROPRIATIONS	
24	NET ASSETS RELEASED FROM RESTRICTION	167,668
24.01	LAB OUTREACH	387,551
24.02	KELLY HOME	36,576
24.03	OTHER HOSPITAL REVENUE	443,573
25	TOTAL OTHER INCOME	3,886,089
26	TOTAL OTHER EXPENSES	1,743,487
27	UNREALIZED LOSSES ON SECURITIES	478,962
28	LOSS ON DISPOSAL OF ASSETS	64,780
29	CHANGE IN FMV OF SWAP OPTION	898,788
29.01	LOSS ON REFINANCING OF DEBT	203,313
29.02	INVESTMENT REALIZED LOSSES	2,963,713
30	TOTAL OTHER EXPENSES	4,609,556
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2,866,069

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	160,020			440	-46,070	114,390
HHA REIMBURSABLE SERVICES						
6	247,754		29,787	3,665		281,206
7	41,477		3,632			45,109
8	6,463		1,011			7,474
9			156	1,134		1,290
10	15,392		428			15,820
11	41,841		3,866			45,707
12					4,141	4,141
13					784	784
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	512,947		38,880	5,239	-41,145	515,921

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	70,200	184,590	-352	184,238
HHA REIMBURSABLE SERVICES				
6	5,390	286,596		286,596
7		45,109		45,109
8		7,474		7,474
9		1,290		1,290
10		15,820		15,820
11		45,707		45,707
12		4,141		4,141
13	-784			
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	74,806	590,727	-352	590,375

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST- BLDG & FIX	CAP-REL COST- MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		184,238				184,238	184,238
HHA REIMBURSABLE SERVICES							
6		286,596				286,596	130,010
7		45,109				45,109	20,463
8		7,474				7,474	3,390
9		1,290				1,290	585
10		15,820				15,820	7,177
11		45,707				45,707	20,734
12		4,141				4,141	1,879
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		590,375				590,375	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		416,606					
6		65,572					
7		10,864					
8		1,875					
9		22,997					
10		66,441					
11		6,020					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		590,375					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATION (MILEAGE)	RECONCILIATION N	ADMINISTRATIVE & GENERAL (ACCUM COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				- 184,238	406,137
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					286,596
7	PHYSICAL THERAPY					45,109
8	OCCUPATIONAL THERAPY					7,474
9	SPEECH PATHOLOGY					1,290
10	MEDICAL SOCIAL SERVICES					15,820
11	HOME HEALTH AIDE					45,707
12	SUPPLIES					4,141
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DIME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AID SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				- 184,238	406,137
25	COST TO BE ALLOCATED					184,238
26	UNIT COST MULTIPLIER					.453635

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	NEW CAP REL COSTS- BLDG &	NEW CAP REL COSTS- CARDIA	NEW CAP REL COSTS- M/BL E	EMPLOYEE BEN EFITS	SUBTOTAL
	0	3	3.01	4	5	5A
1 ADM N & GENERAL				21,912	32,411	54,323
2 SKILLED NURSING CARE	416,606				50,179	466,785
3 PHYSICAL THERAPY	65,572				8,401	73,973
4 OCCUPATIONAL THERAPY	10,864				1,309	12,173
5 SPEECH PATHOLOGY	1,875					1,875
6 MEDICAL SOCIAL SERVICES	22,997				3,118	26,115
7 HOME HEALTH AIDE	66,441				8,475	74,916
8 SUPPLIES	6,020					6,020
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROMACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	590,375			21,912	103,893	716,180
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	8	9	10	11	12
1 ADM N & GENERAL	11,525					
2 SKILLED NURSING CARE	99,034					
3 PHYSICAL THERAPY	15,694					
4 OCCUPATIONAL THERAPY	2,583					
5 SPEECH PATHOLOGY	398					
6 MEDICAL SOCIAL SERVICES	5,541					
7 HOME HEALTH AIDE	15,894					
8 SUPPLIES	1,277					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROMACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	151,946					
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	SUBTOTAL
	14	15	16	17	21	25
1 ADMIN & GENERAL			319			66,167
2 SKILLED NURSING CARE					59,522	625,341
3 PHYSICAL THERAPY						89,667
4 OCCUPATIONAL THERAPY						14,756
5 SPEECH PATHOLOGY						2,273
6 MEDICAL SOCIAL SERVICES						31,656
7 HOME HEALTH AIDE						90,810
8 SUPPLIES						7,297
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			319		59,522	927,967
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	26	27	28	29
1 ADMIN & GENERAL		66,167		
2 SKILLED NURSING CARE		625,341	48,013	673,354
3 PHYSICAL THERAPY		89,667	6,884	96,551
4 OCCUPATIONAL THERAPY		14,756	1,133	15,889
5 SPEECH PATHOLOGY		2,273	175	2,448
6 MEDICAL SOCIAL SERVICES		31,656	2,430	34,086
7 HOME HEALTH AIDE		90,810	6,972	97,782
8 SUPPLIES		7,297	560	7,857
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AID SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		927,967	66,167	927,967
21 UNIT COST MULTIPLIER			0.076778	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS- BLDG & (SQUARE FEET)	NEW CAP REL COSTS- CARDIA (DOLLAR VALUE)	NEW CAP REL COSTS- MMBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM COST)
	3	3.01	4	5	6A	6
1	ADMIN & GENERAL		20,511	160,020		54,323
2	SKILLED NURSING CARE			247,754		466,785
3	PHYSICAL THERAPY			41,477		73,973
4	OCCUPATIONAL THERAPY			6,463		12,173
5	SPEECH PATHOLOGY					1,875
6	MEDICAL SOCIAL SERVICES			15,392		26,115
7	HOME HEALTH AIDE			41,841		74,916
8	SUPPLIES					6,020
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DIME					
11	HOME DIALYSIS AID SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)		20,511	512,947		716,180
21	COST TO BE ALLOCATED		21,912	103,893		151,946
22	UNIT COST MULTIPLIER		1.068305	0.202541		0.212162

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

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL
	(COSTED EQUI S.) 15	(COSTED EQUI S.) 16	R (TIME SPENT) 17	(ASSIGNED TIME) 21
1	ADMIN & GENERAL	784		
2	SKILLED NURSING CARE			25,200
3	PHYSICAL THERAPY			
4	OCCUPATIONAL THERAPY			
5	SPEECH PATHOLOGY			
6	MEDICAL SOCIAL SERVICES			
7	HOME HEALTH AIDE			
8	SUPPLIES			
9	DRUGS			
9.20	COST ADMINISTERING DRUGS			
10	DIME			
11	HOME DIALYSIS AID SVCS			
12	RESPIRATORY THERAPY			
13	PRIVATE DUTY NURSING			
14	CLINIC			
15	HEALTH PROM ACTIVITIES			
16	DAY CARE PROGRAM			
17	HOME DEL MEALS PROGRAM			
18	HOMEMAKER SERVICE			
19	ALL OTHER			
19.50	TELEMEDICINE			
20	TOTAL (SUM OF 1-19)	784		25,200
21	COST TO BE ALLOCATED	319		59,522
22	UNIT COST MULTIPLIER	0.406888		2.361984

[] TITLE V [X] TITLE XVII [] TITLE XIX

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANNUAL COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	673,354	2	673,354	3,977	169.31	1,374
2 PHYSICAL THERAPY	3	96,551		96,551	485	199.07	204
3 OCCUPATIONAL THERAPY	4	15,889		15,889	135	117.70	35
4 SPEECH PATHOLOGY	5	2,448		2,448	21	116.57	5
5 MEDICAL SOCIAL SERVICES	6	34,086		34,086	57	598.00	22
6 HOME HEALTH AIDE SERVICE	7	97,782		97,782	516	189.50	186
7 TOTAL		920,110		920,110	5,191		1,826

NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
					PROGRAM COST
7	8	9	10	11	12
1 SKILLED NURSING	1,046	232,632	177,098		409,730
2 PHYSICAL THERAPY	92	40,610	18,314		58,924
3 OCCUPATIONAL THERAPY	36	4,120	4,237		8,357
4 SPEECH PATHOLOGY	2	583	233		816
5 MEDICAL SOCIAL SERVICES	20	13,156	11,960		25,116
6 HOME HEALTH AIDE SERVICE	103	35,247	19,519		54,766
7 TOTAL	1,299	326,348	231,361		557,709

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

NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
					PROGRAM COST
7	8	9	10	11	12
8 SKILLED NURSING					
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

[] TITLE V [X] TITLE XVII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDI CARE COST OR THE AGGREGATE OF THE MEDI CARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I CCL 29, LINE:	FACILTY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCI LLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	7,857		7,857	44,357	.177131	26,790
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES ----- PART B -----		COST OF SERVICES ----- PART B -----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		17,567	4,745	3,112
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WKST S-4	9914	
17 PER BENE COST LIMITATION (FRM FI)	9914	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, CCL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCI LLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.452344			CCL 2, LN 2
2 OCCUPATIONAL THERAPY	51				CCL 2, LN 3
3 SPEECH PATHOLOGY	52				CCL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.052921			CCL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.310748			CCL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, CCL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM COSTS -----		PROGRAM VISITS ON OR AFTER 5
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY		199.07	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY		117.70					
3 SPEECH PATHOLOGY		116.57					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET H-7
HHA NO:	TO 6/30/2009	PARTS I & II
14-7142		

TITLE XVII I

HHA 1

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

PART A

PART B
NOT SUBJECT TO
DED & COINS

PART B
SUBJECT TO
DED & COINS

1

2

3

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1

PART B
SERVICES
2

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT- FULL EPI CODES WITHOUT OUTLIERS	185,251	134,714
10.02 TOTAL PPS REIMBURSEMENT- FULL EPI CODES WITH OUTLIERS	16,330	6,671
10.03 TOTAL PPS REIMBURSEMENT- LUPA EPI CODES	1,281	3,463
10.04 TOTAL PPS REIMBURSEMENT- PEP EPI CODES	1,668	824
10.05 TOTAL PPS REIMBURSEMENT- SCI C WITHIN A PEP EPI CODE		
10.06 TOTAL PPS REIMBURSEMENT- SCI C EPI CODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT- FULL EPI CODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT- PEP EPI CODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT- SCI C WITHIN A PEP EPI CODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT- SCI C EPI CODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	204,530	145,672
13 EXCESS REASONABLE COST		
14 SUBTOTAL	204,530	145,672
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	204,530	145,672
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	204,530	145,672
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	204,530	145,672
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	204,530	145,672
25 INTERIM PAYMENTS	204,530	145,672
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM DD/ YYYY	AMOUNT	MM DD/ YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		204,530		145,672
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		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		204,530		145,672
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		204,530		145,672

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K
HOSPICE NO:	TO 6/30/2009	
14-1558		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS- BLDG AND FIXT.				
2 CAPITAL RELATED COSTS- MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	149,044			120,810
10.20 NURSING CARE- CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER- CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/ OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	149,044			120,810

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K
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14-1558		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS- BLDG AND FIXT.				
2 CAPITAL RELATED COSTS- MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	193,440	463,294	-176,168	287,126
10.20 NURSING CARE- CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER- CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/ OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	193,440	463,294	-176,168	287,126

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K
HOSPICE NO:	TO 6/30/2009	
14-1558		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS- BLDG AND FIXT.		
2 CAPITAL RELATED COSTS- MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE	- 39,260	247,866
10.20 NURSING CARE- CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		
18.20 HH AIDE & HOME MAKER- CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/ OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	- 39,260	247,866

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-1
HOSPICE NO:	TO 6/30/2009	
14-1558		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS- BLDG AND FIXT.				
2 CAPITAL RELATED COSTS- MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		24,554		
10.20 NURSING CARE- CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/ LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER- CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/ OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		24,554		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-1
HOSPICE NO:	TO 6/30/2009	
14-1558		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS- BLDG AND FIXT.				
2 CAPITAL RELATED COSTS- MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				124,490
10.20 NURSING CARE- CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER- CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/ OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				124,490

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-1
HOSPICE NO:	TO 6/30/2009	
14-1558		

HOSPICE 1

TOTAL (1)
9

	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS- BLDG AND FIXT.	
2	CAPITAL RELATED COSTS- MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	149,044
10.20	NURSING CARE- CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	
18.20	HH AIDE & HOME MAKER- CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/ OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	149,044

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-3
HOSPICE NO:	TO 6/30/2009	
14-1558		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS- BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS- MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPIRE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14 NURSING CARE- CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOME MAKER
- 23 HH AIDE & HOME MAKER- CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27 ANALGESICS
- 28 SEDATIVES / HYPNOTICS
- 29 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/ OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-3
HOSPICE NO:	TO 6/30/2009	
14-1558		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS- BLDG AND FIXT.				
2 CAPITAL RELATED COSTS- MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				120,810
10.20 NURSING CARE- CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER- CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/ OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				120,810

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-3
HOSPICE NO:	TO 6/30/2009	
14-1558		

HOSPICE 1

TOTAL (1)
9

	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS- BLDG AND FIXT.	
2	CAPITAL RELATED COSTS- MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	120,810
10.20	NURSING CARE- CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	
18.20	HH AIDE & HOME MAKER- CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/ OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	120,810

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 4

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-4
HOSPICE NO:	TO 6/30/2009	PART I
14-1558		

HOSPICE 1

NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
0	1	2	3

1	GENERAL SERVICE COST CENTERS			
1	CAPITAL RELATED COSTS- BLDG AND FIXT.			
2	CAPITAL RELATED COSTS- MOVABLE EQUIP.			
3	PLANT OPERATION AND MAINTENANCE			
4	TRANSPORTATION - STAFF			
5	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL			
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPIRE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE	247,866		
10.20	NURSING CARE- CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOME MAKER			
18.20	HH AIDE & HOME MAKER- CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/ OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30	BEREAVEMENT PROGRAM COSTS			
31	VOLUNTEER PROGRAM COSTS			
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	TOTAL (SUM OF LINES 1 THRU 33)	247,866		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-4
HOSPICE NO:	TO 6/30/2009	PART I
14-1558		

HOSPICE 1

TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
4	5	5A	6

1	GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS- BLDG AND FIXT.		
2	CAPITAL RELATED COSTS- MOVABLE EQUIP.		
3	PLANT OPERATION AND MAINTENANCE		
4	TRANSPORTATION - STAFF		
5	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL		
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPIRE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE	247,866	
10.20	NURSING CARE- CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/ LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOME MAKER		
18.20	HH AIDE & HOME MAKER- CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/ OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30	BEREAVEMENT PROGRAM COSTS		
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)	247,866	

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-4
HOSPICE NO:	TO 6/30/2009	PART I
14-1558		

HOSPICE 1

TOTAL
(CCL. 5A
+ CCL. 6)

7

1	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS- BLDG AND FIXT.	
2	CAPITAL RELATED COSTS- MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	247,866
10.20	NURSING CARE- CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	
18.20	HH AIDE & HOME MAKER- CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/ OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	247,866

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-4
HOSPICE NO:	TO 6/30/2009	PART 11
14-1558		

HOSPICE 1

CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET)	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATION & MAINT. (SQUARE FEET)	TRANSPORTATION (MILEAGE)
1	2	3	4

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS- BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS- MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPIRE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE- CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOME MAKER
- 23.20 HH AIDE & HOME MAKER- CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/ OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39
- 40
- 41
- 42 FUNDRAISING
- 43 OTHER PROGRAM COSTS
- 44 COST TO BE ALLOCATED (PER WKST K-4, PART I)
- 45 UNIT COST MULTIPLIER

.000000	.000000	.000000	.000000
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COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-4
HOSPICE NO:	TO 6/30/2009	PART 11
14-1558		

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM COST)
5	6A	6

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS- BLDG AND FIXT.	
3	CAPITAL RELATED COSTS- MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	247,866
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	247,866
14	NURSING CARE- CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/ LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOME MAKER	
23	HH AIDE & HOME MAKER- CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/ OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39		
40		
41		
42	FUNDRAISING	
43	OTHER PROGRAM COSTS	
44	COST TO BE ALLOCATED (PER WKST K-4, PART I)	
45	UNIT COST MULTIPLIER	.000000
		.000000

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS- BLDG & FIXT	NEW CAP REL COSTS- CARDIAC REHAB	NEW CAP REL COSTS- M/BLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	247,866			127
5.20 NURSING CARE- CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOME MAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		247,866			127
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5	5A	6	8
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	30,188	278,181	59,019	
5.20 NURSING CARE- CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	30,188	278,181	59,019	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

LAUNDRY & LINEN SERVICES HOUSEKEEPING DIETARY CAFETERIA

HOSPICE COST CENTER	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE- CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

NURSING ADMINISTRATIVE CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			39,470	
5.20 NURSING CARE- CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			39,470	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	NURSING SCHOOL	SUBTOTAL	INTRN & RESIDENT COST & POST STEPDOWN AD	SUBTOTAL
	21	25	26	27
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	29,761	406,431		406,431
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER-CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	29,761	406,431		406,431
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		406,431
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOME MAKER		
13.20 HH AIDE&HOMEMAKER-CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		406,431
30.00 UNIT COST MULTIPLIER	.000000	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS- BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS- CARDI AC REHAB (DOLLAR VALUE)	NEW CAP REL COSTS- MMBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES) 5
1.00 ADM NI STRATI VE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSI CI AN SERVI CES				
5.00 NURSI NG CARE			119	149,044
5.20 NURSI NG CARE- CONTI NUOUS HOME CARE				
6.00 PHYSI CAL THERAPY				
7.00 OCCUPATI ONAL THERAPY				
8.00 SPEECH/ LANGUAGE PATHOLOGY				
9.00 MEDI CAL SOCI AL SERVI CES				
10.00 SPI RI TUAL COUNSEL I NG				
11.00 DI ETARY COUNSEL I NG				
12.00 COUNSEL I NG - OTHER				
13.00 HOME HEALTH AI DE AND HOME MAKER				
13.20 HH AI DE&HOME MAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY				
15.30 ANALGESI CS				
15.31 SEDATI VES / HYPNOTI CS				
15.32 OTHER				
16.00 DURABLE MEDI CAL EQUI PMENT/ OXYGEN				
17.00 PATI ENT TRANSPORTATI ON				
18.00 I MAG I NG SERVI CES				
19.00 LABS AND DI AGNOSTI CS				
20.00 MEDI CAL SUPPLI ES				
21.00 OUTPATI ENT SERVI CES (I NCL. E/ R DEPT.)				
22.00 RADI ATI ON THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAI SI NG				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LI NE 1 THRU 28)			119	149,044
30.00 TOTAL COST TO BE ALLOCATED			127	30,188
31.00 UNI T COST MULI PLI ER	.000000	.000000	1.067227	.202544

HOSPICE COST CENTER	RECONGLI ATI ON 6A	ADM NI STRATI VE & GENERAL (ACCUMULATED COST) 6	OPERATI ON OF PLANT (SQUARE FEET) 8	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY) 9
1.00 ADM NI STRATI VE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSI CI AN SERVI CES				
5.00 NURSI NG CARE				
5.20 NURSI NG CARE- CONTI NUOUS HOME CARE		278,181		
6.00 PHYSI CAL THERAPY				
7.00 OCCUPATI ONAL THERAPY				
8.00 SPEECH/ LANGUAGE PATHOLOGY				
9.00 MEDI CAL SOCI AL SERVI CES				
10.00 SPI RI TUAL COUNSEL I NG				
11.00 DI ETARY COUNSEL I NG				
12.00 COUNSEL I NG - OTHER				
13.00 HOME HEALTH AI DE AND HOME MAKER				
13.20 HH AI DE&HOME MAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY				
15.30 ANALGESI CS				
15.31 SEDATI VES / HYPNOTI CS				
15.32 OTHER				
16.00 DURABLE MEDI CAL EQUI PMENT/ OXYGEN				
17.00 PATI ENT TRANSPORTATI ON				
18.00 I MAG I NG SERVI CES				
19.00 LABS AND DI AGNOSTI CS				
20.00 MEDI CAL SUPPLI ES				
21.00 OUTPATI ENT SERVI CES (I NCL. E/ R DEPT.)				
22.00 RADI ATI ON THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAI SI NG				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6A	6	8	9
29.00 TOTAL (SUM OF LINE 1 THRU 28)		278,181		
30.00 TOTAL COST TO BE ALLOCATED		59,019		
31.00 UNIT COST MULTIPLIER		.212160	.000000	.000000

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIVE
	(HOURS OF SERVICE)	(MEALS SERVED)	(FTEs)	(FTEs)
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE- CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/ LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/ OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	NURSING SCHOOL (ASSIGNED TIME) 21
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE- CONTINUOUS HOME CARE		97,053		12,600
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/ LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/ OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		97,053		12,600
30.00 TOTAL COST TO BE ALLOCATED		39,470		29,761
31.00 UNIT COST MULTIPLIER	.000000	.406685	.000000	2.361984

HOSPICE 1

	WKSHT C. PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.452344	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.310748	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.272717	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.052921	
8	EMERGENCY	61	.311918	
9	RADIOLOGY-DIAGNOSTIC	41	.101964	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET K-6
HOSPICE NO:	TO 6/30/2009	
14-1558		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				406,431
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				4,830
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				84.15
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	4,320			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	363,528			
6 UNDUPLICATED MEDICAID DAYS		180		
7 AGGREGATE MEDICAID COST		15,147		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	21			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	1,767			
10 UNDUPLICATED NF DAYS		90		
11 AGGREGATE NF COST		7,574		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			330	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			27,770	

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET L
COMPONENT NO:	TO 6/30/2009	PARTS I-IV
14-0001		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	446,689
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	1,473
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	21.14
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	448,162
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

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

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET M-1
COMPONENT NO:	TO 6/30/2009	
14-3493		

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN			
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	341,000		341,000
4 VISITING NURSE			
5 OTHER NURSE	1,174,400		1,174,400
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	1,515,400		1,515,400
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT	5,487,263		5,487,263
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)	5,487,263		5,487,263
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	138,240		138,240
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION- MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GIVE COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	138,240		138,240
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	7,140,903		7,140,903
COSTS OTHER THAN RHC/ FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GIVE COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	186,489		186,489
30 ADMINISTRATIVE COSTS	603,196	-244	602,952
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	789,685	-244	789,441
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	7,930,588	-244	7,930,344

ALLOCATION OF OVERHEAD
TO RHC/FGHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0001	FROM 7/1/2008	11/25/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET M-2
14-3493		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	11.40	62,065	4,200	47,880
2	PHYSICIAN ASSISTANTS	1.10	9,938	2,100	2,310
3	NURSE PRACTITIONERS	2.10	1,854	2,100	4,410
4	SUBTOTAL (SUM OF LINES 1-3)	14.60	73,857		54,600
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	14.60	73,857		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FGHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	7,140,903			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	7,140,903			
13	RATIO OF RHC/FGHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	789,441			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	2,385,279			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	3,174,720			
17	ALLOWABLE GIVE OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	3,174,720			
19	OVERHEAD APPLICABLE TO RHC/FGHC SERVICES (LINE 13 X LINE 18)	3,174,720			
20	TOTAL ALLOWABLE COST OF RHC/FGHC SERVICES (SUM OF LINES 10 AND 19)	10,315,623			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	73,857			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	73,857			
9	PHYSICIAN SERVICES UNDER AGREEMENTS				

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

TITLE XVII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	10,315,623
	(FROM WORKSHEET M-2, LINE 20)	
2	COST OF VACCINES AND THEIR ADMINISTRATION	55,944
	(FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	10,259,679
	(LINE 1 MINUS LINE 2)	
4	TOTAL VISITS	73,857
	(FROM WORKSHEET M-2, COLUMN 5, LINE 8)	
5	PHYSICIANS VISITS UNDER AGREEMENT	
	(FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	73,857
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	138.91

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)	75.63
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	138.91
		76.84
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	5,967
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	828,876
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	1,657,752
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	127,307
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	1,530,445
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	1,224,356
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	26,651
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	1,251,007
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	1,251,007
25	INTERIM PAYMENTS	1,018,837
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	232,170
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER 1, SECTION 115.2	

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

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

COMPUTATION OF PNEUMOCOCCAL AND
INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/25/2009
14-0001	FROM 7/1/2008	WORKSHEET M-4
COMPONENT NO:	TO 6/30/2009	
14-3493		

TITLE XVII I

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	1,515,400	1,515,400
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000670	.005881
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	1,015	8,912
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	7,106	21,694
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	8,121	30,606
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	7,140,903	7,140,903
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	3,174,720	3,174,720
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001137	.004286
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	3,610	13,607
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	11,731	44,213
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	225	1,974
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	52.14	22.40
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	152	836
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	7,925	18,726
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		55,944
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		26,651

RHC 1

DESCRIPTION	PART	B
	MM DD YYYY	AMOUNT
	1	2
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,018,837
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
ADJUSTMENTS TO PROGRAM		.99
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		1,018,837
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER		.01
TENTATIVE TO PROVIDER		.02
TENTATIVE TO PROVIDER		.03
TENTATIVE TO PROGRAM		.50
TENTATIVE TO PROGRAM		.51
TENTATIVE TO PROGRAM		.52
TENTATIVE TO PROGRAM		.99
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		232,170
SETTLEMENT TO PROVIDER		.01
SETTLEMENT TO PROGRAM		.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1,251,007

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.