

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0061	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2011 TIME 16: 01

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:  
 DAVIESS COMMUNITY HOSPITAL 15-0061  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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 ECR ENCRYPTION INFORMATION  
 DATE: 5/25/2011 TIME 16: 01  
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\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	-60,616	123,958		0
2	SUBPROVIDER	0	371	0		0
2.01	SUBPROVIDER II	0	51,545	0		0
3	SWING BED - SNF	0	0	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
9	RHC	0	0	15,447		0
9.01	RHC II	0	0	4,114		0
9.02	RHC III	0	0	5,726		0
9.04	RHC V	0	0	-224		0
9.05	RHC VI	0	0	6,876		0
100	TOTAL	0	-8,700	155,897		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.









COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	37	13,505			2,579		771
2 HMO					118		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	37	13,505			2,579		771
6 INTENSIVE CARE UNIT	5	1,825			364		48
11 NURSERY							436
12 TOTAL	42	15,330			2,943		1,255
13 RPCH VISITS							
14 SUBPROVIDER	12	4,380			2,248		69
14 01 SUBPROVIDER 2-PSYCH	20	7,300			3,793		208
18 HOME HEALTH AGENCY					4,620		748
21 HOSPICE					3,649		134
24 DCHMC RHC					3,796		1,032
24 01 DAV NDMC RHC					2,521		1,327
24 02 PETERSBURG RHC					724		1,620
24 04 FAMILY HEALTH RHC					47		2,682
24 05 MARTIN RHC					1,655		956
24 06 RURAL HEALTH CLINIC 7							
25 TOTAL	74						249
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			4,648				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			4,648				
6 INTENSIVE CARE UNIT			581				
11 NURSERY			790				
12 TOTAL			6,019				
13 RPCH VISITS							
14 SUBPROVIDER			2,743				
14 01 SUBPROVIDER 2-PSYCH			4,432				
18 HOME HEALTH AGENCY			6,411				
21 HOSPICE			3,880				
24 DCHMC RHC			10,210				
24 01 DAV NDMC RHC			12,188				
24 02 PETERSBURG RHC			7,581				
24 04 FAMILY HEALTH RHC			3,886				
24 05 MARTIN RHC			7,232				
24 06 RURAL HEALTH CLINIC 7							
25 TOTAL			971				
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			70				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					934	311	1,992
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		258.68			934	311	1,992
13 RPCH VISITS							
14 SUBPROVIDER		18.74			174	4	206
14 01 SUBPROVIDER 2-PSYCH		33.20			309	19	374
18 HOME HEALTH AGENCY		9.98					
21 HOSPICE		2.13					

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
24 DCHMC RHC	9	10	11	12	13	14	15	
24 01 DAV NDMC RHC		13.95						
24 02 PETERSBURG RHC		8.97						
24 04 FAMILY HEALTH RHC		8.64						
24 05 MARTIN RHC		2.59						
24 06 RURAL HEALTH CLINIC 7		7.26						
25 TOTAL		364.14						
26 OBSERVATION BED DAYS								
26 01 OBSERVATION BED DAYS-SUB I								
26 02 OBSERVATION BED DAYS-SUB II								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

HOSPITAL WAGE INDEX INFORMATION

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	19,036,976		19,036,976	944,517.00	20.16	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	4,251,895	-374,795	3,877,100	184,276.00	21.04	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	23,691		23,691	465.00	50.95	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	428,438		428,438	4,160.00	102.99	
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)	3,813,330		3,813,330			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	975,249		975,249			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	121,250		121,250	6,289.00	19.28	
22	ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	1,598,397	-35,300	1,563,097	95,717.00	16.33	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS	445,065		445,065	26,470.00	16.81	
24	OPERATION OF PLANT						
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING	360,928		360,928	39,867.00	9.05	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	460,887	-265,981	194,906	16,761.00	11.63	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		201,898	201,898	17,363.00	11.63	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	671,488		671,488	31,645.00	21.22	
31	CENTRAL SERVICE AND SUPPLY	273,983		273,983	17,290.00	15.85	
32	PHARMACY	505,483		505,483	17,559.00	28.79	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	512,773		512,773	35,494.00	14.45	
34	SOCIAL SERVICE	58,833		58,833	2,195.00	26.80	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	19,036,976		19,036,976	944,517.00	20.16	
2	EXCLUDED AREA SALARIES	4,251,895	-374,795	3,877,100	184,276.00	21.04	
3	SUBTOTAL SALARIES	14,785,081	374,795	15,159,876	760,241.00	19.94	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	452,129		452,129	4,625.00	97.76	
5	SUBTOTAL WAGE-RELATED COSTS	3,813,330		3,813,330		25.15	
6	TOTAL	19,050,540	374,795	19,425,335	764,866.00	25.40	
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	5,009,087	-99,383	4,909,704	306,650.00	16.01	

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	3,152	1,433	343
2 UNDUPLICATED CENSUS COUNT		241.00	21.00	59.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	4,928
2 UNDUPLICATED CENSUS COUNT	321.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	2.92		2.92
6 DIRECTING NURSING SERVICE	5.69		5.69
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.99		.99
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.24		.24
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.02		.02
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2.37		2.37
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).	9915		

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	1,856	81	87	39
22 SKILLED NURSING VISIT CHARGES	198,689	9,428	9,790	2,664
23 PHYSICAL THERAPY VISITS	1,219	4	27	64
24 PHYSICAL THERAPY VISIT CHARGES	142,096	509	3,093	7,774
25 OCCUPATIONAL THERAPY VISITS	218	1	3	35
26 OCCUPATIONAL THERAPY VISIT CHARGES	25,070	128	309	4,484
27 SPEECH PATHOLOGY VISITS	24	0	0	11
28 SPEECH PATHOLOGY VISIT CHARGES	3,051	0	0	1,521
29 MEDICAL SOCIAL SERVICE VISITS	5	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	855	0	165	0
31 HOME HEALTH AIDE VISITS	1,065	13	12	28
32 HOME HEALTH AIDE VISIT CHARGES	51,342	685	548	1,469
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,387	99	130	177
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	421,103	10,750	13,905	17,912
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	146	0	22	2
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	6,603	31	523	181

HHA 1

PPS ACTI VI TY DATA - APPLI CABLE FOR SERVI CES ON  
OR AFTER OCTOBER 1, 2000

	SCIC WITHI N A PEP 5	SCIC ONLY EPI SODES 6	TOTAL (COLS. 1-6) 7
21 SKI LLED NURSI NG VI SITS	0	0	2, 063
22 SKI LLED NURSI NG VI SIT CHARGES	0	0	220, 571
23 PHYSI CAL THERAPY VI SITS	0	0	1, 314
24 PHYSI CAL THERAPY VI SIT CHARGES	0	0	153, 472
25 OCCUPATI ONAL THERAPY VI SITS	0	0	257
26 OCCUPATI ONAL THERAPY VI SIT CHARGES	0	0	29, 991
27 SPEECH PATHOLOGY VI SITS	0	0	35
28 SPEECH PATHOLOGY VI SIT CHARGES	0	0	4, 572
29 MEDI CAL SOCI AL SERVI CE VI SITS	0	0	6
30 MEDI CAL SOCI AL SERVI CE VI SIT CHARGES	0	0	1, 020
31 HOME HEALTH AI DE VI SITS	0	0	1, 118
32 HOME HEALTH AI DE VI SIT CHARGES	0	0	54, 044
33 TOTAL VI SITS (SUM OF LI NES 21, 23, 25, 27, 29 & 31)	0	0	4, 793
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	463, 670
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLI ER)	0	0	170
37 TOTAL NUMBER OF OUTLI ER EPI SODES	0	0	2
38 TOTAL NON-ROUTI NE MEDI CAL SUPPLY CHARGES	0	0	7, 338

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1402 GRAND AVENUE  
 1.01 CITY: WASHINGTON STATE: IN ZIP CODE: 47501 COUNTY: DAVI ESS  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

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

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 202 NORTH ODOM STREET  
 1.01 CITY: ODOM STATE: IN ZIP CODE: 47556 COUNTY: DAVI ESS  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

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

RHC 3

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1314 GRAND AVENUE  
 1.01 CITY: PETERSBURG STATE: IN ZIP CODE: 47501 COUNTY: DAVI ESS  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

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

RHC 5

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1314 GRAND AVENUE  
 1.01 CITY: WASHINGTON STATE: IN ZIP CODE: 47501 COUNTY: DAVI ESS  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

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

RHC 6

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1314 GRAND AVENUE  
 1.01 CITY: MARTIN STATE: IN ZIP CODE: 47501 COUNTY: MARTIN  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

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

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

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

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET S-9
15-1553		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE	2,963	104		
2 ROUTINE HOME CARE				
3 INPATIENT RESPI TE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	2,963	104		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE	63	3,130
2 ROUTINE HOME CARE		
3 INPATIENT RESPI TE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	63	3,130

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				
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	55.00		3.00	
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)				
9 UNDUPLICATED CENSUS COUNT	55		3	

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		
9 UNDUPLICATED CENSUS COUNT	4	59

HOSPI TAL UNCOMPENSATED CARE DATA

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET S-10

DESCR I PT I ON

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRIT TEN CHARI TY CARE POLI CY?	
2	ARE PATI ENTS WRIT E-OFFS I DENTI FIED AS CHARI TY? I F YES ANSWER L I NES 2. 01 THRU 2. 04	
2. 01	I S I T AT THE TI ME OF ADMI SSI ON?	
2. 02	I S I T AT THE TI ME OF FI RST BI LLI NG?	
2. 03	I S I T AFTE R SOME COLLE CTI ON EFFORT HAS BEEN MADE?	
2. 04		
3	ARE CHARI TY WRIT E-OFFS MADE FOR PARTI AL BI LLS?	
4	ARE CHARI TY DETERMI NATIONS BASED UPON ADMI NI STRATI VE JUDGM ENT WI THOUT FI NANCIAL DATA?	
5	ARE CHARI TY DETERMI NATIONS BASED UPON I NCOME DATA ONLY?	
6	ARE CHARI TY DETERMI NATIONS BASED UPON NET WORT H (ASSETS) DATA?	
7	ARE CHARI TY DETERMI NATIONS BASED UPON I NCOME AND NET WORT H DATA?	
8	DOES YOUR ACCOUNTI NG SYSTEM SEPARATE LY I DENTI FY BAD DEBT AND CHARI TY CARE? I F YES ANSWER 8. 01	
8. 01	DO YOU SEPARATE LY ACCOUNT FOR I NPATI ENT AND OUTPATI ENT SERVI CES?	
9	I S DI SCERNI NG CHARI TY FROM BAD DEBT A HI GH PRI ORI TY I N YOUR I NSTITUTI ON? I F NO ANSWER 9. 01 THRU 9. 04	
9. 01	I S I T BECAUSE THERE I S NOT ENOUGH STAFF TO DETERMI NE ELI GI BI LI TY?	
9. 02	I S I T BECAUSE THERE I S NO FI NANCIAL I NCENTI VE TO SEPARATE CHARI TY FROM BAD DEBT?	
9. 03	I S I T BECAUSE THERE I S NO CLEAR DI RECTI VE POLI CY ON CHARI TY DETERMI NATION?	
9. 04	I S I T BECAUSE YOUR I NSTITUTI ON DOES NOT DEEM THE DI STI NCTI ON I MPORTANT?	
10	I F CHARI TY DETERMI NATIONS ARE MADE BASED UPON I NCOME DATA, WHAT I S THE MAXI MUM I NCOME THAT CAN BE EARNED BY PATI ENTS (S I NGL E WI THOUT DEPENDENT) AND STI LL DETERMI NED TO BE A CHARI TY WRIT E OFF?	
11	I F CHARI TY DETERMI NATIONS ARE MADE BASED UPON I NCOME DATA, I S THE I NCOME DI RECTLY TI ED TO FEDE RAL POVERTY LEV EL? I F YES ANSWER 11. 01 THRU 11. 04	
11. 01	I S THE PERCENTAGE LEV EL USED LESS THAN 100% OF THE FEDE RAL POVERTY LEV EL?	
11. 02	I S THE PERCENTAGE LEV EL USED BETWEEN 100% AND 150% OF THE FEDE RAL POVERTY LEV EL?	
11. 03	I S THE PERCENTAGE LEV EL USED BETWEEN 150% AND 200% OF THE FEDE RAL POVERTY LEV EL?	
11. 04	I S THE PERCENTAGE LEV EL USED GREATER THAN 200% OF THE FEDE RAL POVERTY LEV EL?	
12	ARE PARTI AL WRIT E-OFFS GI VEN TO HI GH ER I NCOME PATI ENTS ON A GRADU AL SCAL E?	
13	I S THERE CHARI TY CONSI DERATI ON GI VEN TO HI GH NET WORT H PATI ENTS WHO HAVE CATASTROPHI C OR OTHER EXTRAORDI NARY MEDI CAL EXPENSES?	
14	I S YOUR HOSPI TAL STATE OR LOCAL GOVERNMENT OW NED? I F YES ANSWER L I NES 14. 01 AND 14. 02	
14. 01	DO YOU RECEI VE DI RECT FI NANCIAL SUPPORT FROM THAT GOVERNMENT ENTI TY FOR THE PURPOSE OF PROVI DI NG COMPENSATED CARE?	
14. 02	WHAT PERCENTAGE OF THE AMOUNT ON LI NE 14. 01 I S FROM GOVERNMENT FUNDI NG?	
15	DO YOU RECEI VE RESTRI CTED GRANTS FOR RENDERI NG CARE TO CHARI TY PATI ENTS?	
16	ARE OTHER NON-RESTRI CTED GRANTS USED TO SUBSI DI ZE CHARI TY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	2, 628, 716
17. 01	GROSS MEDI CAI D REVENUES	
18	REVENUES FROM STATE AND LOCAL I NDI GENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHI P (SEE I NSTRUCTI ONS)	
20	RESTRI CTED GRANTS	
21	NON-RESTRI CTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	2, 628, 716
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATI ENTS COVERED BY STATE AND LOCAL I NDI GENT CARE PROGRAMS	
24	COST TO CHARGE RATI O (WKST C, PART I, COLUM N 3, LI NE 103, DI VI DED BY COLUM N 8, LI NE 103)	. 473319
25	TOTAL STATE AND LOCAL I NDI GENT CARE PROGRAM COST (LI NE 23 * LI NE 24)	
26	TOTAL SCHI P CHARGES FROM YOUR RECORDS	
27	TOTAL SCHI P COST, (LI NE 24 * LI NE 26)	
28	TOTAL GROSS MEDI CAI D CHARGES FROM YOUR RECORDS	10, 792, 602

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,108,344
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,147,617
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,909,784
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,108,344

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0061

PERIOD: FROM 1/1/2010 TO 12/31/2010

PREPARED 5/25/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,876,085	1,876,085	430,767	2,306,852
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,056,147	2,056,147	35,686	2,091,833
5	0500 EMPLOYEE BENEFITS	121,250	4,917,613	5,038,863		5,038,863
6	0600 ADMINISTRATIVE & GENERAL	1,598,397	3,251,730	4,850,127	-452,903	4,397,224
7	0700 MAINTENANCE & REPAIRS	445,065	341,591	786,656		786,656
8	0800 OPERATION OF PLANT		687,017	687,017		687,017
9	0900 LAUNDRY & LINEN SERVICE		166,548	166,548		166,548
10	1000 HOUSEKEEPING	360,928	64,721	425,649		425,649
11	1100 DIETARY	460,887	485,889	946,776	-546,392	400,384
12	1200 CAFETERIA				414,749	414,749
14	1400 NURSING ADMINISTRATION	671,488	71,317	742,805		742,805
15	1500 CENTRAL SERVICES & SUPPLY	273,983	266,282	540,265		540,265
16	1600 PHARMACY	505,483	24,269	529,752		529,752
17	1700 MEDICAL RECORDS & LIBRARY	512,773	101,705	614,478		614,478
18	1800 SOCIAL SERVICE	58,833	399	59,232		59,232
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,005,699	256,056	2,261,755	-530,940	1,730,815
26	2600 INTENSIVE CARE UNIT	636,181	38,600	674,781		674,781
31	3100 SUBPROVIDER	928,994	652,879	1,581,873		1,581,873
31.01	3101 SUBPROVIDER 2-PSYCH	1,467,064	317,129	1,784,193		1,784,193
33	3300 NURSERY		2,292	2,292	248,693	250,985
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	734,672	1,553,676	2,288,348		2,288,348
38	3800 RECOVERY ROOM		2,454	2,454		2,454
39	3900 DELIVERY ROOM & LABOR ROOM	22,657		22,657	282,247	304,904
41	4100 RADIOLOGY-DIAGNOSTIC	750,321	627,038	1,377,359	66,444	1,443,803
43	4300 RADIO SOTOPE	331,952	151,173	483,125		483,125
44	4400 LABORATORY	928,590	1,010,256	1,938,846	83,542	2,022,388
47	4700 BLOOD STORING, PROCESSING & TRANS.		218,622	218,622		218,622
48	4800 INTRAVENOUS THERAPY		18,617	18,617		18,617
49	4900 RESPIRATORY THERAPY	450,211	123,388	573,599		573,599
50	5000 PHYSICAL THERAPY	430,997	148,531	579,528	74,207	653,735
51	5100 OCCUPATIONAL THERAPY	103,868	1,738	105,606	19,059	124,665
52	5200 SPEECH PATHOLOGY	46,132	25,107	71,239	1,401	72,640
53	5300 ELECTROCARDIOLOGY	106,027	58,812	164,839		164,839
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		989,777	989,777	-28,397	961,380
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				28,397	28,397
56	5600 DRUGS CHARGED TO PATIENTS		1,003,169	1,003,169		1,003,169
59	3020 CARDIAC REHAB	42,715	3,324	46,039		46,039
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	116,990	12,870	129,860		129,860
61	6100 EMERGENCY	1,027,584	711,996	1,739,580		1,739,580
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER	297,204	319,206	616,410		616,410
63.50	6310 DCHMC RHC	531,069	248,942	780,011		780,011
63.51	6311 DAV NDMC RHC	563,711	131,294	695,005		695,005
63.52	6312 PETERSBURG RHC	70,601	28,527	99,128	348,481	447,609
63.54	6314 FAMILY HEALTH RHC	136,246	36,302	172,548		172,548
63.55	6315 MARTIN RHC	442,567	88,210	530,777		530,777
63.56	6316 RURAL HEALTH CLINIC 7					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	462,880	90,850	553,730	-94,667	459,063
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		720,538	720,538	-373,605	346,933
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	176,731	225,729	402,460		402,460
95	SUBTOTALS	17,820,750	24,128,415	41,949,165	6,769	41,955,934
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS	1,216,226	564,967	1,781,193	-6,769	1,774,424
101	TOTAL	19,036,976	24,693,382	43,730,358	-0-	43,730,358

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
I 15-0061 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,306,852
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,091,833
5	0500 EMPLOYEE BENEFITS	-90,898	4,947,965
6	0600 ADMINISTRATIVE & GENERAL	-314,524	4,082,700
7	0700 MAINTENANCE & REPAIRS		786,656
8	0800 OPERATION OF PLANT		687,017
9	0900 LAUNDRY & LINEN SERVICE		166,548
10	1000 HOUSEKEEPING		425,649
11	1100 DIETARY		400,384
12	1200 CAFETERIA	-204,853	209,896
14	1400 NURSING ADMINISTRATION		742,805
15	1500 CENTRAL SERVICES & SUPPLY	-61,151	479,114
16	1600 PHARMACY	-24,223	505,529
17	1700 MEDICAL RECORDS & LIBRARY	-14,509	599,969
18	1800 SOCIAL SERVICE		59,232
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,730,815
26	2600 INTENSIVE CARE UNIT		674,781
31	3100 SUBPROVIDER		1,581,873
31.01	3101 SUBPROVIDER 2-PSYCH	-206,519	1,577,674
33	3300 NURSERY		250,985
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-1,112,390	1,175,958
38	3800 RECOVERY ROOM		2,454
39	3900 DELIVERY ROOM & LABOR ROOM		304,904
41	4100 RADIOLOGY-DIAGNOSTIC		1,443,803
43	4300 RADIO SOTOPE	-7,155	475,970
44	4400 LABORATORY		2,022,388
47	4700 BLOOD STORING, PROCESSING & TRANS.		218,622
48	4800 INTRAVENOUS THERAPY		18,617
49	4900 RESPIRATORY THERAPY	-65,744	507,855
50	5000 PHYSICAL THERAPY		653,735
51	5100 OCCUPATIONAL THERAPY		124,665
52	5200 SPEECH PATHOLOGY		72,640
53	5300 ELECTROCARDIOLOGY	-48,496	116,343
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		961,380
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		28,397
56	5600 DRUGS CHARGED TO PATIENTS		1,003,169
59	3020 CARDIAC REHAB		46,039
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		129,860
61	6100 EMERGENCY	-15,614	1,723,966
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER	-277,339	339,071
63.50	6310 DCHMC RHC		780,011
63.51	6311 DAV NDMC RHC		695,005
63.52	6312 PETERSBURG RHC		447,609
63.54	6314 FAMILY HEALTH RHC		172,548
63.55	6315 MARTIN RHC		530,777
63.56	6316 RURAL HEALTH CLINIC 7		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		459,063
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-346,933	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		402,460
95	SUBTOTALS	-2,790,348	39,165,586
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS		1,774,424
101	TOTAL	-2,790,348	40,940,010

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2-PSYCH	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIAC REHAB	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	DHMC RHC	6310	RURAL HEALTH CLINIC #####
63.51	DAV NDMC RHC	6311	RURAL HEALTH CLINIC #####
63.52	PETERSBURG RHC	6312	RURAL HEALTH CLINIC #####
63.54	FAMILY HEALTH RHC	6314	RURAL HEALTH CLINIC #####
63.55	MARTIN RHC	6315	RURAL HEALTH CLINIC #####
63.56	RURAL HEALTH CLINIC 7	6316	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
150061

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/25/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 1	LINE NO 3	SALARY 4	OTHER 5
1 DIETARY RECLASS	A	CAFETERIA	12	201,898	212,851
2		OTHER NONREIMBURSABLE COST CENTERS	100.01	64,083	67,560
3 INTEREST EXPENSE RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		352,775
4		NEW CAP REL COSTS-MVBLE EQUIP	4		20,830
5 BILLING COSTS RECLASS	C	OTHER NONREIMBURSABLE COST CENTERS	100.01	35,300	24,962
6 LAB/XRAY RECLASS	D	LABORATORY	44	72,727	10,815
7		RADIOLOGY-DIAGNOSTIC	41	57,843	8,601
8 SHARED THERAPY RECLASS	E	PHYSICAL THERAPY	50	65,367	8,840
9		OCCUPATIONAL THERAPY	51	17,367	1,692
10		SPEECH PATHOLOGY	52	1,155	246
11 OBSTETRICS RECLASS	F	NURSERY	33	210,229	38,464
12		DELIVERY ROOM & LABOR ROOM	39	238,594	43,653
13 INSURANCE RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		77,992
14		NEW CAP REL COSTS-MVBLE EQUIP	4		14,856
15		OTHER NONREIMBURSABLE COST CENTERS	100.01		299,793
16 QUICK CARE RECLASS	H	PETERSBURG RHC	63.52	259,719	88,762
17 IMPLANTABLE DEVICES	I	IMPL. DEV. CHARGED TO PATIENT	55.30		28,397
36 TOTAL RECLASSIFICATIONS				1,224,282	1,301,089

(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

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 DIETARY RECLASS	A	DIETARY	11	265,981	280,411	
2						
3 INTEREST EXPENSE RECLASS	B	INTEREST EXPENSE	88		373,605	11
4						11
5 BILLING COSTS RECLASS	C	ADMINISTRATIVE & GENERAL	6	35,300	24,962	
6 LAB/XRAY RECLASS	D	OTHER NONREIMBURSABLE COST CENTERS	100.01	130,570	19,416	
7						
8 SHARED THERAPY RECLASS	E	HOME HEALTH AGENCY	71	83,889	10,778	
9						
10						
11 OBSTETRICS RECLASS	F	ADULTS & PEDIATRICS	25	448,823	82,117	
12						
13 INSURANCE RECLASS	G	ADMINISTRATIVE & GENERAL	6		392,641	12
14						12
15						12
16 QUICK CARE RECLASS	H	OTHER NONREIMBURSABLE COST CENTERS	100.01	259,719	88,762	
17 IMPLANTABLE DEVICES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		28,397	
36 TOTAL RECLASSIFICATIONS				1,224,282	1,301,089	

(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:  
150061

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/25/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	414,749	DIETARY	11	546,392	
2.00	OTHER NONREIMBURSABLE COST CEN	100.01	131,643			0	
TOTAL RECLASSIFICATIONS FOR CODE A			546,392			546,392	

RECLASS CODE: B  
EXPLANATION : INTEREST EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	352,775	INTEREST EXPENSE	88	373,605	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	20,830			0	
TOTAL RECLASSIFICATIONS FOR CODE B			373,605			373,605	

RECLASS CODE: C  
EXPLANATION : BILLING COSTS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NONREIMBURSABLE COST CEN	100.01	60,262	ADMINISTRATIVE & GENERAL	6	60,262	
TOTAL RECLASSIFICATIONS FOR CODE C			60,262			60,262	

RECLASS CODE: D  
EXPLANATION : LAB/XRAY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	83,542	OTHER NONREIMBURSABLE COST CEN	100.01	149,986	
2.00	RADIOLOGY-DIAGNOSTIC	41	66,444			0	
TOTAL RECLASSIFICATIONS FOR CODE D			149,986			149,986	

RECLASS CODE: E  
EXPLANATION : SHARED THERAPY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	74,207	HOME HEALTH AGENCY	71	94,667	
2.00	OCCUPATIONAL THERAPY	51	19,059			0	
3.00	SPEECH PATHOLOGY	52	1,401			0	
TOTAL RECLASSIFICATIONS FOR CODE E			94,667			94,667	

RECLASS CODE: F  
EXPLANATION : OBSTETRICS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	248,693	ADULTS & PEDIATRICS	25	530,940	
2.00	DELIVERY ROOM & LABOR ROOM	39	282,247			0	
TOTAL RECLASSIFICATIONS FOR CODE F			530,940			530,940	

RECLASS CODE: G  
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	77,992	ADMINISTRATIVE & GENERAL	6	392,641	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	14,856			0	
3.00	OTHER NONREIMBURSABLE COST CEN	100.01	299,793			0	
TOTAL RECLASSIFICATIONS FOR CODE G			392,641			392,641	

RECLASS CODE: H  
EXPLANATION : QUICK CARE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PETERSBURG RHC	63.52	348,481	OTHER NONREIMBURSABLE COST CEN	100.01	348,481	
TOTAL RECLASSIFICATIONS FOR CODE H			348,481			348,481	

RECLASS CODE: I  
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	28,397	MEDICAL SUPPLIES CHARGED TO PA	55	28,397	
TOTAL RECLASSIFICATIONS FOR CODE I			28,397			28,397	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,232,668	48,287		48,287		1,280,955	
2 LAND IMPROVEMENTS	350,245				75,119	275,126	
3 BUILDINGS & FIXTURE	28,136,514				3,182,051	24,954,463	
4 BUILDING IMPROVEMENT	14,759				2,147	12,612	
5 FIXED EQUIPMENT	1,141,578				128,586	1,012,992	
6 MOVABLE EQUIPMENT	3,988,706	3,708,469		3,708,469		7,697,175	
7 SUBTOTAL	34,864,470	3,756,756		3,756,756	3,387,903	35,233,323	
8 RECONCILING ITEMS							
9 TOTAL	34,864,470	3,756,756		3,756,756	3,387,903	35,233,323	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 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	27,536,148		27,536,148	.781537				
4	NEW CAP REL COSTS-MV	7,697,175		7,697,175	.218463				
5	TOTAL	35,233,323		35,233,323	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,876,085		352,775	77,992			2,306,852
4	NEW CAP REL COSTS-MV	2,056,147		20,830	14,856			2,091,833
5	TOTAL	3,932,232		373,605	92,848			4,398,685

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

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,876,085						1,876,085
4	NEW CAP REL COSTS-MV	2,056,147						2,056,147
5	TOTAL	3,932,232						3,932,232

\* All lines numbers except line 5 are to be consistent with Workshseet 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 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-61,151	CENTRAL SERVICES & SUPPLY	15	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-8,333	ADMINISTRATIVE & GENERAL	6	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,711,381			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-204,853	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-17,834	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-14,509	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST	A	-2	ADMINISTRATIVE & GENERAL	6	
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 LOBBYING EXPENSE	A	-800	ADMINISTRATIVE & GENERAL	6	
38 ADVERTISING EXPENSE	A	-82,098	ADMINISTRATIVE & GENERAL	6	
39 PHYSICIAN RECRUITMENT EXPENSE	A	-125,916	ADMINISTRATIVE & GENERAL	6	
40 PUBLIC RELATIONS	A	-22,043	ADMINISTRATIVE & GENERAL	6	
41 PUBLIC RELATIONS	A	-348	OTHER OUTPATIENT SERVICE	63	
42 NON-ALLOWABLE COSTS	A	-1,540	ADMINISTRATIVE & GENERAL	6	
43 PHYSICIAN BENEFITS	A	-90,898	EMPLOYEE BENEFITS	5	
44 EMT CLASS INCOME	B	-8,980	EMERGENCY	61	
45 CPR CLASS INCOME	B	-6,634	EMERGENCY	61	
46 WELLNESS INCOME	B	-5,914	RESPIRATORY THERAPY	49	
47 MISC INCOME	B	-57,123	ADMINISTRATIVE & GENERAL	6	
48 INTEREST EXPENSE OFFSET	A	-346,933	INTEREST EXPENSE	88	
49 PAYROLL RESTITUTION - OTHER OPERATIN	B	-15,587	ADMINISTRATIVE & GENERAL	6	
49.01 PHARMACY REBATE - OTHER	B	-6,389	PHARMACY	16	
49.02 MISC EXPENSE NON-ALLOWABLE COSTS	B	-1,082	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,790,348			

(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: 15-0061  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/25/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 31 1	SUBPROVIDER 2-PSYCH	206,519	206,519					
2 37	OPERATING ROOM	1,112,390	1,112,390					
3 43	RADIOISOTOPE	7,155	7,155					
4								
5 49	RESPIRATORY THERAPY	59,830	59,830					
6 53	ELECTROCARDIOLOGY	48,496	48,496					
7 63	OTHER OUTPATIENT SERVICE	137,738	137,738					
8 63	OTHER OUTPATIENT SERVICE	139,253	139,253					
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,711,381	1,711,381					



COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 15-0061 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OST S-BLDG &	NEW CAP REL C OST S-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00	ADMI NI STRATIV MAINTENANCE & E & GENERAL 6	REPAIRS 7
	0	3	4	5			
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	2,306,852	2,306,852					
005 NEW CAP REL COSTS-MVBLE E	2,091,833		2,091,833				
006 EMPLOYEE BENEFITS	4,947,965	4,895	2,565	4,955,425			
007 ADMIN STRATIVE & GENERAL	4,082,700	135,764	616,306	409,489	5,244,259	5,244,259	
008 MAINTENANCE & REPAIRS	786,656	58,662	37,035	116,595	998,948	146,760	1,145,708
009 OPERATION OF PLANT	687,017	377,228	523		1,064,768	156,430	205,071
010 LAUNDRY & LINEN SERVICE	166,548	4,064			170,612	25,065	2,209
011 HOUSEKEEPING	425,649	16,818	2,391	94,554	539,412	79,248	9,143
012 DIETARY	400,384	49,953	34,087	51,060	535,484	78,671	27,156
014 CAFETERIA	209,896	18,299		52,892	281,087	41,296	9,948
015 NURSING ADMINISTRATION	742,805	51,034	10,337	175,912	980,088	143,990	27,743
016 CENTRAL SERVICES & SUPPLY	479,114	47,040	73,019	71,776	670,949	98,572	25,572
017 PHARMACY	505,529	15,617		132,423	653,569	96,019	8,490
018 MEDICAL RECORDS & LIBRARY	599,969	26,628	28,731	134,333	789,661	116,013	14,476
025 SOCIAL SERVICE	59,232		570	15,413	75,215	11,050	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,730,815	258,674	84,683	407,861	2,482,033	364,665	140,622
031 INTENSIVE CARE UNIT	674,781	28,670	23,089	166,663	893,203	131,225	15,586
031 SUBPROVIDER	1,581,873	92,458	4,379	243,372	1,922,082	282,383	50,262
031 01 SUBPROVIDER 2-PSYCH	1,577,674	106,182	26,894	384,333	2,095,083	307,799	57,723
033 NURSERY	250,985	6,347	300	55,075	312,707	45,941	3,450
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,175,958	154,043	353,474	192,465	1,875,940	275,604	83,742
038 RECOVERY ROOM	2,454	16,848	4,969		24,271	3,566	9,159
039 DELIVERY ROOM & LABOR ROO	304,904	28,230	3,765	68,441	405,340	59,551	15,346
041 RADIOLOGY-DIAGNOSTIC	1,443,803	55,389	258,494	211,718	1,969,404	289,335	30,111
043 RADIOISOTOPE	475,970	40,683	77,195	86,963	680,811	100,021	22,116
044 LABORATORY	2,022,388	35,367	83,811	262,319	2,403,885	353,167	19,227
047 BLOOD STORING PROCESSING	218,622	1,992	989		221,603	32,557	1,083
048 INTRAVENOUS THERAPY	18,617				18,617	2,735	
049 RESPIRATORY THERAPY	507,855	26,198	76,090	117,944	728,087	106,967	14,242
050 PHYSICAL THERAPY	653,735	35,808	28,685	130,034	848,262	124,622	19,466
051 OCCUPATIONAL THERAPY	124,665	7,628		31,760	164,053	24,102	4,147
052 SPEECH PATHOLOGY	72,640	5,406	180	12,388	90,614	13,313	2,939
053 ELECTROCARDIOLOGY	116,343	6,627	4,818	27,776	155,564	22,855	3,603
055 MEDICAL SUPPLIES CHARGED	961,380		28,034		989,414	145,360	
055 30 IMPL. DEV. CHARGED TO PAT	28,397				28,397	4,172	
056 DRUGS CHARGED TO PATIENTS	1,003,169		34,196		1,037,365	152,404	
059 CARDIAC REHAB	46,039	3,724	3,078	11,190	64,031	9,407	2,024
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	129,860	37,630	3,749	30,648	201,887	29,660	20,457
061 EMERGENCY	1,723,966	77,922	59,829	269,200	2,130,917	313,064	42,361
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE	339,071	25,717	10,727	77,860	453,375	66,608	13,981
063 50 DCHMC RHC	780,011	48,702	9,550	139,126	977,389	143,593	26,475
063 51 DAV NDMC RHC	695,005	34,877	575	147,678	878,135	129,011	18,960
063 52 PETERSBURG RHC	447,609	53,607	5,625	86,535	593,376	87,176	29,142
063 54 FAMILY HEALTH RHC	172,548	19,441	5,159	35,693	232,841	34,208	10,568
063 55 MARTIN RHC	530,777	7,188	4,420	115,941	658,326	96,718	3,907
063 56 RURAL HEALTH CLINIC 7							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	459,063	13,664	13,144	99,286	585,157	85,968	7,428
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	402,460	5,856	108	46,299	454,723	66,806	3,184
095 SUBTOTALS	39,165,586	2,040,880	2,015,573	4,713,015	38,580,944	4,897,677	1,001,119
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
101 01 OTHER NONREIMBURSABLE COS	1,774,424	265,972	76,260	242,410	2,359,066	346,582	144,589
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	40,940,010	2,306,852	2,091,833	4,955,425	40,940,010	5,244,259	1,145,708

COST CENTER DESCR IPTION	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI
	PLANT	EN SERVICE				ISTRATION	CES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINI STRATIVE & GENERAL							
008 MAI NTENANCE & REPAI RS							
009 OPERATI ON OF PLANT	1,426,269						
010 LAUNDRY & LINEN SERVI CE	3,350	201,236					
011 HOUSEKEEPING	13,863		641,666				
012 DIETARY	41,176		18,751	701,238			
014 CAFETERIA	15,084		6,869		354,284		
015 NURSING ADMINI STRATION	42,067		19,157		15,109	1,228,154	
016 CENTRAL SERVI CES & SUPPLY	38,774		17,657		8,255		859,779
017 PHARMACY	12,873		5,862		8,383		1,118
018 MEDI CAL RECORDS & LI BRARY	21,949		9,995		16,946		52
025 SOCI AL SERVI CE					1,048		87
026 I NPAT ROUTI NE SRVC CNTRS							
027 ADULTS & PEDI ATRI CS	213,222	72,788	97,099	244,972	34,298	201,198	36,587
028 I NTENSIVE CARE UNI T	23,633	14,301	10,762	49,782	14,520	85,177	9,763
031 SUBPROVI DER	76,212	35,477	34,706	153,115	18,611	109,171	11,833
032 01 SUBPROVI DER 2-PSYCH	87,525	65,238	39,858	253,369	32,971	193,410	18,298
033 NURSERY	5,232	11,582	2,382		4,227	24,797	942
037 ANCI L LARY SRVC COST CNTRS							
038 OPERATI NG ROOM	126,976		57,823		15,359	90,095	30,379
039 RECOVERY ROOM	13,887		6,324				360
041 DELI VERY ROOM & LABOR ROO	23,270	1,850	10,597		4,798	28,144	
043 RADI OLOGY-DI AGNOSTI C	45,656		20,791		19,669	115,377	15,105
044 RADI OI SOTOPE	33,535		15,271		6,461	37,902	1,617
047 LABORATORY	29,153		13,276		25,131	147,420	196,013
048 BLOOD STORI NG PROCESSI NG	1,642		748				96
049 I NTRAVENOUS THERAPY							
050 RESPI RATORY THERAPY	21,595		9,834		11,190		7,926
051 PHYSI CAL THERAPY	29,516		13,441		9,615		4,059
052 OCCUPATI ONAL THERAPY	6,288		2,863		2,206		202
053 SPEECH PATHOLOGY	4,456		2,029		822		
055 ELECTROCARDI OLOGY	5,463		2,488		694		1,553
055 MEDI CAL SUPPLI ES CHARGED							481,810
056 30 I MPL. DEV. CHARGED TO PAT							
059 DRUGS CHARGED TO PATI ENTS							
060 CARDI AC REHAB	3,070		1,398		263	1,543	192
061 OUTPAT SERVI CE COST CNTRS							
062 CL I NI C	31,018		14,125		2,568		1,209
063 EMERGENCY	64,231		29,250		21,026	123,337	17,969
063 OBSERVATI ON BEDS (NON-DI S							
063 50 OTHER OUTPATI ENT SERVI CE	21,198		9,653		4,431		94
063 51 DCHMC RHC	40,144		18,281		13,858		2,232
063 52 DAV NDMC RHC	28,749		13,092		8,903		5,136
063 54 PETERSBURG RHC	44,187		20,122		1,241		65
063 55 FAMI LY HEALTH RHC	16,025		7,297		2,570		492
063 56 MARTI N RHC	5,925		2,698		7,206		3,390
071 RURAL HEALTH CL I NI C 7							
093 OTHER REI MBURS COST CNTRS							
095 HOME HEALTH AGENCY	11,263		5,129		9,914	58,156	1,253
098 SPEC PURPOSE COST CENTERS							
100 HOSPI CE	4,827		2,198		2,118	12,427	1,110
101 SUBTOTALS	1,207,034	201,236	541,826	701,238	324,411	1,228,154	850,942
098 NONREI MBURS COST CENTERS							
100 PHYSI CI ANS' PRI VATE OFFI C							
101 01 OTHER NONREI MBURSABLE COS	219,235		99,840		29,873		8,837
102 CROSS FOOT ADJUSTMENT							
103 NEGATI VE COST CENTER							
TOTAL	1,426,269	201,236	641,666	701,238	354,284	1,228,154	859,779

COST ALLOCATI ON - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDI CAL RECOR DS & LI BRARY 17	SOCI AL SERVI C 18	SUBTOTAL 25	I & R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINI STRATI VE & GENERAL						
008 MAI NTENANCE & REPAI RS						
009 OPERATI ON OF PLANT						
010 LAUNDRY & LI NEN SERVI CE						
011 HOUSEKEEPI NG						
012 DI ETARY						
014 CAFETERIA						
015 NURSI NG ADMINI STRATI ON						
016 CENTRAL SERVI CES & SUPPLY						
017 PHARMACY	786,314					
018 MEDI CAL RECOR DS & LI BRARY		969,092				
025 SOCI AL SERVI CE			87,400			
026 I NPAT ROUTI NE SRVC CNTRS						
026 ADULTS & PEDI ATRI CS		38,508	43,700	3,969,692		3,969,692
031 I NTENSIVE CARE UNI T		17,145		1,265,097		1,265,097
031 SUBPROVI DER		30,669		2,724,521		2,724,521
031 01 SUBPROVI DER 2-PSYCH		54,527		3,205,801		3,205,801
033 NURSERY		5,887		417,147		417,147
037 ANCI LLARY SRVC COST CNTRS						
038 OPERATI NG ROOM		87,965		2,643,883		2,643,883
039 RECOVERY ROOM		8,946		66,513		66,513
041 DELI VERY ROOM & LABOR ROO		6,682		555,578		555,578
043 RADI OLOGY-DI AGNOSTI C		134,296		2,639,744		2,639,744
044 RADI OI SOTOPE		37,225		934,959		934,959
047 LABORATORY		168,862		3,356,134		3,356,134
048 BLOOD STORI NG PROCESSI NG		6,792		264,521		264,521
049 I NTRAVENOUS THERAPY		3,838		25,190		25,190
050 RESPI RATORY THERAPY		23,968		923,809		923,809
051 PHYSI CAL THERAPY		33,650		1,082,631		1,082,631
052 OCCUPATI ONAL THERAPY		10,599		214,460		214,460
053 SPEECH PATHOLOGY		2,473		116,646		116,646
055 ELECTROCARDI OLOGY		19,920		212,140		212,140
055 MEDI CAL SUPPLI ES CHARGED		52,281		1,668,865		1,668,865
055 30 I MPL. DEV. CHARGED TO PAT				32,569		32,569
056 DRUGS CHARGED TO PATI ENTS	786,314	62,241		2,038,324		2,038,324
059 CARDI AC REHAB		1,367		83,295		83,295
060 OUTPAT SERVI CE COST CNTRS						
061 CLINI C		1,924		302,848		302,848
062 EMERGENCY		74,238		2,816,393		2,816,393
062 OBSERVATI ON BEDS (NON-DI S						
063 OTHER OUTPATI ENT SERVI CE		11,233		580,573		580,573
063 50 DCHMC RHC		8,575		1,230,547		1,230,547
063 51 DAV NDMC RHC		12,239		1,094,225		1,094,225
063 52 PETERSBURG RHC		1,458		776,767		776,767
063 54 FAMI LY HEALTH RHC		4,097		308,098		308,098
063 55 MARTI N RHC		11,009		789,179		789,179
063 56 RURAL HEALTH CLINI C 7						
071 OTHER REI MBURS COST CNTRS						
093 HOME HEALTH AGENCY		6,971	21,850	793,089		793,089
095 SPEC PURPOSE COST CENTERS						
095 HOSPI CE		6,877	21,850	576,120		576,120
095 SUBTOTALS	786,314	946,462	87,400	37,709,358		37,709,358
098 NONREI MBURS COST CENTERS						
100 PHYSI CI ANS' PRI VATE OFFI C						
100 OTHER NONREI MBURSABLE COS						
101 01 OTHER NONREI MBURSABLE COS		22,630		3,230,652		3,230,652
102 CROSS FOOT ADJUSTMENT						
102 NEGATI VE COST CENTER						
103 TOTAL	786,314	969,092	87,400	40,940,010		40,940,010

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
15-0061

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/25/2011  
WORKSHEET B  
PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		4,895	2,565	7,460	7,460		
006 ADMINISTRATIVE & GENERAL		135,764	616,306	752,070	622	752,692	
007 MAINTENANCE & REPAIRS		58,662	37,035	95,697	175	21,064	116,936
008 OPERATION OF PLANT		377,228	523	377,751		22,452	20,930
009 LAUNDRY & LINEN SERVICE		4,064		4,064		3,598	226
010 HOUSEKEEPING		16,818	2,391	19,209	142	11,374	933
011 DIETARY		49,953	34,087	84,040	77	11,291	2,772
012 CAFETERIA		18,299		18,299	80	5,927	1,015
014 NURSING ADMINISTRATION		51,034	10,337	61,371	265	20,666	2,832
015 CENTRAL SERVICES & SUPPLY		47,040	73,019	120,059	108	14,148	2,610
016 PHARMACY		15,617		15,617	199	13,781	866
017 MEDICAL RECORDS & LIBRARY		26,628	28,731	55,359	202	16,651	1,477
018 SOCIAL SERVICE			570	570	23	1,586	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		258,674	84,683	343,357	613	52,346	14,352
026 INTENSIVE CARE UNIT		28,670	23,089	51,759	251	18,834	1,591
031 SUBPROVIDER		92,458	4,379	96,837	366	40,529	5,130
031 01 SUBPROVIDER 2-PSYCH		106,182	26,894	133,076	578	44,177	5,892
033 NURSERY		6,347	300	6,647	83	6,594	352
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		154,043	353,474	507,517	289	39,556	8,547
038 RECOVERY ROOM		16,848	4,969	21,817		512	935
039 DELIVERY ROOM & LABOR ROO		28,230	3,765	31,995	103	8,547	1,566
041 RADIOLOGY-DIAGNOSTIC		55,389	258,494	313,883	318	41,527	3,073
043 RADIOISOTOPE		40,683	77,195	117,878	131	14,356	2,257
044 LABORATORY		35,367	83,811	119,178	395	50,688	1,962
047 BLOOD STORING PROCESSING		1,992	989	2,981		4,673	111
048 INTRAVENOUS THERAPY						393	
049 RESPIRATORY THERAPY		26,198	76,090	102,288	177	15,352	1,454
050 PHYSICAL THERAPY		35,808	28,685	64,493	196	17,886	1,987
051 OCCUPATIONAL THERAPY		7,628		7,628	48	3,459	423
052 SPEECH PATHOLOGY		5,406	180	5,586	19	1,911	300
053 ELECTROCARDIOLOGY		6,627	4,818	11,445	42	3,280	368
055 MEDICAL SUPPLIES CHARGED			28,034	28,034		20,863	
055 30 IMPL. DEV. CHARGED TO PAT						599	
056 DRUGS CHARGED TO PATIENTS			34,196	34,196		21,874	
059 CARDIAC REHAB		3,724	3,078	6,802	17	1,350	207
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		37,630	3,749	41,379	46	4,257	2,088
061 EMERGENCY		77,922	59,829	137,751	405	44,933	4,324
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE		25,717	10,727	36,444	117	9,560	1,427
063 50 DCHMC RHC		48,702	9,550	58,252	209	20,609	2,702
063 51 DAV NDMC RHC		34,877	575	35,452	222	18,516	1,935
063 52 PETERSBURG RHC		53,607	5,625	59,232	130	12,512	2,974
063 54 FAMILY HEALTH RHC		19,441	5,159	24,600	54	4,910	1,079
063 55 MARTIN RHC		7,188	4,420	11,608	174	13,881	399
063 56 RURAL HEALTH CLINIC 7							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		13,664	13,144	26,808	149	12,339	758
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		5,856	108	5,964	70	9,588	325
095 SUBTOTALS		2,040,880	2,015,573	4,056,453	7,095	702,949	102,179
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS		265,972	76,260	342,232	365	49,743	14,757
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,306,852	2,091,833	4,398,685	7,460	752,692	116,936

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
15-0061

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/25/2011  
WORKSHEET B  
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							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	421,133						
010 LAUNDRY & LINEN SERVICE	989	8,877					
011 HOUSEKEEPING	4,093		35,751				
012 DIETARY	12,158		1,045	111,383			
014 CAFETERIA	4,454		383		30,158		
015 NURSING ADMINISTRATION	12,421		1,067		1,286	99,908	
016 CENTRAL SERVICES & SUPPLY	11,449		984		703		150,061
017 PHARMACY	3,801		327		714		195
018 MEDICAL RECORDS & LIBRARY	6,481		557		1,443		9
SOCIAL SERVICE					89		15
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	62,958	3,210	5,410	38,911	2,919	16,367	6,386
031 INTENSIVE CARE UNIT	6,978	631	600	7,907	1,236	6,929	1,704
031 SUBPROVIDER	22,503	1,565	1,934	24,320	1,584	8,881	2,065
031 01 SUBPROVIDER 2-PSYCH	25,843	2,878	2,221	40,245	2,807	15,734	3,194
033 NURSERY	1,545	511	133		360	2,017	164
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	37,492		3,222		1,307	7,329	5,302
039 RECOVERY ROOM	4,101		352				63
041 DELIVERY ROOM & LABOR ROO	6,871	82	590		408	2,289	
043 RADIOLOGY-DIAGNOSTIC	13,481		1,158		1,674	9,386	2,636
044 RADIOISOTOPE	9,902		851		550	3,083	282
047 LABORATORY	8,608		740		2,139	11,992	34,211
048 BLOOD STORING PROCESSING	485		42				17
049 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	6,376		548		953		1,383
050 PHYSICAL THERAPY	8,715		749		818		708
051 OCCUPATIONAL THERAPY	1,857		160		188		35
052 SPEECH PATHOLOGY	1,316		113		70		
053 ELECTROCARDIOLOGY	1,613		139		59		271
055 MEDICAL SUPPLIES CHARGED							84,094
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIAC REHAB	906		78		22	126	34
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	9,159		787		219		211
061 EMERGENCY	18,965		1,630		1,790	10,033	3,136
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE	6,259		538		377		16
063 50 DCHMC RHC	11,853		1,019		1,180		390
063 51 DAV NDMC RHC	8,489		729		758		896
063 52 PETERSBURG RHC	13,047		1,121		106		11
063 54 FAMILY HEALTH RHC	4,732		407		219		86
063 55 MARTIN RHC	1,749		150		613		592
063 56 RURAL HEALTH CLINIC 7							
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY	3,326		286		844	4,731	219
093 SPEC PURPOSE COST CENTERS							
HOSPICE	1,425		122		180	1,011	194
095 SUBTOTALS	356,400	8,877	30,192	111,383	27,615	99,908	148,519
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS	64,733		5,559		2,543		1,542
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	421,133	8,877	35,751	111,383	30,158	99,908	150,061

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	35,500					
018 MEDICAL RECORDS & LIBRARY		82,179				
018 SOCIAL SERVICE			2,283			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		3,265	1,141	551,235		551,235
026 INTENSIVE CARE UNIT		1,454		99,874		99,874
031 SUBPROVIDER		2,601		208,315		208,315
031 01 SUBPROVIDER 2-PSYCH		4,624		281,269		281,269
033 NURSERY		499		18,905		18,905
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		7,459		618,020		618,020
038 RECOVERY ROOM		759		28,539		28,539
039 DELIVERY ROOM & LABOR ROO		567		53,018		53,018
041 RADIOLOGY-DIAGNOSTIC		11,388		398,524		398,524
043 RADIOISOTOPE		3,156		152,446		152,446
044 LABORATORY		14,323		244,236		244,236
047 BLOOD STORING PROCESSING		576		8,885		8,885
048 INTRAVENOUS THERAPY		325		718		718
049 RESPIRATORY THERAPY		2,032		130,563		130,563
050 PHYSICAL THERAPY		2,853		98,405		98,405
051 OCCUPATIONAL THERAPY		899		14,697		14,697
052 SPEECH PATHOLOGY		210		9,525		9,525
053 ELECTROCARDIOLOGY		1,689		18,906		18,906
055 MEDICAL SUPPLIES CHARGED		4,433		137,424		137,424
055 30 IMPL. DEV. CHARGED TO PAT				599		599
056 DRUGS CHARGED TO PATIENTS	35,500	5,278		96,848		96,848
059 CARDIAC REHAB		116		9,658		9,658
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC		163		58,309		58,309
061 EMERGENCY		6,295		229,262		229,262
062 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICE		952		55,690		55,690
063 50 DCHMC RHC		727		96,941		96,941
063 51 DAV NDMC RHC		1,038		68,035		68,035
063 52 PETERSBURG RHC		124		89,257		89,257
063 54 FAMILY HEALTH RHC		347		36,434		36,434
063 55 MARTIN RHC		934		30,100		30,100
063 56 RURAL HEALTH CLINIC 7						
071 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY		591	571	50,622		50,622
093 SPEC PURPOSE COST CENTERS						
093 HOSPICE		583	571	20,033		20,033
095 SUBTOTALS	35,500	80,260	2,283	3,915,292		3,915,292
098 NONREIMBURS COST CENTERS						
100 PHYSICIANS' PRIVATE OFFIC						
100 OTHER NONREIMBURSABLE COS						
100 01 OTHER NONREIMBURSABLE COS		1,919		483,393		483,393
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	35,500	82,179	2,283	4,398,685		4,398,685





COST ALLOCATI ON - STATI STI CAL BASI S

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)
GENERAL SERVICE COST	16	17	18
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPORT			
016 PHARMACY	100		
017 MEDICAL RECORDS & LIBRARY		78,335,178	
018 SOCIAL SERVICE			2,196
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS		3,112,776	1,098
026 INTENSIVE CARE UNIT		1,385,926	
031 SUBPROVIDER		2,479,110	
031 01 SUBPROVIDER 2-PSYCH		4,407,623	
033 NURSERY		475,891	
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM		7,110,597	
038 RECOVERY ROOM		723,179	
039 DELIVERY ROOM & LABOR		540,100	
041 RADIOLOGY-DIAGNOSTIC		10,855,690	
043 RADIOISOTOPE		3,009,033	
044 LABORATORY		13,649,136	
047 BLOOD STORAGE, PROCESSING		548,995	
048 INTRAVENOUS THERAPY		310,208	
049 RESPIRATORY THERAPY		1,937,444	
050 PHYSICAL THERAPY		2,720,089	
051 OCCUPATIONAL THERAPY		856,774	
052 SPEECH PATHOLOGY		199,869	
053 ELECTROCARDIOLOGY		1,610,215	
055 MEDICAL SUPPLIES CHARACTERIZED BY IMPLEMENTATION		4,226,081	
055 30 IMPL. DEV. CHARGED TO			
056 DRUGS CHARGED TO PATIENT	100	5,031,215	
059 CARDIAC REHABILITATION		110,476	
060 OUTPATIENT SERVICE COST CENTER CLINIC		155,524	
061 EMERGENCY		6,000,998	
062 OBSERVATION BEDS (NON-PAYING)			
063 OTHER OUTPATIENT SERVICES		908,004	
063 50 DCHMC RHC		693,172	
063 51 DAVENPORT RHC		989,347	
063 52 PETERSBURG RHC		117,877	
063 54 FAMILY HEALTH RHC		331,211	
063 55 MARTIN RHC		889,934	
063 56 RURAL HEALTH CLINIC 7			
071 OTHER REIMBURSABLE COST CENTER HOME HEALTH AGENCY		563,510	549
093 SPECIFIC PURPOSE COST CENTER HOSPICE		555,858	549
095 SUBTOTALS	100	76,505,862	2,196
098 NONREIMBURSABLE COST CENTER PHYSICIANS' PRIVATE OFFICE			
100 OTHER NONREIMBURSABLE			
100 01 OTHER NONREIMBURSABLE		1,829,316	
101 CROSS-FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	786,314	969,092	87,400
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)		.012371	
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	7,863.140000		39.799636
106 UNIT COST MULTIPLIER (WORKSHEET B, PART I)			
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	35,500	82,179	2,283
108 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	355.000000	.001049	1.039617

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,969,692		3,969,692		3,969,692
26	INTENSIVE CARE UNIT	1,265,097		1,265,097		1,265,097
31	SUBPROVIDER	2,724,521		2,724,521		2,724,521
31	01 SUBPROVIDER 2-PSYCH	3,205,801		3,205,801		3,205,801
33	NURSERY	417,147		417,147		417,147
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,643,883		2,643,883		2,643,883
38	RECOVERY ROOM	66,513		66,513		66,513
39	DELIVERY ROOM & LABOR ROO	555,578		555,578		555,578
41	RADIOLOGY-DIAGNOSTIC	2,639,744		2,639,744		2,639,744
43	RADIOISOTOPE	934,959		934,959		934,959
44	LABORATORY	3,356,134		3,356,134		3,356,134
47	BLOOD STORING, PROCESSING	264,521		264,521		264,521
48	INTRAVENOUS THERAPY	25,190		25,190		25,190
49	RESPIRATORY THERAPY	923,809		923,809		923,809
50	PHYSICAL THERAPY	1,082,631		1,082,631		1,082,631
51	OCCUPATIONAL THERAPY	214,460		214,460		214,460
52	SPEECH PATHOLOGY	116,646		116,646		116,646
53	ELECTROCARDIOLOGY	212,140		212,140		212,140
55	MEDICAL SUPPLIES CHARGED	1,668,865		1,668,865		1,668,865
55	30 IMPL. DEV. CHARGED TO PAT	32,569		32,569		32,569
56	DRUGS CHARGED TO PATIENTS	2,038,324		2,038,324		2,038,324
59	CARDIAC REHAB	83,295		83,295		83,295
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	302,848		302,848		302,848
61	EMERGENCY	2,816,393		2,816,393		2,816,393
62	OBSERVATION BEDS (NON-DIS	685,992		685,992		685,992
63	OTHER OUTPATIENT SERVICE	580,573		580,573		580,573
63	50 DCHMC RHC	1,230,547		1,230,547		1,230,547
63	51 DAV NDMC RHC	1,094,225		1,094,225		1,094,225
63	52 PETERSBURG RHC	776,767		776,767		776,767
63	54 FAMILY HEALTH RHC	308,098		308,098		308,098
63	55 MARTIN RHC	789,179		789,179		789,179
63	56 RURAL HEALTH CLINIC 7					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	37,026,141		37,026,141		37,026,141
102	LESS OBSERVATION BEDS	685,992		685,992		685,992
103	TOTAL	36,340,149		36,340,149		36,340,149

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,112,776		3,112,776			
26	INTENSIVE CARE UNIT	1,385,926		1,385,926			
31	SUBPROVIDER	2,479,110		2,479,110			
31	01 SUBPROVIDER 2-PSYCH	4,407,623		4,407,623			
33	NURSERY	475,891		475,891			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,034,063	5,076,534	7,110,597	.371823	.371823	.371823
38	RECOVERY ROOM	216,706	506,473	723,179	.091973	.091973	.091973
39	DELIVERY ROOM & LABOR ROO	464,872	75,228	540,100	1.028658	1.028658	1.028658
41	RADIOLOGY-DIAGNOSTIC	2,012,631	8,843,059	10,855,690	.243167	.243167	.243167
43	RADIOISOTOPE	308,845	2,700,188	3,009,033	.310717	.310717	.310717
44	LABORATORY	2,959,930	10,689,206	13,649,136	.245886	.245886	.245886
47	BLOOD STORING, PROCESSING	392,167	156,828	548,995	.481828	.481828	.481828
48	INTRAVENOUS THERAPY	167,478	142,730	310,208	.081204	.081204	.081204
49	RESPIRATORY THERAPY	940,252	997,192	1,937,444	.476818	.476818	.476818
50	PHYSICAL THERAPY	1,021,228	1,698,861	2,720,089	.398013	.398013	.398013
51	OCCUPATIONAL THERAPY	623,910	232,864	856,774	.250311	.250311	.250311
52	SPEECH PATHOLOGY	81,552	118,317	199,869	.583612	.583612	.583612
53	ELECTROCARDIOLOGY	543,533	1,066,682	1,610,215	.131746	.131746	.131746
55	MEDICAL SUPPLIES CHARGED	2,293,538	1,876,780	4,170,318	.400177	.400177	.400177
55	30 IMPL. DEV. CHARGED TO PAT	2,415	53,348	55,763	.584061	.584061	.584061
56	DRUGS CHARGED TO PATIENTS	3,334,665	1,696,550	5,031,215	.405136	.405136	.405136
59	CARDIAC REHAB		110,476	110,476	.753965	.753965	.753965
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	559	154,965	155,524	1.947275	1.947275	1.947275
61	EMERGENCY	1,170,761	4,830,237	6,000,998	.469321	.469321	.469321
62	OBSERVATION BEDS (NON-DIS	42,862	551,697	594,559	1.153783	1.153783	1.153783
63	OTHER OUTPATIENT SERVICE	22,396	885,608	908,004	.639395	.639395	.639395
63	50 DCHMC RHC		693,172	693,172	1.775240	1.775240	1.775240
63	51 DAV NDMC RHC		989,347	989,347	1.106007	1.106007	1.106007
63	52 PETERSBURG RHC		914,098	914,098	.849763	.849763	.849763
63	54 FAMILY HEALTH RHC		331,211	331,211	.930217	.930217	.930217
63	55 MARTIN RHC		889,934	889,934	.886784	.886784	.886784
63	56 RURAL HEALTH CLINIC 7						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	30,495,689	46,281,585	76,777,274			
102	LESS OBSERVATION BEDS						
103	TOTAL	30,495,689	46,281,585	76,777,274			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,643,883	618,020	2,025,863			2,643,883
38	RECOVERY ROOM	66,513	28,539	37,974			66,513
39	DELIVERY ROOM & LABOR ROO	555,578	53,018	502,560			555,578
41	RADIOLOGY-DIAGNOSTIC	2,639,744	398,524	2,241,220			2,639,744
43	RADIOISOTOPE	934,959	152,446	782,513			934,959
44	LABORATORY	3,356,134	244,236	3,111,898			3,356,134
47	BLOOD STORING, PROCESSING	264,521	8,885	255,636			264,521
48	INTRAVENOUS THERAPY	25,190	718	24,472			25,190
49	RESPIRATORY THERAPY	923,809	130,563	793,246			923,809
50	PHYSICAL THERAPY	1,082,631	98,405	984,226			1,082,631
51	OCCUPATIONAL THERAPY	214,460	14,697	199,763			214,460
52	SPEECH PATHOLOGY	116,646	9,525	107,121			116,646
53	ELECTROCARDIOLOGY	212,140	18,906	193,234			212,140
55	MEDICAL SUPPLIES CHARGED	1,668,865	137,424	1,531,441			1,668,865
55	30 IMPL. DEV. CHARGED TO PAT	32,569	599	31,970			32,569
56	DRUGS CHARGED TO PATIENTS	2,038,324	96,848	1,941,476			2,038,324
59	CARDIAC REHAB	83,295	9,658	73,637			83,295
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	302,848	58,309	244,539			302,848
61	EMERGENCY	2,816,393	229,262	2,587,131			2,816,393
62	OBSERVATION BEDS (NON-DIS	685,992	95,258	590,734			685,992
63	OTHER OUTPATIENT SERVICE	580,573	55,690	524,883			580,573
63	50 DCHMC RHC	1,230,547	96,941	1,133,606			1,230,547
63	51 DAV NDMC RHC	1,094,225	68,035	1,026,190			1,094,225
63	52 PETERSBURG RHC	776,767	89,257	687,510			776,767
63	54 FAMILY HEALTH RHC	308,098	36,434	271,664			308,098
63	55 MARTIN RHC	789,179	30,100	759,079			789,179
63	56 RURAL HEALTH CLINIC 7						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	25,443,883	2,780,297	22,663,586			25,443,883
102	LESS OBSERVATION BEDS	685,992	95,258	590,734			685,992
103	TOTAL	24,757,891	2,685,039	22,072,852			24,757,891

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,110,597	.371823	.371823
38	RECOVERY ROOM	723,179	.091973	.091973
39	DELIVERY ROOM & LABOR ROO	540,100	1.028658	1.028658
41	RADIOLOGY-DIAGNOSTIC	10,855,690	.243167	.243167
43	RADIOISOTOPE	3,009,033	.310717	.310717
44	LABORATORY	13,649,136	.245886	.245886
47	BLOOD STORING, PROCESSING	548,995	.481828	.481828
48	INTRAVENOUS THERAPY	310,208	.081204	.081204
49	RESPIRATORY THERAPY	1,937,444	.476818	.476818
50	PHYSICAL THERAPY	2,720,089	.398013	.398013
51	OCCUPATIONAL THERAPY	856,774	.250311	.250311
52	SPEECH PATHOLOGY	199,869	.583612	.583612
53	ELECTROCARDIOLOGY	1,610,215	.131746	.131746
55	MEDICAL SUPPLIES CHARGED	4,170,318	.400177	.400177
55	30 IMPL. DEV. CHARGED TO PAT	55,763	.584061	.584061
56	DRUGS CHARGED TO PATIENTS	5,031,215	.405136	.405136
59	CARDIAC REHAB	110,476	.753965	.753965
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	155,524	1.947275	1.947275
61	EMERGENCY	6,000,998	.469321	.469321
62	OBSERVATION BEDS (NON-DIS	594,559	1.153783	1.153783
63	OTHER OUTPATIENT SERVICE	908,004	.639395	.639395
63	50 DCHMC RHC	693,172	1.775240	1.775240
63	51 DAV NDMC RHC	989,347	1.106007	1.106007
63	52 PETERSBURG RHC	914,098	.849763	.849763
63	54 FAMILY HEALTH RHC	331,211	.930217	.930217
63	55 MARTIN RHC	889,934	.886784	.886784
63	56 RURAL HEALTH CLINIC 7			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	64,915,948		
102	LESS OBSERVATION BEDS	594,559		
103	TOTAL	64,321,389		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,643,883	618,020	2,025,863	61,802	117,500	2,464,581
38	RECOVERY ROOM	66,513	28,539	37,974	2,854	2,202	61,457
39	DELIVERY ROOM & LABOR ROO	555,578	53,018	502,560	5,302	29,148	521,128
41	RADIOLOGY-DIAGNOSTIC	2,639,744	398,524	2,241,220	39,852	129,991	2,469,901
43	RADIOISOTOPE	934,959	152,446	782,513	15,245	45,386	874,328
44	LABORATORY	3,356,134	244,236	3,111,898	24,424	180,490	3,151,220
47	BLOOD STORING, PROCESSING	264,521	8,885	255,636	889	14,827	248,805
48	INTRAVENOUS THERAPY	25,190	718	24,472	72	1,419	23,699
49	RESPIRATORY THERAPY	923,809	130,563	793,246	13,056	46,008	864,745
50	PHYSICAL THERAPY	1,082,631	98,405	984,226	9,841	57,085	1,015,705
51	OCCUPATIONAL THERAPY	214,460	14,697	199,763	1,470	11,586	201,404
52	SPEECH PATHOLOGY	116,646	9,525	107,121	953	6,213	109,480
53	ELECTROCARDIOLOGY	212,140	18,906	193,234	1,891	11,208	199,041
55	MEDICAL SUPPLIES CHARGED	1,668,865	137,424	1,531,441	13,742	88,824	1,566,299
55	30 IMPL. DEV. CHARGED TO PAT	32,569	599	31,970	60	1,854	30,655
56	DRUGS CHARGED TO PATIENTS	2,038,324	96,848	1,941,476	9,685	112,606	1,916,033
59	CARDIAC REHAB	83,295	9,658	73,637	966	4,271	78,058
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	302,848	58,309	244,539	5,831	14,183	282,834
61	EMERGENCY	2,816,393	229,262	2,587,131	22,926	150,054	2,643,413
62	OBSERVATION BEDS (NON-DIS	685,992	95,258	590,734	9,526	34,263	642,203
63	OTHER OUTPATIENT SERVICE	580,573	55,690	524,883	5,569	30,443	544,561
63	50 DCHMC RHC	1,230,547	96,941	1,133,606	9,694	65,749	1,155,104
63	51 DAV NDMC RHC	1,094,225	68,035	1,026,190	6,804	59,519	1,027,902
63	52 PETERSBURG RHC	776,767	89,257	687,510	8,926	39,876	727,965
63	54 FAMILY HEALTH RHC	308,098	36,434	271,664	3,643	15,757	288,698
63	55 MARTIN RHC	789,179	30,100	759,079	3,010	44,027	742,142
63	56 RURAL HEALTH CLINIC 7						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	25,443,883	2,780,297	22,663,586	278,033	1,314,489	23,851,361
102	LESS OBSERVATION BEDS	685,992	95,258	590,734	9,526	34,263	642,203
103	TOTAL	24,757,891	2,685,039	22,072,852	268,507	1,280,226	23,209,158

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,110,597	.346607	.363131
38	RECOVERY ROOM	723,179	.084982	.088027
39	DELIVERY ROOM & LABOR ROO	540,100	.964873	1.018841
41	RADIOLOGY-DIAGNOSTIC	10,855,690	.227521	.239496
43	RADIOISOTOPE	3,009,033	.290568	.305651
44	LABORATORY	13,649,136	.230873	.244097
47	BLOOD STORING, PROCESSING	548,995	.453201	.480208
48	INTRAVENOUS THERAPY	310,208	.076397	.080971
49	RESPIRATORY THERAPY	1,937,444	.446333	.470080
50	PHYSICAL THERAPY	2,720,089	.373409	.394395
51	OCCUPATIONAL THERAPY	856,774	.235072	.248595
52	SPEECH PATHOLOGY	199,869	.547759	.578844
53	ELECTROCARDIOLOGY	1,610,215	.123611	.130572
55	MEDICAL SUPPLIES CHARGED	4,170,318	.375583	.396882
55	30 IMPL. DEV. CHARGED TO PAT	55,763	.549737	.582985
56	DRUGS CHARGED TO PATIENTS	5,031,215	.380829	.403211
59	CARDIAC REHAB	110,476	.706561	.745221
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	155,524	1.818587	1.909782
61	EMERGENCY	6,000,998	.440496	.465500
62	OBSERVATION BEDS (NON-DIS	594,559	1.080133	1.137761
63	OTHER OUTPATIENT SERVICE	908,004	.599734	.633262
63	50 DCHMC RHC	693,172	1.666403	1.761256
63	51 DAV NDMC RHC	989,347	1.038970	1.099130
63	52 PETERSBURG RHC	914,098	.796375	.839999
63	54 FAMILY HEALTH RHC	331,211	.871644	.919218
63	55 MARTIN RHC	889,934	.833929	.883401
63	56 RURAL HEALTH CLINIC 7			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	64,915,948		
102	LESS OBSERVATION BEDS	594,559		
103	TOTAL	64,321,389		



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	5,619	2,579			98.10	253,000
26	INTENSIVE CARE UNIT	581	364			171.90	62,572
31	SUBPROVIDER	2,743	2,248			75.94	170,713
31 01	SUBPROVIDER 2-PSYCH	4,432	3,793			63.46	240,704
33	NURSERY	790				23.93	
101	TOTAL	14,165	8,984				726,989





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

PROVIDER NO: 15-0061  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					5,619	
26	INTENSIVE CARE UNIT					581	
31	SUBPROVIDER					2,743	
31 01	SUBPROVIDER 2-PSYCH					4,432	
33	NURSERY					790	
101	TOTAL					14,165	

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

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		2,579
26	INTENSIVE CARE UNIT		364
31	SUBPROVIDER		2,248
31 01	SUBPROVIDER 2-PSYCH		3,793
33	NURSERY		
101	TOTAL		8,984

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	54 FAMILY HEALTH RHC						
63	55 MARTIN RHC						
63	56 RURAL HEALTH CLINIC 7						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			7,110,597			690,906	
38	RECOVERY ROOM			723,179			67,876	
39	DELIVERY ROOM & LABOR ROO			540,100			145	
41	RADIOLOGY-DIAGNOSTIC			10,855,690			1,171,380	
43	RADIOISOTOPE			3,009,033			111,394	
44	LABORATORY			13,649,136			1,542,244	
47	BLOOD STORING, PROCESSING			548,995			225,592	
48	INTRAVENOUS THERAPY			310,208			67	
49	RESPIRATORY THERAPY			1,937,444			416,620	
50	PHYSICAL THERAPY			2,720,089			135,490	
51	OCCUPATIONAL THERAPY			856,774			66,468	
52	SPEECH PATHOLOGY			199,869			16,588	
53	ELECTROCARDIOLOGY			1,610,215			369,197	
55	MEDICAL SUPPLIES CHARGED			4,170,318			1,394,362	
55	30 IMPL. DEV. CHARGED TO PAT			55,763			2,415	
56	DRUGS CHARGED TO PATIENTS			5,031,215			1,385,273	
59	CARDIAC REHAB			110,476				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			155,524			82	
61	EMERGENCY			6,000,998			725,920	
62	OBSERVATION BEDS (NON-DIS			594,559			22,834	
63	OTHER OUTPATIENT SERVICE			908,004				
63	50 DCHMC RHC							
63	51 DAV NDMC RHC							
63	52 PETERSBURG RHC							
63	54 FAMILY HEALTH RHC							
63	55 MARTIN RHC							
63	56 RURAL HEALTH CLINIC 7							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			61,098,186			8,344,853	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,558,955					
38	RECOVERY ROOM	73,321					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	2,802,891					
43	RADIOISOTOPE	678,327					
44	LABORATORY	128,394					
47	BLOOD STORING, PROCESSING	100,309					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	149,056					
50	PHYSICAL THERAPY	11,033					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	10,410					
53	ELECTROCARDIOLOGY	723,137					
55	MEDICAL SUPPLIES CHARGED	495,371					
55	30 IMPL. DEV. CHARGED TO PAT	53,348					
56	DRUGS CHARGED TO PATIENTS	984,144					
59	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	36,177					
61	EMERGENCY	1,068,783					
62	OBSERVATION BEDS (NON-DIS	158,601					
63	OTHER OUTPATIENT SERVICE	282,649					
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	54 FAMILY HEALTH RHC						
63	55 MARTIN RHC						
63	56 RURAL HEALTH CLINIC 7						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	9,314,906					











APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
15-T061		PART II

PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.086915	412
38	RECOVERY ROOM	.039463	
39	DELIVERY ROOM & LABOR ROO	.098163	
41	RADIOLOGY-DIAGNOSTIC	.036711	3,462
43	RADIOISOTOPE	.050663	110
44	LABORATORY	.017894	3,228
47	BLOOD STORING, PROCESSING	.016184	335
48	INTRAVENOUS THERAPY	.002315	
49	RESPIRATORY THERAPY	.067389	5,496
50	PHYSICAL THERAPY	.036177	22,642
51	OCCUPATIONAL THERAPY	.017154	7,722
52	SPEECH PATHOLOGY	.047656	1,997
53	ELECTROCARDIOLOGY	.011741	103
55	MEDICAL SUPPLIES CHARGED	.032953	7,289
55	30 IMPL. DEV. CHARGED TO PAT	.010742	
56	DRUGS CHARGED TO PATIENTS	.019249	7,127
59	CARDIAC REHAB	.087422	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.374920	
61	EMERGENCY	.038204	155
62	OBSERVATION BEDS (NON-DIS	.160216	
63	OTHER OUTPATIENT SERVICE	.061332	
63	50 DCHMC RHC		
63	51 DAV NDMC RHC		
63	52 PETERSBURG RHC		
63	54 FAMILY HEALTH RHC		
63	55 MARTIN RHC		
63	56 RURAL HEALTH CLINIC 7		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		60,078



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			7,110,597			4,741	
38	RECOVERY ROOM			723,179				
39	DELIVERY ROOM & LABOR ROO			540,100				
41	RADIOLOGY-DIAGNOSTIC			10,855,690			94,293	
43	RADIOISOTOPE			3,009,033			2,172	
44	LABORATORY			13,649,136			180,379	
47	BLOOD STORING, PROCESSING			548,995			20,721	
48	INTRAVENOUS THERAPY			310,208			34	
49	RESPIRATORY THERAPY			1,937,444			81,555	
50	PHYSICAL THERAPY			2,720,089			625,870	
51	OCCUPATIONAL THERAPY			856,774			450,155	
52	SPEECH PATHOLOGY			199,869			41,914	
53	ELECTROCARDIOLOGY			1,610,215			8,741	
55	MEDICAL SUPPLIES CHARGED			4,170,318			221,201	
55	30 IMPL. DEV. CHARGED TO PAT			55,763				
56	DRUGS CHARGED TO PATIENTS			5,031,215			370,229	
59	CARDIAC REHAB			110,476				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			155,524				
61	EMERGENCY			6,000,998			4,049	
62	OBSERVATION BEDS (NON-DIS			594,559				
63	OTHER OUTPATIENT SERVICE			908,004				
63	50 DCHMC RHC							
63	51 DAV NDMC RHC							
63	52 PETERSBURG RHC							
63	54 FAMILY HEALTH RHC							
63	55 MARTIN RHC							
63	56 RURAL HEALTH CLINIC 7							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			61,098,186			2,106,054	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	54 FAMILY HEALTH RHC						
63	55 MARTIN RHC						
63	56 RURAL HEALTH CLINIC 7						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/25/2011
15-0061	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART II
15-S061		

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.086915	658
38	RECOVERY ROOM	.039463	
39	DELIVERY ROOM & LABOR ROO	.098163	
41	RADIOLOGY-DIAGNOSTIC	.036711	4,094
43	RADIOISOTOPE	.050663	260
44	LABORATORY	.017894	6,425
47	BLOOD STORING, PROCESSING	.016184	28
48	INTRAVENOUS THERAPY	.002315	
49	RESPIRATORY THERAPY	.067389	1,965
50	PHYSICAL THERAPY	.036177	2,168
51	OCCUPATIONAL THERAPY	.017154	87
52	SPEECH PATHOLOGY	.047656	170
53	ELECTROCARDIOLOGY	.011741	396
55	MEDICAL SUPPLIES CHARGED	.032953	1,658
55	30 IMPL. DEV. CHARGED TO PAT	.010742	
56	DRUGS CHARGED TO PATIENTS	.019249	13,905
59	CARDIAC REHAB	.087422	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.374920	
61	EMERGENCY	.038204	3,173
62	OBSERVATION BEDS (NON-DIS	.160216	
63	OTHER OUTPATIENT SERVICE	.061332	21
63	50 DCHMC RHC		
63	51 DAV NDMC RHC		
63	52 PETERSBURG RHC		
63	54 FAMILY HEALTH RHC		
63	55 MARTIN RHC		
63	56 RURAL HEALTH CLINIC 7		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		35,008



TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			7,110,597			7,568	
38	RECOVERY ROOM			723,179				
39	DELIVERY ROOM & LABOR ROO			540,100				
41	RADIOLOGY-DIAGNOSTIC			10,855,690			111,507	
43	RADIOISOTOPE			3,009,033			5,129	
44	LABORATORY			13,649,136			359,061	
47	BLOOD STORING, PROCESSING			548,995			1,750	
48	INTRAVENOUS THERAPY			310,208				
49	RESPIRATORY THERAPY			1,937,444			29,163	
50	PHYSICAL THERAPY			2,720,089			59,914	
51	OCCUPATIONAL THERAPY			856,774			5,098	
52	SPEECH PATHOLOGY			199,869			3,564	
53	ELECTROCARDIOLOGY			1,610,215			33,706	
55	MEDICAL SUPPLIES CHARGED			4,170,318			50,321	
55	30 IMPL. DEV. CHARGED TO PAT			55,763				
56	DRUGS CHARGED TO PATIENTS			5,031,215			722,395	
59	CARDIAC REHAB			110,476				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			155,524				
61	EMERGENCY			6,000,998			83,049	
62	OBSERVATION BEDS (NON-DIS			594,559				
63	OTHER OUTPATIENT SERVICE			908,004			343	
63	50 DCHMC RHC							
63	51 DAV NDMC RHC							
63	52 PETERSBURG RHC							
63	54 FAMILY HEALTH RHC							
63	55 MARTIN RHC							
63	56 RURAL HEALTH CLINIC 7							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			61,098,186			1,472,568	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	54 FAMILY HEALTH RHC						
63	55 MARTIN RHC						
63	56 RURAL HEALTH CLINIC 7						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				551,235		551,235
26	INTENSIVE CARE UNIT				99,874		99,874
31	SUBPROVIDER				208,315		208,315
31 01	SUBPROVIDER 2-PSYCH				281,269		281,269
33	NURSERY				18,905		18,905
101	TOTAL				1,159,598		1,159,598

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	5,619	771			98.10	75,635
26	INTENSIVE CARE UNIT	581	48			171.90	8,251
31	SUBPROVIDER	2,743	69			75.94	5,240
31	01 SUBPROVIDER 2-PSYCH	4,432	208			63.46	13,200
33	NURSERY	790	436			23.93	10,433
101	TOTAL	14,165	1,532				112,759

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0061  
 COMPONENT NO: 15-0061  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		618,020	7,110,597	339,033		
38	RECOVERY ROOM		28,539	723,179	37,846		
39	DELIVERY ROOM & LABOR ROO		53,018	540,100	182,172		
41	RADIOLOGY-DIAGNOSTIC		398,524	10,855,690	176,215		
43	RADIOISOTOPE		152,446	3,009,033	41,026		
44	LABORATORY		244,236	13,649,136	311,530		
47	BLOOD STORING, PROCESSING		8,885	548,995	68,320		
48	INTRAVENOUS THERAPY		718	310,208	27,275		
49	RESPIRATORY THERAPY		130,563	1,937,444	107,266		
50	PHYSICAL THERAPY		98,405	2,720,089	10,047		
51	OCCUPATIONAL THERAPY		14,697	856,774	853		
52	SPEECH PATHOLOGY		9,525	199,869	7,210		
53	ELECTROCARDIOLOGY		18,906	1,610,215	39,732		
55	MEDICAL SUPPLIES CHARGED		137,424	4,170,318	273,067		
55	30 IMPL. DEV. CHARGED TO PAT		599	55,763			
56	DRUGS CHARGED TO PATIENTS		96,848	5,031,215	295,813		
59	CARDIAC REHAB		9,658	110,476			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		58,309	155,524	477		
61	EMERGENCY		229,262	6,000,998	101,755		
62	OBSERVATION BEDS (NON-DIS		95,258	594,559			
63	OTHER OUTPATIENT SERVICE		55,690	908,004	1,991		
63	50 DCHMC RHC		96,941	693,172			
63	51 DAV NDMC RHC		68,035	989,347			
63	52 PETERSBURG RHC		89,257	914,098			
63	54 FAMILY HEALTH RHC		36,434	331,211			
63	55 MARTIN RHC		30,100	889,934			
63	56 RURAL HEALTH CLINIC 7						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,780,297	64,915,948	2,021,628		



APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

PROVIDER NO: 15-0061  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS					5,619	
25	ADULTS & PEDIATRICS					581	
26	INTENSIVE CARE UNIT					2,743	
31	SUBPROVIDER					4,432	
31 01	SUBPROVIDER 2-PSYCH					790	
33	NURSERY					14,165	
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

PROVIDER NO:	PERIOD:	PREPARED 5/25/2011
15-0061	FROM 1/ 1/2010	WORKSHEET D
	TO 12/31/2010	PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		771
26	INTENSIVE CARE UNIT		48
31	SUBPROVIDER		69
31	01 SUBPROVIDER 2-PSYCH		208
33	NURSERY		436
101	TOTAL	1,532	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	54 FAMILY HEALTH RHC						
63	55 MARTIN RHC						
63	56 RURAL HEALTH CLINIC 7						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			7,110,597			339,033	
38	RECOVERY ROOM			723,179			37,846	
39	DELIVERY ROOM & LABOR ROO			540,100			182,172	
41	RADIOLOGY-DIAGNOSTIC			10,855,690			176,215	
43	RADIOISOTOPE			3,009,033			41,026	
44	LABORATORY			13,649,136			311,530	
47	BLOOD STORING, PROCESSING			548,995			68,320	
48	INTRAVENOUS THERAPY			310,208			27,275	
49	RESPIRATORY THERAPY			1,937,444			107,266	
50	PHYSICAL THERAPY			2,720,089			10,047	
51	OCCUPATIONAL THERAPY			856,774			853	
52	SPEECH PATHOLOGY			199,869			7,210	
53	ELECTROCARDIOLOGY			1,610,215			39,732	
55	MEDICAL SUPPLIES CHARGED			4,170,318			273,067	
55	30 IMPL. DEV. CHARGED TO PAT			55,763				
56	DRUGS CHARGED TO PATIENTS			5,031,215			295,813	
59	CARDIAC REHAB			110,476				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			155,524			477	
61	EMERGENCY			6,000,998			101,755	
62	OBSERVATION BEDS (NON-DIS			594,559				
63	OTHER OUTPATIENT SERVICE			908,004			1,991	
63	50 DCHMC RHC			693,172				
63	51 DAV NDMC RHC			989,347				
63	52 PETERSBURG RHC			914,098				
63	54 FAMILY HEALTH RHC			331,211				
63	55 MARTIN RHC			889,934				
63	56 RURAL HEALTH CLINIC 7							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			64,915,948			2,021,628	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	898,859					
38	RECOVERY ROOM	154,352					
39	DELIVERY ROOM & LABOR ROO	45,434					
41	RADIOLOGY-DIAGNOSTIC	1,659,954					
43	RADIOISOTOPE	310,765					
44	LABORATORY	1,365,724					
47	BLOOD STORING, PROCESSING	12,967					
48	INTRAVENOUS THERAPY	27,924					
49	RESPIRATORY THERAPY	213,784					
50	PHYSICAL THERAPY	127,594					
51	OCCUPATIONAL THERAPY	19,035					
52	SPEECH PATHOLOGY	25,647					
53	ELECTROCARDIOLOGY	137,193					
55	MEDICAL SUPPLIES CHARGED	312,296					
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	205,318					
59	CARDIAC REHAB	17,564					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	12,561					
61	EMERGENCY	1,192,445					
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE	75,295					
63	50 DCHMC RHC						
63	51 DAV NDMC RHC						
63	52 PETERSBURG RHC						
63	54 FAMILY HEALTH RHC						
63	55 MARTIN RHC						
63	56 RURAL HEALTH CLINIC 7						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	6,814,711					

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.346607				898,859
38 RECOVERY ROOM	.084982				154,352
39 DELIVERY ROOM & LABOR ROOM	.964873				45,434
41 RADIOLOGY-DIAGNOSTIC	.227521				1,659,954
43 RADIOISOTOPE	.290568				310,765
44 LABORATORY	.230873				1,365,724
47 BLOOD STORING, PROCESSING & TRANS.	.453201				12,967
48 INTRAVENOUS THERAPY	.076397				27,924
49 RESPIRATORY THERAPY	.446333				213,784
50 PHYSICAL THERAPY	.373409				127,594
51 OCCUPATIONAL THERAPY	.235072				19,035
52 SPEECH PATHOLOGY	.547759				25,647
53 ELECTROCARDIOLOGY	.123611				137,193
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.375583				312,296
55 30 IMPL. DEV. CHARGED TO PATIENT	.549737				
56 DRUGS CHARGED TO PATIENTS	.380829				205,318
59 CARDIAC REHAB	.706561				17,564
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.818587				12,561
61 EMERGENCY	.440496				1,192,445
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.080133				
63 OTHER OUTPATIENT SERVICE COST CENTER	.599734				75,295
63 50 DCHMC RHC	1.666403				
63 51 DAV NDMC RHC	1.038970				
63 52 PETERSBURG RHC	.796375				
63 54 FAMILY HEALTH RHC	.871644				
63 55 MARTIN RHC	.833929				
63 56 RURAL HEALTH CLINIC 7					
101 SUBTOTAL					6,814,711
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					6,814,711









TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	971
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	706.48
85	OBSERVATION BED COST	685,992

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,969,692		685,992	
87	NEW CAPITAL-RELATED COST	551,235	.138861	685,992	95,258
88	NON PHYSICIAN ANESTHETIST	3,969,692		685,992	
89	MEDICAL EDUCATION	3,969,692		685,992	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				





TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	993.26
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,724,521			
87	NEW CAPITAL-RELATED COST	208,315	.076459		
88	NON PHYSICIAN ANESTHETIST	2,724,521			
89	MEDICAL EDUCATION	2,724,521			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				







INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0061  
 COMPONENT NO: 15-0061  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D-4

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		1,661,707	
26	INTENSIVE CARE UNIT		641,659	
31	SUBPROVIDER			
31 01	SUBPROVIDER 2-PSYCH			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.371823	690,906	256,895
38	RECOVERY ROOM	.091973	67,876	6,243
39	DELIVERY ROOM & LABOR ROOM	1.028658	145	149
41	RADIOLOGY-DIAGNOSTIC	.243167	1,171,380	284,841
43	RADIOISOTOPE	.310717	111,394	34,612
44	LABORATORY	.245886	1,542,244	379,216
47	BLOOD STORING, PROCESSING & TRANS.	.481828	225,592	108,697
48	INTRAVENOUS THERAPY	.081204	67	5
49	RESPIRATORY THERAPY	.476818	416,620	198,652
50	PHYSICAL THERAPY	.398013	135,490	53,927
51	OCCUPATIONAL THERAPY	.250311	66,468	16,638
52	SPEECH PATHOLOGY	.583612	16,588	9,681
53	ELECTROCARDIOLOGY	.131746	369,197	48,640
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.400177	1,394,362	557,992
55 30	IMPL. DEV. CHARGED TO PATIENT	.584061	2,415	1,411
56	DRUGS CHARGED TO PATIENTS	.405136	1,385,273	561,224
59	CARDIAC REHAB	.753965		
60	OUTPAT SERVICE COST CNTRS CLINIC	1.947275	82	160
61	EMERGENCY	.469321	725,920	340,690
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.153783	22,834	26,345
63	OTHER OUTPATIENT SERVICE COST CENTER	.639395		
63 50	DCHMC RHC			
63 51	DAV NDMC RHC			
63 52	PETERSBURG RHC			
63 54	FAMILY HEALTH RHC			
63 55	MARTIN RHC			
63 56	RURAL HEALTH CLINIC 7			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		8,344,853	2,886,018
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,344,853	

TITLE XVIII, PART A      SUBPROVIDER 1

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			
31	SUBPROVIDER		2,052,775	
31 01	SUBPROVIDER 2-PSYCH			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.371823	4,741	1,763
38	RECOVERY ROOM	.091973		
39	DELIVERY ROOM & LABOR ROOM	1.028658		
41	RADIOLOGY-DIAGNOSTIC	.243167	94,293	22,929
43	RADIOISOTOPE	.310717	2,172	675
44	LABORATORY	.245886	180,379	44,353
47	BLOOD STORING, PROCESSING & TRANS.	.481828	20,721	9,984
48	INTRAVENOUS THERAPY	.081204	34	3
49	RESPIRATORY THERAPY	.476818	81,555	38,887
50	PHYSICAL THERAPY	.398013	625,870	249,104
51	OCCUPATIONAL THERAPY	.250311	450,155	112,679
52	SPEECH PATHOLOGY	.583612	41,914	24,462
53	ELECTROCARDIOLOGY	.131746	8,741	1,152
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.400177	221,201	88,520
55 30	IMPL. DEV. CHARGED TO PATIENT	.584061		
56	DRUGS CHARGED TO PATIENTS	.405136	370,229	149,993
59	CARDIAC REHAB	.753965		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.947275		
61	EMERGENCY	.469321	4,049	1,900
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.153783		
63	OTHER OUTPATIENT SERVICE COST CENTER	.639395		
63 50	DCHMC RHC			
63 51	DAV NDMC RHC			
63 52	PETERSBURG RHC			
63 54	FAMILY HEALTH RHC			
63 55	MARTIN RHC			
63 56	RURAL HEALTH CLINIC 7			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,106,054	746,404
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,106,054	

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			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2-PSYCH		3,849,057	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.371823	7,568	2,814
38	RECOVERY ROOM	.091973		
39	DELIVERY ROOM & LABOR ROOM	1.028658		
41	RADIOLOGY-DIAGNOSTIC	.243167	111,507	27,115
43	RADIOISOTOPE	.310717	5,129	1,594
44	LABORATORY	.245886	359,061	88,288
47	BLOOD STORING, PROCESSING & TRANS.	.481828	1,750	843
48	INTRAVENOUS THERAPY	.081204		
49	RESPIRATORY THERAPY	.476818	29,163	13,905
50	PHYSICAL THERAPY	.398013	59,914	23,847
51	OCCUPATIONAL THERAPY	.250311	5,098	1,276
52	SPEECH PATHOLOGY	.583612	3,564	2,080
53	ELECTROCARDIOLOGY	.131746	33,706	4,441
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.400177	50,321	20,137
55	30 IMPL. DEV. CHARGED TO PATIENT	.584061		
56	DRUGS CHARGED TO PATIENTS	.405136	722,395	292,668
59	CARDIAC REHAB	.753965		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.947275		
61	EMERGENCY	.469321	83,049	38,977
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.153783		
63	OTHER OUTPATIENT SERVICE COST CENTER	.639395	343	219
63	50 DCHMC RHC			
63	51 DAV NDMC RHC			
63	52 PETERSBURG RHC			
63	54 FAMILY HEALTH RHC			
63	55 MARTIN RHC			
63	56 RURAL HEALTH CLINIC 7			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,472,568	518,204
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,472,568	





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			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2-PSYCH		215,982	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.371823	134	50
38	RECOVERY ROOM	.091973		
39	DELIVERY ROOM & LABOR ROOM	1.028658		
41	RADIOLOGY-DIAGNOSTIC	.243167	6,085	1,480
43	RADIOISOTOPE	.310717		
44	LABORATORY	.245886	32,135	7,902
47	BLOOD STORING, PROCESSING & TRANS.	.481828		
48	INTRAVENOUS THERAPY	.081204	127	10
49	RESPIRATORY THERAPY	.476818		
50	PHYSICAL THERAPY	.398013	2,922	1,163
51	OCCUPATIONAL THERAPY	.250311	712	178
52	SPEECH PATHOLOGY	.583612	633	369
53	ELECTROCARDIOLOGY	.131746	3,615	476
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.400177	820	328
55	30 IMPL. DEV. CHARGED TO PATIENT	.584061		
56	DRUGS CHARGED TO PATIENTS	.405136	32,858	13,312
59	CARDIAC REHAB	.753965		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.947275		
61	EMERGENCY	.469321	3,706	1,739
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.153783		
63	OTHER OUTPATIENT SERVICE COST CENTER	.639395	19,259	12,314
63	50 DCHMC RHC	1.775240		
63	51 DAV NDMC RHC	1.106007		
63	52 PETERSBURG RHC	.849763		
63	54 FAMILY HEALTH RHC	.930217		
63	55 MARTIN RHC	.886784		
63	56 RURAL HEALTH CLINIC 7			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		103,006	39,321
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		103,006	







TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,268,706		2,061,025
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM	7/26/2010	32,560	7/26/2010	5,537
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		-32,560		-5,537
4 TOTAL INTERIM PAYMENTS		5,236,146		2,055,488
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		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		60,616		123,958
7 TOTAL MEDICARE PROGRAM LIABILITY		5,175,530		2,179,446

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.

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,670,402		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	7/26/2010	8,562		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-8,562		NONE
4 TOTAL INTERIM PAYMENTS		2,661,840		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	371		
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM			
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		2,662,211		

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.



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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		2,614,373
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0210
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		54,988
1.05	OUTLIER PAYMENTS		34,540
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		2,703,901
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		7.515068
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		2,703,901
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		2,703,901
7	DEDUCTIBLES		25,300
8	SUBTOTAL		2,678,601
9	COINSURANCE		18,700
10	SUBTOTAL		2,659,901
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV S)		3,300
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		2,310
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		3,300
12	SUBTOTAL		2,662,211
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,662,211
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,661,840
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	371
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

50	----- FI ONLY ----- ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	



PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,071,407
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,019,862
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	51,545
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

50	----- FI ONLY ----- ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

BALANCE SHEET

	GENERAL FUND	SPECI FIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,236,702			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	14,105,542			
5 OTHER RECEIVABLES	1,651,157			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-6,545,670			
7 INVENTORY	980,025			
8 PREPAID EXPENSES	1,102,775			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	13,530,531			
FIXED ASSETS				
12 LAND	1,280,955			
12.01 LAND IMPROVEMENTS	687,865			
13.01 LESS ACCUMULATED DEPRECIATION	-412,739			
14 BUILDINGS	60,039,806			
14.01 LESS ACCUMULATED DEPRECIATION	-35,085,343			
15 LEASEHOLD IMPROVEMENTS	39,119			
15.01 LESS ACCUMULATED DEPRECIATION	-26,507			
16 FIXED EQUIPMENT	3,500,151			
16.01 LESS ACCUMULATED DEPRECIATION	-2,487,159			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	23,520,327			
18.01 LESS ACCUMULATED DEPRECIATION	-15,823,152			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	35,233,323			
OTHER ASSETS				
22 INVESTMENTS	5,030,375			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,967,331			
26 TOTAL OTHER ASSETS	6,997,706			
27 TOTAL ASSETS	55,761,560			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,250,861			
29 SALARIES, WAGES & FEES PAYABLE	712,265			
30 PAYROLL TAXES PAYABLE	68,852			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,385,280			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,536,349			
36 TOTAL CURRENT LIABILITIES	5,953,607			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	16,830,151			
42 TOTAL LONG-TERM LIABILITIES	16,830,151			
43 TOTAL LIABILITIES	22,783,758			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	32,977,802			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	32,977,802			
52 TOTAL LIABILITIES AND FUND BALANCES	55,761,560			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		34,743,299		
2 OF PERIOD				
3 NET INCOME (LOSS)		-1,765,497		
4 TOTAL		32,977,802		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		32,977,802		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		32,977,802		
PERIOD PER BALANCE SHEET				

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



STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	82,191,792
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	41,199,333
3	NET PATIENT REVENUES	40,992,459
4	LESS: TOTAL OPERATING EXPENSES	43,730,358
5	NET INCOME FROM SERVICE TO PATIENTS	-2,737,899
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	7,622
7	INCOME FROM INVESTMENTS	103,552
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	2,314
11	REBATES AND REFUNDS OF EXPENSES	65,226
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	205,513
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	17,834
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	14,508
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	193,934
23	GOVERNMENTAL APPROPRIATIONS	59,355
24	IDENTIFIED ON TRIAL BALANCE	302,544
25	TOTAL OTHER INCOME	972,402
26	TOTAL	-1,765,497
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,765,497

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	76,900				53,319	130,219
HHA REIMBURSABLE SERVICES						
6	256,258		16,655			272,913
7	65,367		8,840			74,207
8	17,367		1,692			19,059
9	1,155		246			1,401
10			41			41
11	45,833		10,057			55,890
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	462,880		37,531		53,319	553,730

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		130,219		130,219
HHA REIMBURSABLE SERVICES				
6		272,913		272,913
7	-74,207			
8	-19,059			
9	-1,401			
10		41		41
11		55,890		55,890
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24	-94,667	459,063		459,063

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		130,219				130,219	130,219
6							
7							
8							
9							
10		41				41	16
11		55,890				55,890	22,132
12							
13							
13. 20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		459,063				459,063	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11		57					
12		78,022					
13							
13. 20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		459,063					

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL					
	HHA REIMBURSABLE SERVICES				-130,219	328,844
6	SKILLED NURSING CARE					272,913
7	PHYSICAL THERAPY					
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					41
11	HOME HEALTH AIDE					55,890
12	SUPPLIES					
13	DRUGS					
13. 20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23. 50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-130,219	328,844
25	COST TO BE ALLOCATED					130,219
26	UNIT COST MULTIPLIER					.395990

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINI STRATI VE & GENERAL 6
1 ADMIN & GENERAL		13,664	13,144	18,951	45,759	6,723
2 SKILLED NURSING CARE	380,984			72,756	453,740	66,661
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	57				57	8
7 HOME HEALTH AIDE	78,022			7,579	85,601	12,576
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINI STERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	459,063	13,664	13,144	99,286	585,157	85,968
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	MAI NTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPI NG 10	DI ETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	7,428	11,263		5,129		1,646
2 SKILLED NURSING CARE						5,489
3 PHYSICAL THERAPY						669
4 OCCUPATIONAL THERAPY						529
5 SPEECH PATHOLOGY						47
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						1,534
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINI STERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	7,428	11,263		5,129		9,914
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 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
1 ADMIN & GENERAL	9,657	1,253		6,971	21,850	117,679
2 SKILLED NURSING CARE	32,196					558,086
3 PHYSICAL THERAPY	3,924					4,593
4 OCCUPATIONAL THERAPY	3,103					3,632
5 SPEECH PATHOLOGY	277					324
6 MEDICAL SOCIAL SERVICES						65
7 HOME HEALTH AIDE	8,999					108,710
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	58,156	1,253		6,971	21,850	793,089
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 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		117,679		
2 SKILLED NURSING CARE		558,086	97,238	655,324
3 PHYSICAL THERAPY		4,593	800	5,393
4 OCCUPATIONAL THERAPY		3,632	633	4,265
5 SPEECH PATHOLOGY		324	56	380
6 MEDICAL SOCIAL SERVICES		65	11	76
7 HOME HEALTH AIDE		108,710	18,941	127,651
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		793,089	117,679	793,089
21 UNIT COST MULTIPLIER			0.174233	

(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 ) 3	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE ) 4	EMPLOYEE BEN EFITS ( GROSS SALARIES ) 5	RECONCI LI ATI ON 6A	ADMI NI STRATI VE & GENERAL ( ACCUM. COST ) 6	MAI NTENANCE & REPAI RS (SQUARE FEET ) 7
1 ADMIN & GENERAL	1,365	11,752	72,339		45,759	1,365
2 SKI LLED NURSING CARE			277,720		453,740	
3 PHYSI CAL THERAPY						
4 OCCUPATI ONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDI CAL SOCI AL SERVI CES					57	
7 HOME HEALTH AI DE			28,932		85,601	
8 SUPPLI ES						
9 DRUGS						
9.20 COST ADMI NI STERING DRUGS						
10 DME						
11 HOME DI ALYSI S AI DE SVCS						
12 RESPI RATORY THERAPY						
13 PRI VATE DUTY NURSING						
14 CLI NIC						
15 HEALTH PROM ACTI VI TI ES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVI CE						
19 ALL OTHER						
19.50 TELEMEDI CI NE						
20 TOTAL (SUM OF 1-19)	1,365	11,752	378,991		585,157	1,365
21 COST TO BE ALLOCATED	13,664	13,144	99,286		85,968	7,428
22 UNI T COST MULI PLI ER	10.010256	1.118448	0.261975		0.146914	5.441758

HHA COST CENTER	OPERATI ON OF PLANT (SQUARE FEET ) 8	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY ) 9	HOUSEKEEPI NG (SQUARE FEET ) 10	DI ETARY (MEALS SERVED ) 11	CAFETERI A (HOURS PAI D ) 12	NURSING ADMI NI STRATI ON (DI RECT ) (NRSING HRS ) 14
1 ADMIN & GENERAL	1,365		1,365		3,448	3,448
2 SKI LLED NURSING CARE					11,496	11,496
3 PHYSI CAL THERAPY					1,401	1,401
4 OCCUPATI ONAL THERAPY					1,108	1,108
5 SPEECH PATHOLOGY					99	99
6 MEDI CAL SOCI AL SERVI CES						
7 HOME HEALTH AI DE					3,213	3,213
8 SUPPLI ES						
9 DRUGS						
9.20 COST ADMI NI STERING DRUGS						
10 DME						
11 HOME DI ALYSI S AI DE SVCS						
12 RESPI RATORY THERAPY						
13 PRI VATE DUTY NURSING						
14 CLI NIC						
15 HEALTH PROM ACTI VI TI ES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVI CE						
19 ALL OTHER						
19.50 TELEMEDI CI NE						
20 TOTAL (SUM OF 1-19)	1,365		1,365		20,765	20,765
21 COST TO BE ALLOCATED	11,263		5,129		9,914	58,156
22 UNI T COST MULI PLI ER	8.251282		3.757509		0.477438	2.800674

HHA 1

HHA COST CENTER	CENTRAL SERV ICES & SUPPL	PHARMACY	MEDICAL RECO RDS & LIBRAR	SOCIAL SERVI CE
	(COSTED REQUIS. ) 15	(COSTED REQUIS. ) 16	(GROSS CHARGES ) 17	(TIME SPENT ) 18
1 ADMIN & GENERAL	3,039		563,510	549
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)	3,039		563,510	549
21 COST TO BE ALLOCATED	1,253		6,971	21,850
22 UNIT COST MULTIPLIER	0.412307		0.012371	39.799636

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

PART I - APPORTIONMENT OF HHA COST CENTERS:  
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDI CARE LI MITATION

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACI LI TY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKI LLED NURSING	2	655,324		655,324	2,845	230.34	1,233
2	PHYSI CAL THERAPY	3	5,393	62,291	67,684	1,510	44.82	876
3	OCCUPATI ONAL THERAPY	4	4,265	6,686	10,951	289	37.89	183
4	SPEECH PATHOLOGY	5	380	1,254	1,634	42	38.90	30
5	MEDI CAL SOCI AL SERVI CES	6	76		76	7	10.86	3
6	HOME HEALTH AI DE SERVI CE	7	127,651		127,651	1,718	74.30	488
7	TOTAL		793,089	70,231	863,320	6,411		2,813

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	9	10	11	12
1	SKI LLED NURSING	830		284,009	191,182		475,191
2	PHYSI CAL THERAPY	438		39,262	19,631		58,893
3	OCCUPATI ONAL THERAPY	74		6,934	2,804		9,738
4	SPEECH PATHOLOGY	5		1,167	195		1,362
5	MEDI CAL SOCI AL SERVI CES	3		33	33		66
6	HOME HEALTH AI DE SERVI CES	630		36,258	46,809		83,067
7	TOTAL	1,980		367,663	260,654		628,317

LI MITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LI MITS	PROGRAM VISITS
						5	PART A
							6
8	SKI LLED NURSING	9915					
9	PHYSI CAL THERAPY	9915					
10	OCCUPATI ONAL THERAPY	9915					
11	SPEECH PATHOLOGY	9915					
12	MEDI CAL SOCI AL SERVI CES	9915					
13	HOME HEALTH AI DE SERVI CE	9915					
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	9	10	11	12
8	SKI LLED NURSING						
9	PHYSI CAL THERAPY						
10	OCCUPATI ONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDI CAL SOCI AL SERVI CES						
13	HOME HEALTH AI DE SERVI CE						
14	TOTAL						

[ ] TITLE V [X] TITLE XVIII [ ] 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 LI MI TATION

SUPPLI ES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACI LI TY COSTS (FROM WKST H-5 PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDI CAL SUPPLI ES	8.00		3, 638	3, 638	7, 338	. 495775	4, 354
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----		
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
15 COST OF MEDI CAL SUPPLI ES	2, 984		2, 159	1, 479	
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LI MI TATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4	9915	
17 PER BENE COST LI MI TATION (FRM FI)	9915	
18 PER BENE COST LI MI TATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCI LLARY COSTS	TRANSFER TO PART I AS INDI CATED
		1	2	3	4
1 PHYSI CAL THERAPY	50	. 398013	156, 506	62, 291	COL 2, LN 2
2 OCCUPATI ONAL THERAPY	51	. 250311	26, 710	6, 686	COL 2, LN 3
3 SPEECH PATHOLOGY	52	. 583612	2, 149	1, 254	COL 2, LN 4
4 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	55	. 400177	9, 091	3, 638	COL 2, LN 15
4.30 I MPL. DEV. CHARGED TO PATI ENT	55.30	. 584061			
5 DRUGS CHARGED TO PATI ENTS	56	. 405136			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----							
	FROM PART I, COL 5	COST PER VISIT	PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 12/31/1998	PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 12/31/1998	PROGRAM VISITS ON OR AFTER 1/1/1999	
	1	2	3	4	5	6	7	
1 PHYSI CAL THERAPY	2	44. 82	2. 01	3	3. 01	4	5	
2 OCCUPATI ONAL THERAPY	3	37. 89						
3 SPEECH PATHOLOGY	4	38. 90						
4 TOTAL (SUM OF LINES 1-3)								

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HHA NO:	TO 12/31/2010	WORKSHEET H-7
15-7189		PARTS I & II

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	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPI SODES WI THOUT OUTLI ERS	379,327	244,122
10.02 TOTAL PPS REIMBURSEMENT-FULL EPI SODES WI TH OUTLI ERS	6,632	2,237
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPI SODES	6,813	8,105
10.04 TOTAL PPS REIMBURSEMENT-PEP EPI SODES	1,221	9,614
10.05 TOTAL PPS REIMBURSEMENT-SCIC WI THIN A PEP EPI SODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPI SODES		
10.07 TOTAL PPS OUTLI ER REIMBURSEMENT-FULL EPI SODES WI TH OUTLI ERS	632	1,980
10.08 TOTAL PPS OUTLI ER REIMBURSEMENT-PEP EPI SODES		
10.09 TOTAL PPS OUTLI ER REIMBURSEMENT-SCIC WI THIN A PEP EPI SODE		
10.10 TOTAL PPS OUTLI ER REIMBURSEMENT-SCIC EPI SODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BI LLED TO MEDI CARE PATI ENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	394,625	266,058
13 EXCESS REASONABLE COST		
14 SUBTOTAL	394,625	266,058
15 COINSURANCE BI LLED TO PROGRAM PATI ENTS		
16 NET COST	394,625	266,058
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELI GIBLE BENEFICI ARIES (SEE INSTRUCTI ONS)		
18 TOTAL COSTS - CURRENT COST REPORTI NG PERI OD	394,625	266,058
19 AMOUNTS APPLI CABLE TO PRI OR COST REPORTI NG PERI ODS RESULTI NG FROM DI SPOSITI ON OF DEPRECI ABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECI ATI ON RESULTI NG FROM AGENCI ES' TERMI NATI ON OR DECREASE I N MEDI CARE UTI LI ZATI ON		
21 OTHER ADJUSTMENTS (SPECI FY)		
22 SUBTOTAL	394,625	266,058
23 SEQUESTRATI ON ADJUSTMENT		
24 SUBTOTAL	394,625	266,058
25 INTERI M PAYMENTS	394,625	266,058
25.01 TENTATI VE SETTLEMENT (FOR FISCAL I NTERMEDI ARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT I TEMS) I N ACCORDANCE WI TH CMS PUB. 15-11 SECTI ON 115.2		

TITLE XVII I      HHA 1

DESCRIPTION	P A R T    A		P A R T    B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		394,625		266,058
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.59			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		394,625		266,058
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM	.01 .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		394,625		266,058

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.

RECLASSI FICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K
15-1553		

HOSPI CE 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			17,384	
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	94,969			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	51,769			159,921
8 INPATIENT - RESPI TE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
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 HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	29,993			
OTHER HOSPI CE 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)	176,731		17,384	159,921



RECLASSI FICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

	PROVI DER NO:		PERI OD:		PREPARED 5/25/2011
	15-0061		FROM 1/ 1/2010		WORKSHEET K
	HOSPI CE NO:		TO 12/31/2010		
	15-1553				

HOSPI CE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
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		17,384
6 VOLUNTEER SERVICE COORDINATION		
7 ADMINSTRATIVE AND GENERAL		132,363
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		222,720
10 INPATIENT - RESPI TE 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 HOMEMAKER		
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		29,993
24 OTHER HOSPI CE 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 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)		402,460

COMPENSATI ON ANALYSIS  
SALARI ES AND WAGES

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K-1
15-1553		

HOSPI CE 1

ADMINI STRATOR	DI RECTOR	SOCI AL SERVI CES	SUPERVI SORS
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		
6	ADMINISTRATIVE AND GENERAL	78,905	
7	INPATIENT CARE SERVICE		
8	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPI TE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		
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 HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPI CE 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)	78,905	

COMPENSATI ON ANALYSIS  
SALARI ES AND WAGES

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K-1
15-1553		

HOSPI CE 1

	NURSES 5	TOTAL THERAPI STS 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				16,064
7 INPATIENT - GENERAL CARE	51,769			
8 INPATIENT - RESPI TE CARE VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
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 HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			29,993	
OTHER HOSPI CE 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)	51,769		29,993	16,064

COMPENSATI ON ANALYSIS  
SALARI ES AND WAGES

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K-1
15-1553		

HOSPI CE 1

TOTAL (1)  
9

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	
6	ADMINISTRATIVE AND GENERAL	94,969
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	51,769
8	INPATIENT - RESPI TE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
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 HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	29,993
	OTHER HOSPI CE 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)	176,731

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

COMPENSATI ON ANALYSIS  
SALARI ES AND WAGES

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K-3
15-1553		

HOSPI CE 1

ADMI NI STRATOR  
1

DI RECTOR  
2

SOCI AL  
SERVI CES  
3

SUPERVI SORS  
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 ADMI NI STRATI VE AND GENERAL
- INPATI ENT CARE SERVI CE
- 7 INPATI ENT - GENERAL CARE
- 8 INPATI ENT - RESPI TE CARE
- VI SI TI NG SERVI CES
- 9 PHYSI CI AN SERVI CES
- 10 NURSI NG CARE
- 10. 20 NURSI NG CARE-CONTI NUOUS HOME CARE
- 11 PHYSI CAL THERAPY
- 12 OCCUPATI ONAL THERAPY
- 13 SPEECH/LANGU AGE PATHOLOGY
- 14 MEDI CAL SOCI AL SERVI CES
- 15 SPI RI TUAL COUNSEL I NG
- 16 DI ETARY COUNSEL I NG
- 17 COUNSEL I NG - OTHER
- 18 HOME HEALTH AI DE AND HOME MAKER
- 18. 20 HH AI DE & HOME MAKER-CONT. HOME CARE
- OTHER HOSPI CE SERVI CE COSTS
- 19 OTHER
- 20 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY
- 20. 30 ANALGESI CS
- 20. 31 SEDATI VES / HYPNOTI CS
- 20. 32 OTHER - SPECI FY
- 21 DURABLE MEDI CAL EQUI PMENT/OXYGEN
- 22 PATI ENT TRANSPORTATI ON
- 23 I MAGI NG SERVI CES
- 24 LABS AND DI AGNOSTI CS
- 25 MEDI CAL SUPPLI ES
- 26 OUTPATI ENT SERVI CES (I NCL. E/R DEPT. )
- 27 RADI ATI ON THERAPY
- 28 CHEMOTHERAPY
- 29 OTHER
- 30 BEREAVEMENT PROGRAM COSTS
- 31 VOLUNTEER PROGRAM COSTS
- 32 FUNDRAI SI NG
- 33 OTHER PROGRAM COSTS
- 34 TOTAL (SUM OF L I NES 1 THRU 33)

COMPENSATI ON ANALYSIS  
SALARI ES AND WAGES

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K-3
15-1553		

HOSPI CE 1

	NURSES 5	TOTAL THERAPI STS 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	159,921			
8 INPATIENT - RESPI TE CARE VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
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 HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPI CE 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)	159,921			

COMPENSATI ON ANALYSIS  
SALARI ES AND WAGES

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K-3
15-1553		

HOSPI CE 1

TOTAL (1)  
9

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	159,921
10	INPATIENT - RESPI TE 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 HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPI CE 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)	159,921

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

COST ALLOCATION -  
HOSPI CE GENERAL SERVI CE COST

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K-4
15-1553		PART I

HOSPI CE 1

NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDI NGS & FIXTURES	CAP. REL. COST MOVABLE EQUI PMENT	PLANT OPERATION & MAINT.
0	1	2	3

GENERAL SERVI CE COST CENTERS			
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUI P.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF	17,384		
5 VOLUNTEER SERVI CE COORDI NATION			
6 ADMI NI STRATI VE AND GENERAL	132,363		
INPATI ENT CARE SERVI CE			
7 INPATI ENT - GENERAL CARE	222,720		
8 INPATI ENT - RESPI TE CARE			
VI SI TI NG SERVI CES			
9 PHYSI CI AN SERVI CES			
10 NURSI NG CARE			
10.20 NURSI NG CARE-CONTI NUOUS HOME CARE			
11 PHYSI CAL THERAPY			
12 OCCUPATI ONAL THERAPY			
13 SPEECH/LANGU AGE PATHOLOGY			
14 MEDI CAL SOCI AL SERVI CES			
15 SPI RI TUAL COUNSEL I NG			
16 DI ETARY COUNSEL I NG			
17 COUNSEL I NG - OTHER			
18 HOME HEALTH AI DE AND HOME MAKER			
18.20 HH AI DE & HOME MAKER-CONT. HOME CARE	29,993		
OTHER HOSPI CE SERVI CE COSTS			
19 OTHER			
20 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY			
20.30 ANALGESI CS			
20.31 SEDATI VES / HYPNOTI CS			
20.32 OTHER - SPECI FY			
21 DURABLE MEDI CAL EQUI PMENT/OXYGEN			
22 PATI ENT TRANSPORTATI ON			
23 I MAGI NG SERVI CES			
24 LABS AND DI AGNOSTI CS			
25 MEDI CAL SUPPLI ES			
26 OUTPATI ENT SERVI CES (I NCL. E/R DEPT.)			
27 RADI ATI ON THERAPY			
28 CHEMOTHERAPY			
29 OTHER			
30 BEREAVEMENT PROGRAM COSTS			
31 VOLUNTEER PROGRAM COSTS			
32 FUNDRAI SI NG			
33 OTHER PROGRAM COSTS			
34 TOTAL (SUM OF LI NES 1 THRU 33)	402,460		

COST ALLOCATION -  
HOSPI CE GENERAL SERVI CE COST

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K-4
15-1553		PART I

HOSPI CE 1

	TRANSPORTATI ON	VOLUNTEER SERVI CES COORDI NATOR	SUBTOTAL (COL. 0-5)	ADMI NI TRATI VE & GENERAL
	4	5	5A	6
GENERAL SERVI CE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUI P.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATI ON - STAFF	17,384			
5 VOLUNTEER SERVI CE COORDI NATI ON				
6 ADMI NI STRATI VE AND GENERAL			132,363	132,363
INPATI ENT CARE SERVI CE				
7 INPATI ENT - GENERAL CARE	17,384		240,104	117,665
8 INPATI ENT - RESPI TE CARE				
9 VISI TI NG SERVI CES				
PHYSI CI AN SERVI CES				
10 NURSI NG CARE				
10.20 NURSI NG CARE-CONTI NUOUS HOME CARE				
11 PHYSI CAL THERAPY				
12 OCCUPATI ONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDI CAL SOCI AL SERVI CES				
15 SPI RI TUAL COUNSEL I NG				
16 DI ETARY COUNSEL I NG				
17 COUNSEL I NG - OTHER				
18 HOME HEALTH AI DE AND HOME MAKER				
18.20 HH AI DE & HOME MAKER-CONT. HOME CARE			29,993	14,698
OTHER HOSPI CE SERVI CE COSTS				
19 OTHER				
20 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY				
20.30 ANALGESI CS				
20.31 SEDATI VES / HYPNOTI CS				
20.32 OTHER - SPECI FY				
21 DURABLE MEDI CAL EQUI PMENT/OXYGEN				
22 PATI ENT TRANSPORTATI ON				
23 I MAGI NG SERVI CES				
24 LABS AND DI AGNOSTI CS				
25 MEDI CAL SUPPL I ES				
26 OUTPATI ENT SERVI CES (I NCL. E/R DEPT.)				
27 RADI ATI ON THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAI SI NG				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LI NES 1 THRU 33)	17,384		270,097	132,363

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1553		PART I

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

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	357,769
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 HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	44,691
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)	402,460

COST ALLOCATION -  
HOSPI CE STATI STI CAL BASI S

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K-4
15-1553		PART 11

HOSPI CE 1

	CAP. REL. COST BUI LDINGS & FI XTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUI PMENT (DOLLAR VALUE) 2	PLANT OPERATI ON & MAI NT. (SQUARE FEET) 3	TRANSPORTATI ON (MI LEAGE) 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				17,384
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				17,384
10 INPATIENT - RESPI TE 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 HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPI CE 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)				17,384
45 UNIT COST MULTIPLIER	.000000	.000000	.000000	1.000000

COST ALLOCATION -  
HOSPI CE STATI STI CAL BASI S

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K-4
15-1553		PART I I

HOSPI CE 1

VOLUNTEER SERVI CES COORDI NATOR (HOURS)	RECONCI LI ATI ON	ADM NI STRATI VE & GENERAL (ACCUM. COST)
5	6A	6

1	GENERAL SERVICE COST CENTERS		
2	CAPIT AL RELAT ED COSTS-BLDG AND FIX T.		
3	CAPIT AL RELAT ED COSTS-MOVABLE EQUI P.		
4	PLANT OPERATI ON AND MAI NTENANCE		
5	TRANSPORTATI ON - STAFF		
6	VOLUNTEER SERVI CE COORDI NATI ON		
6	ADM NI STRATI VE AND GENERAL	-132,363	270,097
7	INPAT IENT CARE SERVI CE		
7	INPAT IENT - GENERAL CARE		240,104
8	INPAT IENT - RESPI TE CARE		
9	VI SI TI NG SERVI CES		
9	PHYSI CI AN SERVI CES		
10	NURSI NG CARE		
10.20	NURSI NG CARE-CONTI NUOUS HOME CARE		
11	PHYSI CAL THERAPY		
12	OCCUPATI ONAL THERAPY		
13	SPEECH/LANGU AGE PATHOLOGY		
14	MEDI CAL SOCI AL SERVI CES		
15	SPI RI TUAL COUNSEL I NG		
16	DI ETARY COUNSEL I NG		
17	COUNSEL I NG - OTHER		
18	HOME HEALTH AI DE AND HOME MAKER		
18.20	HH AI DE & HOME MAKER-CONT. HOME CARE		29,993
	OTHER HOSPI CE SERVI CE COSTS		
19	OTHER		
20	DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY		
20.30	ANALGESI CS		
20.31	SEDATI VES / HYPNOTI CS		
20.32	OTHER - SPECI FY		
21	DURABLE MEDI CAL EQUI PMENT/OXYGEN		
22	PATI ENT TRANSPORTATI ON		
23	I MAGI NG SERVI CES		
24	LABS AND DI AGNOSTI CS		
25	MEDI CAL SUPPLI ES		
26	OUTPAT IENT SERVI CES (I NCL. E/R DEPT.)		
27	RADI ATI ON THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30			
31			
32	FUNDRAI SI NG		
33	OTHER PROGRAM COSTS		
34	COST TO BE ALLOCAT ED (PER WKST K-4, PART I)		132,363
35	UNI T COST MULTI PLI ER	.000000	.490057





HOSPI CE 1

HOSPI CE COST CENTER	SOCI AL SERVI CE	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL
	18	25	26	27
1.00 ADMINISTRATIVE AND GENERAL		53,101		53,101
2.00 INPATIENT - GENERAL CARE	21,850	471,762		471,762
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSI CI AN SERVI CES				
5.00 NURSI NG CARE				
5.20 NURSI NG CARE-CONTINUOUS HOME CARE				
6.00 PHYSI CAL THERAPY				
7.00 OCCUPATI ONAL THERAPY				
8.00 SPEECH/LANGU AGE 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		51,257		51,257
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 MAGI NG SERVI CES				
19.00 LABS AND DI AGNOSTI CS				
20.00 MEDI CAL SUPPL I 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 LINE 1 THRU 28) (2)	21,850	576,120		576,120
30.00 UNI T COST MULI PLI ER				

HOSPI CE COST CENTER	ALLOCATED HOSPI CE A & G	TOTAL HOSPI CE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE	47,897	519,659
3.00 INPATIENT - RESPI TE CARE		
4.00 PHYSI CI AN SERVI CES		
5.00 NURSI NG CARE		
5.20 NURSI NG CARE-CONTINUOUS HOME CARE		
6.00 PHYSI CAL THERAPY		
7.00 OCCUPATI ONAL THERAPY		
8.00 SPEECH/LANGU AGE 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	5,204	56,461
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 MAGI NG SERVI CES		
19.00 LABS AND DI AGNOSTI CS		
20.00 MEDI CAL SUPPL I 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 LINE 1 THRU 28) (2)		576,120
30.00 UNI T COST MULI PLI ER	.101528	

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
15-1553		PART I

HOSPICE 1

ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
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HOSPICE COST CENTER

28

29

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

HOSPI CE 1

HOSPI CE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1.00 ADMINISTRATIVE AND GENERAL			176,731	
2.00 INPATIENT - GENERAL CARE	585	97		
3.00 INPATIENT - RESPI TE 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 HOMEMAKER				
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)	585	97	176,731	
30.00 TOTAL COST TO BE ALLOCATED	5,856	108	46,299	
31.00 UNIT COST MULTIPLIER	10.010256	1.113402	.261974	

HOSPI CE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
1.00 ADMINISTRATIVE AND GENERAL	46,299			
2.00 INPATIENT - GENERAL CARE	363,733			
3.00 INPATIENT - RESPI TE CARE		585	585	
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 HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	44,691			
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				

HOSPI CE 1

HOSPI CE COST CENTER	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6	7	8	9
29.00 TOTAL (SUM OF LINE 1 THRU 28)	454,723	585	585	
30.00 TOTAL COST TO BE ALLOCATED	66,806	3,184	4,827	
31.00 UNIT COST MULTIPLIER	.146916	5.442735	8.251282	.000000

HOSPI CE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIVE
	(SQUARE FEET)	(MEALS SERVED)	(HOURS PAID)	(DIRECT NRSING HRS)
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	585		4,437	4,437
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 HOMEMAKER				
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)	585		4,437	4,437
30.00 TOTAL COST TO BE ALLOCATED	2,198		2,118	12,427
31.00 UNIT COST MULTIPLIER	3.757265	.000000	.477350	2.800766

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	2,693		555,858	549
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 HOMEMAKER				
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)	2,693		555,858	549
30.00 TOTAL COST TO BE ALLOCATED	1,110		6,877	21,850
31.00 UNIT COST MULTIPLIER	.412180	.000000	.012372	39.799636

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
 COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
15-1553		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3
1	PHYSICAL THERAPY	50	.398013	
2	OCCUPATIONAL THERAPY	51	.250311	
3	SPEECH PATHOLOGY	52	.583612	
4	DRUGS CHARGED TO PATIENTS	56	.405136	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.245886	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.400177	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.584061	
8	EMERGENCY	61	.469321	
9	RADIOLOGY-DIAGNOSTIC	41	.243167	
10	CARDIAC REHAB	59	.753965	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

	PROVIDER NO:		PERIOD:		PREPARED
	15-0061		FROM 1/ 1/2010		5/25/2011
	HOSPICE NO:		TO 12/31/2010		WORKSHEET K-6
	15-1553				

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	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)			576,120
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)			3,130
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)			184.06
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)			
5	2,963			
6	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)			545,370
7	UNDUPLICATED MEDICAID DAYS			104
8	AGGREGATE MEDICAID COST			19,142
9	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)			
10	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)			
11	UNDUPLICATED NF DAYS			
12	AGGREGATE NF COST			63
13	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			11,596
	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			

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
15-0061	FROM 1/1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET
15-0061		L PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	384,426
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	340
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	14.52
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	384,766
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0061		PARTS I-IV

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN		107,588	
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER		146,605	
4	VISITING NURSE			
5	OTHER NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS		194,621	
10	SUBTOTAL (SUM OF LINES 1-9)		448,814	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT	160,000		
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)	160,000		
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES			
16	TRANSPORTATION (HEALTH CARE STAFF)	14,850		
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	14,850		
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	448,814	174,850	
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		74,092	
30	ADMINISTRATIVE COSTS	82,255		
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	82,255	74,092	
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	531,069	248,942	
			780,011	

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	107,588		107,588
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	146,605		146,605
4 VISITING NURSE			
5 OTHER NURSE			
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS	194,621		194,621
10 SUBTOTAL (SUM OF LINES 1-9)	448,814		448,814
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT	160,000		160,000
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)	160,000		160,000
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	14,850		14,850
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	14,850		14,850
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	623,664		623,664
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	74,092		74,092
30 ADMINISTRATIVE COSTS	82,255		82,255
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	156,347		156,347
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	780,011		780,011

RHC 2

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1 PHYSICIAN	342,483		342,483	
2 PHYSICIAN ASSISTANT				
3 NURSE PRACTITIONER	41,000		41,000	
4 VISITING NURSE				
5 OTHER NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 LABORATORY TECHNICIAN				
9 OTHER FACILITY HEALTH CARE STAFF COSTS	118,239		118,239	
10 SUBTOTAL (SUM OF LINES 1-9)	501,722		501,722	
COSTS UNDER AGREEMENT				
11 PHYSICIAN SERVICES UNDER AGREEMENT				
12 PHYSICIAN SUPERVISION UNDER AGREEMENT				
13 OTHER COSTS UNDER AGREEMENT				
14 SUBTOTAL (SUM OF LINES 11-13)				
OTHER HEALTH CARE COSTS				
15 MEDICAL SUPPLIES		49,610	49,610	
16 TRANSPORTATION (HEALTH CARE STAFF)				
17 DEPRECIATION-MEDICAL EQUIPMENT				
18 PROFESSIONAL LIABILITY INSURANCE				
19 OTHER HEALTH CARE COSTS				
20 ALLOWABLE GME COSTS				
21 SUBTOTAL (SUM OF LINES 15-20)		49,610	49,610	
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	501,722	49,610	551,332	
COSTS OTHER THAN RHC/FQHC SERVICES				
23 PHARMACY				
24 DENTAL				
25 OPTOMETRY				
26 ALL OTHER NONREIMBURSABLE COSTS				
27 NONALLOWABLE GME COSTS				
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
FACILITY OVERHEAD				
29 FACILITY COSTS		81,684	81,684	
30 ADMINISTRATIVE COSTS	61,989		61,989	
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	61,989	81,684	143,673	
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	563,711	131,294	695,005	

RHC 2

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	342,483		342,483
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	41,000		41,000
4 VISITING NURSE			
5 OTHER NURSE			
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS	118,239		118,239
10 SUBTOTAL (SUM OF LINES 1-9)	501,722		501,722
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	49,610		49,610
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	49,610		49,610
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	551,332		551,332
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	81,684		81,684
30 ADMINISTRATIVE COSTS	61,989		61,989
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	143,673		143,673
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	695,005		695,005

RHC 3

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	32,584	32,584	
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	8,714	8,714	259,719
4	VISITING NURSE			
5	OTHER NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS	15,984	15,984	
10	SUBTOTAL (SUM OF LINES 1-9)	57,282	57,282	259,719
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES			
16	TRANSPORTATION (HEALTH CARE STAFF)	6,343	6,343	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	6,343	6,343	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	57,282	63,625	259,719
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		22,184	
30	ADMINISTRATIVE COSTS	13,319	13,319	88,762
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	13,319	35,503	88,762
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	70,601	99,128	348,481

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

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET M-1
15-8501		

RHC 3

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	32,584		32,584
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	268,433		268,433
4 VISITING NURSE			
5 OTHER NURSE			
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS	15,984		15,984
10 SUBTOTAL (SUM OF LINES 1-9)	317,001		317,001
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	6,343		6,343
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	6,343		6,343
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	323,344		323,344
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	22,184		22,184
30 ADMINISTRATIVE COSTS	102,081		102,081
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	124,265		124,265
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	447,609		447,609

RHC 5

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1				
2				
3	57,250		57,250	
4				
5				
6				
7				
8				
9	72,812		72,812	
10	130,062		130,062	
COSTS UNDER AGREEMENT				
11				
12				
13				
14				
OTHER HEALTH CARE COSTS				
15				
16		5,836	5,836	
17				
18				
19				
20				
21		5,836	5,836	
22	130,062	5,836	135,898	
COSTS OTHER THAN RHC/FQHC SERVICES				
23				
24				
25				
26				
27				
28				
FACILITY OVERHEAD				
29				
30	6,184	30,466	36,650	
31	6,184	30,466	36,650	
32	136,246	36,302	172,548	

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

PROVIDER NO: 15-0061  
COMPONENT NO: 15-8503  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET M-1

RHC 5

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN			
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	57,250		57,250
4 VISITING NURSE			
5 OTHER NURSE			
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS	72,812		72,812
10 SUBTOTAL (SUM OF LINES 1-9)	130,062		130,062
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	5,836		5,836
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	5,836		5,836
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	135,898		135,898
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	30,466		30,466
30 ADMINISTRATIVE COSTS	6,184		6,184
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	36,650		36,650
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	172,548		172,548

RHC 6

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN		198,786	
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER		97,789	
4	VISITING NURSE			
5	OTHER NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS		117,144	
10	SUBTOTAL (SUM OF LINES 1-9)		413,719	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES			
16	TRANSPORTATION (HEALTH CARE STAFF)	31,123	31,123	
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	31,123	31,123	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	413,719	444,842	
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		57,087	
30	ADMINISTRATIVE COSTS	28,848	28,848	
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	28,848	85,935	
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	442,567	530,777	

RHC 6

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	198,786		198,786
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	97,789		97,789
4 VISITING NURSE			
5 OTHER NURSE			
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS	117,144		117,144
10 SUBTOTAL (SUM OF LINES 1-9)	413,719		413,719
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	31,123		31,123
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	31,123		31,123
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	444,842		444,842
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	57,087		57,087
30 ADMINISTRATIVE COSTS	28,848		28,848
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	85,935		85,935
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	530,777		530,777

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET M-2
15-8500		

RHC 1

VISI TS AND PRODUCTI VI TY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISI TS 2	PRODUCTI VI TY STANDARD(1) 3	MINI MUM VISI TS 4
POSITIONS				
1	PHYSI CI ANS	1.39	5,584	4,200
2	PHYSI CI AN ASSI STANTS			2,100
3	NURSE PRACTI TI ONERS	2.43	4,626	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	3.82	10,210	5,103
5	VISI TI NG NURSE			10,941
6	CLI NI CAL PSYCHOLOGI ST			
7	CLI NI CAL SOCI AL WORKER			
8	TOTAL FTEs AND VISI TS (SUM OF LINES 4-7)	3.82	10,210	
9	PHYSI CI AN SERVI CES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	623,664		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVI CES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	623,664		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACI LI TY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	156,347		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACI LI TY (SEE INSTRUCTIONS)	450,536		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	606,883		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	606,883		
19	OVERHEAD APPLI CABLE TO RHC/FQHC SERVI CES (LINE 13 X LINE 18)	606,883		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVI CES (SUM OF LINES 10 AND 19)	1,230,547		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSI CI ANS			
2	PHYSI CI AN ASSI STANTS			
3	NURSE PRACTI TI ONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	10,941		
5	VISI TI NG NURSE			
6	CLI NI CAL PSYCHOLOGI ST			
7	CLI NI CAL SOCI AL WORKER			
8	TOTAL FTEs AND VISI TS (SUM OF LINES 4-7)	10,941		
9	PHYSI CI AN SERVI CES UNDER AGREEMENTS			

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

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET M-2
15-3999		

RHC 2

VISI TS AND PRODUCTI VI TY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISI TS 2	PRODUCTI VI TY STANDARD(1) 3	MINI MUM VISI TS 4
POSITIONS				
1	PHYSI CI ANS	1. 83	10, 897	4, 200
2	PHYSI CI AN ASSI STANTS			2, 100
3	NURSE PRACTI TI ONERS	. 51	1, 291	2, 100
4	SUBTOTAL (SUM OF LINES 1-3)	2. 34	12, 188	8, 757
5	VISI TI NG NURSE			
6	CLI NI CAL PSYCHOLOGI ST			
7	CLI NI CAL SOCI AL WORKER			
8	TOTAL FTEs AND VISI TS (SUM OF LINES 4-7)	2. 34	12, 188	
9	PHYSI CI AN SERVI CES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	551, 332		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVI CES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	551, 332		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1. 000000		
14	TOTAL FACI LI TY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	143, 673		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACI LI TY (SEE INSTRUCTIONS)	399, 220		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	542, 893		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	542, 893		
19	OVERHEAD APPLI CABLE TO RHC/FQHC SERVI CES (LINE 13 X LINE 18)	542, 893		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVI CES (SUM OF LINES 10 AND 19)	1, 094, 225		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSI CI ANS			
2	PHYSI CI AN ASSI STANTS			
3	NURSE PRACTI TI ONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	12, 188		
5	VISI TI NG NURSE			
6	CLI NI CAL PSYCHOLOGI ST			
7	CLI NI CAL SOCI AL WORKER			
8	TOTAL FTEs AND VISI TS (SUM OF LINES 4-7)	12, 188		
9	PHYSI CI AN SERVI CES UNDER AGREEMENTS			

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

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET M-2
15-8501		

RHC 3

VISI TS AND PRODUCTI VI TY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISI TS 2	PRODUCTI VI TY STANDARD(1) 3	MINI MUM VISI TS 4
POSITIONS				
1	PHYSI CI ANS	. 35	1, 595	4, 200
2	PHYSI CI AN ASSI STANTS			2, 100
3	NURSE PRACTI TI ONERS	1. 65	5, 986	2, 100
4	SUBTOTAL (SUM OF LINES 1-3)	2. 00	7, 581	3, 465
5	VISI TI NG NURSE			4, 935
6	CLI NI CAL PSYCHOLOGI ST			
7	CLI NI CAL SOCI AL WORKER			
8	TOTAL FTEs AND VISI TS (SUM OF LINES 4-7)	2. 00	7, 581	
9	PHYSI CI AN SERVI CES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	323, 344		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVI CES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	323, 344		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1. 000000		
14	TOTAL FACI LI TY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	124, 265		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACI LI TY (SEE INSTRUCTIONS)	329, 158		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	453, 423		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	453, 423		
19	OVERHEAD APPLI CABLE TO RHC/FQHC SERVI CES (LINE 13 X LINE 18)	453, 423		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVI CES (SUM OF LINES 10 AND 19)	776, 767		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSI CI ANS			
2	PHYSI CI AN ASSI STANTS			
3	NURSE PRACTI TI ONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	7, 581		
5	VISI TI NG NURSE			
6	CLI NI CAL PSYCHOLOGI ST			
7	CLI NI CAL SOCI AL WORKER			
8	TOTAL FTEs AND VISI TS (SUM OF LINES 4-7)	7, 581		
9	PHYSI CI AN SERVI CES UNDER AGREEMENTS			

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

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-0061	FROM 1/ 1/2010	WORKSHEET M-2
COMPONENT NO:	TO 12/31/2010	
15-8503		

RHC 5

VISI TS AND PRODUCTI VI TY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISI TS 2	PRODUCTI VI TY STANDARD(1) 3	MINI MUM VISI TS 4
POSITIONS				
1			4, 200	
2			2, 100	
3	. 87	3, 886	2, 100	1, 827
4	. 87	3, 886		1, 827
5				
6				
7				
8	. 87	3, 886		
9				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	135, 898			
11				
12	135, 898			
13	1. 000000			
14	36, 650			
15	135, 550			
16	172, 200			
17				
18	172, 200			
19	172, 200			
20	308, 098			
	GREATER OF COL. 2 OR COL. 4 5			
POSITIONS				
1				
2				
3				
4	3, 886			
5				
6				
7				
8	3, 886			
9				

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

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVI DER NO:	PERI OD:	PREPARED
15-0061	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET M-2
15-8506		

RHC 6

VISI TS AND PRODUCTI VI TY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISI TS 2	PRODUCTI VI TY STANDARD(1) 3	MINI MUM VISI TS 4
POSITIONS				
1	PHYSI CI ANS	. 37	2, 030	4, 200
2	PHYSI CI AN ASSI STANTS			2, 100
3	NURSE PRACTI TI ONERS	1. 07	5, 202	2, 100
4	SUBTOTAL (SUM OF LINES 1-3)	1. 44	7, 232	3, 801
5	VISI TI NG NURSE			
6	CLI NI CAL PSYCHOLOGI ST			
7	CLI NI CAL SOCI AL WORKER			
8	TOTAL FTEs AND VISI TS (SUM OF LINES 4-7)	1. 44	7, 232	
9	PHYSI CI AN SERVI CES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	444, 842		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVI CES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	444, 842		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1. 000000		
14	TOTAL FACI LI TY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	85, 935		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACI LI TY (SEE INSTRUCTIONS)	258, 402		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	344, 337		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	344, 337		
19	OVERHEAD APPLI CABLE TO RHC/FQHC SERVI CES (LINE 13 X LINE 18)	344, 337		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVI CES (SUM OF LINES 10 AND 19)	789, 179		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSI CI ANS			
2	PHYSI CI AN ASSI STANTS			
3	NURSE PRACTI TI ONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	7, 232		
5	VISI TI NG NURSE			
6	CLI NI CAL PSYCHOLOGI ST			
7	CLI NI CAL SOCI AL WORKER			
8	TOTAL FTEs AND VISI TS (SUM OF LINES 4-7)	7, 232		
9	PHYSI CI AN SERVI CES 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 I RHC 5

* FOR DETERMINATION OF RATE FOR RHC/FQHC SERVICES	UCATION PASS THROUGH COST.
1 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	308,098
2 COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3 TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	308,098
4 TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	3,886
5 PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6 TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	3,886
7 ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	79.28

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8 PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)		77.76
9 RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	79.28	79.28
10 CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		47
11 PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		3,726
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)*		3,726
16.01 PRIMARY PAYER AMOUNT		
17 LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		
18 NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		3,726
19 REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		2,981
20 PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		
21 TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		2,981
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)		2,981
25 INTERIM PAYMENTS		3,205
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		-224
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2		

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

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



COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 15-0061  
 COMPONENT NO: 15-8500  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET M-4

TITLE XVII I

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	448,814	448,814	448,814	448,814
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000103	.000741		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	46	333		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	990	1,845		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,036	2,178		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	623,664	623,664	623,664	623,664
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	606,883	606,883	606,883	606,883
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001661	.003492		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	1,008	2,119		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	2,044	4,297		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	21	160		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	97.33	26.86		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	12	86		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	1,168	2,310		
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)		6,341		
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)		3,478		

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 15-0061  
 COMPONENT NO: 15-3999  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET M-4

TITLE XVII I

RHC 2

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	501,722	501,722	501,722	501,722
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000067	.002386		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	34	1,197		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	1,414	4,474		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,448	5,671		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	551,332	551,332	551,332	551,332
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	542,893	542,893	542,893	542,893
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.002626	.010286		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	1,426	5,584		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	2,874	11,255		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	30	388		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	95.80	29.01		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	5	178		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	479	5,164		
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		14,129		
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)		5,643		

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 15-0061  
 COMPONENT NO: 15-8501  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET M-4

TITLE XVII I

RHC 3

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	317,001	317,001	317,001	317,001
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME				
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)				
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)				
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)				
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	323,344	323,344	323,344	323,344
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	453,423	453,423	453,423	453,423
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)				
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)				
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)				
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)		2		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)				
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES				
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)				
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)				
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)				

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 15-0061  
 COMPONENT NO: 15-8503  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET M-4

TITLE XVII I

RHC 5

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	130,062	130,062	130,062	130,062
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME				
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)				
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)				
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)				
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	135,898	135,898	135,898	135,898
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	172,200	172,200	172,200	172,200
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)				
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)				
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)				
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	1	78		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)				
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES				
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)				
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)				
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)				

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 15-0061  
 COMPONENT NO: 15-8506  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET M-4

TITLE XVII I

RHC 6

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	413,719	413,719	413,719	413,719
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000265	.002137		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	110	884		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	1,084	3,597		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,194	4,481		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	444,842	444,842	444,842	444,842
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	344,337	344,337	344,337	344,337
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.002684	.010073		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	924	3,469		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	2,118	7,950		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	23	312		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	92.09	25.48		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	16	129		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	1,473	3,287		
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)		10,068		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		4,760		





RHC 3

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
	1	2
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		42,818
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	7/26/2010	2,298
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		-2,298
4 TOTAL INTERIM PAYMENTS		40,520
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)		5,726
SETTLEMENT TO PROVIDER		.01
SETTLEMENT TO PROGRAM		.02
7 TOTAL MEDICARE PROGRAM LIABILITY		46,246

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.



