

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	15-0037	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	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 19:23

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:
HANCOCK REGIONAL HOSPITAL 15-0037

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.

ECR ENCRYPTION INFORMATION
DATE: 5/26/2011 TIME 19:23

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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	75,087	-1,936	441,246
2	SUBPROVIDER	0	737	0	0
2 .01	SUBPROVIDER II	0	1,703	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
9	RHC	0	0	4,129	0
100	TOTAL	0	77,527	2,193	441,246

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: .10 NORTH STATE STREET P.O. BOX:
 1.01 CITY: GREENFIELD STATE: IN ZIP CODE: 46140- COUNTY: HANCOCK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-0037	2.01	7/ 1/1966	4	5	6
03.00	SUBPROVIDER	15-S037		12/ 1/1996	N	P	O
03.01	SUBPROVIDER 2	15-T037		1/ 1/2005	N	P	N
09.00	HOSPITAL-BASED HHA	15-7092		10/14/1983	N	P	N
12.00	HOSP-BASED HOSPICE	15-1547		2/ 2/1996			
14.00	HOSPITAL-BASED RHC	15-3987		9/22/1998	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 12/31/2010

18 TYPE OF CONTROL 1 2
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4
 20.01 SUBPROVIDER II 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 26900
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION)OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO.(SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

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

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

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

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

- 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
- 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
- 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
- 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
1 2 3
- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

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

- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N

- 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
- 40.02 STREET: P.O. BOX:
- 40.03 CITY: STATE: ZIP CODE: -

- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
50.00 HHA	N	N			

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

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56.01		N	0.00		0
56.02			0.00		0
56.03			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y

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

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. Y

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / O/P VISITS / TRIPS TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	51	18,615			5,364		510
2 HMO							1,241
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	51	18,615			5,364		510
6 INTENSIVE CARE UNIT	24	8,760			502		
12 TOTAL	75	27,375			5,866		510
13 RPCH VISITS							
14 SUBPROVIDER	10	3,650			2,496		
14 01 IRF	9	3,285			1,420		17
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY					9,974		3,646
21 HOSPICE							
24 RURAL HEALTH CLINIC					234		
25 TOTAL	94						
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							22

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / O/P VISITS / TRIPS NOT ADMITTED 5.02	TOTAL ALL PATS 6	TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	TOTAL 7	INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			6,751				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			6,751				
6 INTENSIVE CARE UNIT			5,590				
12 TOTAL			12,341				
13 RPCH VISITS							
14 SUBPROVIDER			2,684				
14 01 IRF			1,941				
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			20,982				
21 HOSPICE							
24 RURAL HEALTH CLINIC			2,331				
25 TOTAL							
26 OBSERVATION BED DAYS			2,053				
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			47				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,574	125	3,411
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							
12 TOTAL		642.56			1,574	125	3,411
13 RPCH VISITS							
14 SUBPROVIDER		17.26			223		243
14 01 IRF		12.20			121	2	169
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY							
21 HOSPICE							
24 RURAL HEALTH CLINIC		1.11					
25 TOTAL		673.13					
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							

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
29 LABOR & DELIVERY DAYS	9	10	11	12	13	14	15

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET S-3
 I I TO 12/31/2010 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	35,583,417		35,583,417	1,277,042.00	27.86	
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	160,306		160,306	5,572.00	28.77	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,584,216	14,808	4,599,024	176,498.00	26.06	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	837,053		837,053	12,319.00	67.95	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,752,346		8,752,346			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,307,351		1,307,351			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	45,574		45,574			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-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	-245,882	599,425	353,543	11,199.00	31.57	
22 ADMINISTRATIVE & GENERAL	6,548,855	-229,258	6,319,597	210,465.00	30.03	
22.01 A & G UNDER CONTRACT	598,204		598,204	4,581.00	130.58	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	815,313	-10,779	804,534	32,769.00	24.55	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	834,411	-19,504	814,907	62,803.00	12.98	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,039,424	-645,328	394,096	27,255.00	14.46	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		625,180	625,180	41,435.00	15.09	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	699,970	-7,734	692,236	18,121.00	38.20	
31 CENTRAL SERVICE AND SUPPLY	66,445	-2,075	64,370	4,239.00	15.19	
32 PHARMACY	1,206,191	-83,513	1,122,678	29,004.00	38.71	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	620,007	-11,244	608,763	30,228.00	20.14	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	36,021,315		36,021,315	1,276,051.00	28.23	
2 EXCLUDED AREA SALARIES	4,584,216	14,808	4,599,024	176,498.00	26.06	
3 SUBTOTAL SALARIES	31,437,099	-14,808	31,422,291	1,099,553.00	28.58	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	837,053		837,053	12,319.00	67.95	
5 SUBTOTAL WAGE-RELATED COSTS	8,752,346		8,752,346		27.85	
6 TOTAL	41,026,498	-14,808	41,011,690	1,111,872.00	36.89	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

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
13	TOTAL OVERHEAD COSTS	12,182,938	215,170	12,398,108	472,099.00	26.26	

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET S-4
 I HHA NO: I TO 12/31/2010 I
 I 15-7092 I
 COUNTY: HANCOCK COUNTY

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		447.00		
	TOTAL			
	5			
1 HOME HEALTH AIDE HOURS	0			
2 UNDUPLICATED CENSUS COUNT				
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)	2.19		2.19	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				
5 OTHER ADMINISTRATIVE PERSONEL	3.89		3.89	
6 DIRECTING NURSING SERVICE	6.66		6.66	
7 NURSING SUPERVISOR				
8 PHYSICAL THERAPY SERVICE	4.13		4.13	
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE	1.79		1.79	
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE	.07		.07	
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE	.42		.42	
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	6.03		6.03	
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?	0	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).				

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	3,072	92	107	53
22 SKILLED NURSING VISIT CHARGES	556,800	16,675	19,394	9,606
23 PHYSICAL THERAPY VISITS	2,905	5	55	81
24 PHYSICAL THERAPY VISIT CHARGES	561,391	966	10,629	15,653
25 OCCUPATIONAL THERAPY VISITS	1,386	4	6	40
26 OCCUPATIONAL THERAPY VISIT CHARGES	267,845	773	1,160	7,730
27 SPEECH PATHOLOGY VISITS	9	0	2	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,739	0	387	0
29 MEDICAL SOCIAL SERVICE VISITS	86	0	1	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	18,791	0	219	437
31 HOME HEALTH AIDE VISITS	1,977	73	7	11
32 HOME HEALTH AIDE VISIT CHARGES	157,172	5,804	557	875
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	9,435	174	178	187
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	1,563,738	24,218	32,346	34,301
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	536	0	69	16
37 TOTAL NUMBER OF OUTLIER EPISODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	22,933	675	369	0

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET S-4
 I HHA NO: I TO 12/31/2010 I
 I 15-7092 I
 COUNTY: HANCOCK COUNTY

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	3,324
22 SKILLED NURSING VISIT CHARGES	0	0	602,475
23 PHYSICAL THERAPY VISITS	0	0	3,046
24 PHYSICAL THERAPY VISIT CHARGES	0	0	588,639
25 OCCUPATIONAL THERAPY VISITS	0	0	1,436
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	277,508
27 SPEECH PATHOLOGY VISITS	0	0	11
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,126
29 MEDICAL SOCIAL SERVICE VISITS	0	0	89
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	19,447
31 HOME HEALTH AIDE VISITS	0	0	2,068
32 HOME HEALTH AIDE VISIT CHARGES	0	0	164,408
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	9,974
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	1,654,603
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	621
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	23,977

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 437 N MCCULLUM
 1.01 CITY: KNIGHTSTOWN STATE: IN ZIP CODE: COUNTY: R
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	800	1600	800	1600	800	1600	800	1600	800	1600	800	1600		

(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 XVIII TITLE XIX

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

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

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	4,491	40	3,646	
3 INPATIENT RESPITE CARE	28			
4 GENERAL INPATIENT CARE	183	2		
5 TOTAL HOSPICE DAYS	4,702	42	3,646	

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	617	5,148
3 INPATIENT RESPITE CARE		28
4 GENERAL INPATIENT CARE	30	215
5 TOTAL HOSPICE DAYS	647	5,391

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	173	3		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) UNDUPLICATED CENSUS COUNT	27.18 183	14.00		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	11	187
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) UNDUPLICATED CENSUS COUNT	58.82 183	28.83 183

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET S-10
 I I TO 12/31/2010 I
 I I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

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

UNCOMPENSATED CARE REVENUES

- 17 REVENUE FROM UNCOMPENSATED CARE
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .393431
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET	S-10
I		I	TO 12/31/2010	I		
I		I		I		

DESCRIPTION

- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-0037
II PERIOD:
I FROM 1/ 1/2010 I
I TO 12/31/2010 I
I PREPARED 5/26/2011
I 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		6,411,171	6,411,171		6,411,171
5	0500 EMPLOYEE BENEFITS	-245,882	7,987,740	7,741,858	599,425	8,341,283
6	0600 ADMINISTRATIVE & GENERAL	6,548,855	7,218,202	13,767,057	-636,245	13,130,812
8	0800 OPERATION OF PLANT	815,313	3,550,642	4,365,955	-6,981	4,358,974
10	1000 HOUSEKEEPING	834,411	671,980	1,506,391	-19,504	1,486,887
11	1100 DIETARY	1,039,424	954,668	1,994,092	-1,219,530	774,562
12	1200 CAFETERIA				1,199,382	1,199,382
14	1400 NURSING ADMINISTRATION	699,970	58,677	758,647	-7,734	750,913
15	1500 CENTRAL SERVICES & SUPPLY	66,445	50,413	116,858	-2,075	114,783
16	1600 PHARMACY	1,206,191	2,380,093	3,586,284	-91,729	3,494,555
17	1700 MEDICAL RECORDS & LIBRARY	620,007	318,660	938,667	1,097	939,764
24	2400 PARAMED ED PRGM	62,675	14,036	76,711	-642	76,069
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	3,825,257	823,417	4,648,674	-43,651	4,605,023
26	2600 INTENSIVE CARE UNIT	3,174,747	641,053	3,815,800	-42,613	3,773,187
31	3100 SUBPROVIDER	947,397	193,782	1,141,179	-7,217	1,133,962
31.01	3101 IRF	701,991	169,345	871,336	-7,036	864,300
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,890,194	1,015,467	2,905,661	-64,970	2,840,691
38	3800 RECOVERY ROOM	305,531	36,604	342,135	25,727	367,862
40	4000 ANESTHESIOLOGY		131,379	131,379		131,379
41	4100 RADIOLOGY-DIAGNOSTIC	2,457,485	2,110,918	4,568,403	-28,528	4,539,875
44	4400 LABORATORY	1,515,121	2,277,732	3,792,853	21,008	3,813,861
49	4900 RESPIRATORY THERAPY	1,145,709	341,823	1,487,532	-5,977	1,481,555
50	5000 PHYSICAL THERAPY	1,107,756	219,372	1,327,128	-34,284	1,292,844
51	5100 OCCUPATIONAL THERAPY	278,940	26,948	305,888	-3,121	302,767
52	5200 SPEECH PATHOLOGY	137,837	29,924	167,761	-1,724	166,037
52.01	5201 OCCUPATIONAL HEALTH		2,198	2,198		2,198
53	5300 ELECTROCARDIOLOGY	428,033	666,675	1,094,708	5,933	1,100,641
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,033,544	3,033,544		3,033,544
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		1,332,362	1,332,362		1,332,362
56	5600 DRUGS CHARGED TO PATIENTS					
59	3020					
59.97	3997 CARDIAC REHABILITATION	48,024	52,732	100,756		100,756
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 WOUND CLINIC	88,261	1,090,507	1,178,768	-1,134	1,177,634
60.02	6002 DIABETES CLINIC					
60.03	6003 ASTHMA CLINIC	2,781		2,781		2,781
60.04	6004 ANDIS CLINIC	44,278	56,264	100,542	-417	100,125
60.05	6005 PRIME TIME	461,325	135,013	596,338	-4,588	591,750
60.06	6006 SHELBYVILLE WOUND CLINIC	59,706	57,487	117,193	-508	116,685
61	6100 EMERGENCY	2,281,521	533,620	2,815,141	-21,016	2,794,125
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	161,961	84,629	246,590	-1,697	244,893
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	1,568,340	364,402	1,932,742	-25,158	1,907,584
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	339,002	681,103	1,020,105	-2,820	1,017,285
95	SUBTOTALS	34,618,606	45,724,582	80,343,188	-428,327	79,914,861
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 PROFESSIONAL BUILDING	4,626	455,475	460,101	-36,341	423,760
96.02	9602 PHYSICIAN BUILDING	84,366	235,808	320,174	-1,664	318,510
96.03	9603 PRIVATE DUTY	434,024	208,493	642,517	-6,036	636,481
96.04	9604 MARKETING				492,200	492,200
96.05	9605 WATER LAB					
96.06	9606 FOUNDATION	74,173	129,714	203,887	-1,069	202,818
96.07	9607 ASC		930	930		930
96.08	9608 ANDERSON WOMEN'S CLINIC	225,788	69,690	295,478	-941	294,537
96.09	9609 HANCOCK OB	141,834	104,527	246,361	-17,822	228,539
101	TOTAL	35,583,417	46,929,219	82,512,636	-0-	82,512,636

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-0037
II PERIOD:
I FROM 1/ 1/2010
I TO 12/31/2010I PREPARED 5/26/2011
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-2,331,823	4,079,348
5	0500 EMPLOYEE BENEFITS		8,341,283
6	0600 ADMINISTRATIVE & GENERAL	-1,423,078	11,707,734
8	0800 OPERATION OF PLANT	-190,005	4,168,969
10	1000 HOUSEKEEPING	-10,751	1,476,136
11	1100 DIETARY	-296,148	478,414
12	1200 CAFETERIA	-544,864	654,518
14	1400 NURSING ADMINISTRATION		750,913
15	1500 CENTRAL SERVICES & SUPPLY	-58,560	56,223
16	1600 PHARMACY	-539,983	2,954,572
17	1700 MEDICAL RECORDS & LIBRARY	-66,133	873,631
24	2400 PARAMED ED PRGM		76,069
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,447	4,603,576
26	2600 INTENSIVE CARE UNIT		3,773,187
31	3100 SUBPROVIDER	-67,000	1,066,962
31.01	3101 IRF	-72,000	792,300
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-484,339	2,356,352
38	3800 RECOVERY ROOM		367,862
40	4000 ANESTHESIOLOGY	-129,714	1,665
41	4100 RADIOLOGY-DIAGNOSTIC	-703,350	3,836,525
44	4400 LABORATORY	-206,383	3,607,478
49	4900 RESPIRATORY THERAPY	-330,403	1,151,152
50	5000 PHYSICAL THERAPY	-12,866	1,279,978
51	5100 OCCUPATIONAL THERAPY	-111	302,656
52	5200 SPEECH PATHOLOGY		166,037
52.01	5201 OCCUPATIONAL HEALTH		2,198
53	5300 ELECTROCARDIOLOGY	-4,850	1,095,791
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,033,544
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		1,332,362
56	5600 DRUGS CHARGED TO PATIENTS		
59	3020		
59.97	3997 CARDIAC REHABILITATION		100,756
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 WOUND CLINIC	-211,750	965,884
60.02	6002 DIABETES CLINIC		
60.03	6003 ASTHMA CLINIC		2,781
60.04	6004 ANDIS CLINIC	-12,600	87,525
60.05	6005 PRIME TIME	-17,200	574,550
60.06	6006 SHELBYVILLE WOUND CLINIC		116,685
61	6100 EMERGENCY	-61,234	2,732,891
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC	-14,280	230,613
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		1,907,584
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		1,017,285
95	SUBTOTALS	-7,790,872	72,123,989
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 PROFESSIONAL BUILDING		423,760
96.02	9602 PHYSICIAN BUILDING		318,510
96.03	9603 PRIVATE DUTY		636,481
96.04	9604 MARKETING		492,200
96.05	9605 WATER LAB		
96.06	9606 FOUNDATION		202,818
96.07	9607 ASC		930
96.08	9608 ANDERSON WOMEN'S CLINIC		294,537
96.09	9609 HANCOCK OB		228,539
101	TOTAL	-7,790,872	74,721,764

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
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	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	IRF	3101	SUBPROVIDER #####
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	OCCUPATIONAL HEALTH	5201	SPEECH PATHOLOGY
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		3020	ACUPUNCTURE
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOUND CLINIC	6001	CLINIC
60.02	DIABETES CLINIC	6002	CLINIC
60.03	ASTHMA CLINIC	6003	CLINIC
60.04	ANDIS CLINIC	6004	CLINIC
60.05	PRIME TIME	6005	CLINIC
60.06	SHELBYVILLE WOUND CLINIC	6006	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	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		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	PROFESSIONAL BUILDING	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	PHYSICIAN BUILDING	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	PRIVATE DUTY	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	MARKETING	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	WATER LAB	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	FOUNDATION	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	ASC	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	ANDERSON WOMEN'S CLINIC	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	HANCOCK OB	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 150037	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/26/2011 WORKSHEET A-6
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----- INCREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	LINE NO	SALARY	OTHER
	1	3	4	5
1 CAFETERIA	A CAFETERIA	12	625,180	574,202
2 PLANT	B OPERATION OF PLANT	8		3,798
3	MEDICAL RECORDS & LIBRARY	17		12,341
4	ELECTROCARDIOLOGY	53		12,138
5	RESPIRATORY THERAPY	49		8,064
6 MARKETING	C MARKETING	96.04	85,213	406,987
7 OUTPATIENT PROCEDURE	D RECOVERY ROOM	38	25,933	2,872
8	LABORATORY	44	48,256	5,344
9 BONUS	F EMPLOYEE BENEFITS	5	605,670	

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36 TOTAL RECLASSIFICATIONS 1,390,252 1,025,746

(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:	PERIOD:	PREPARED
150037	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	LINE NO	DECREASE		A-7 REF 10
			SALARY	OTHER	
	1	7	8	9	
1 CAFETERIA	A DIETARY	11	625,180	574,202	
2 PLANT	B PROFESSIONAL BUILDING	96.01		36,341	
3					
4					
5					
6 MARKETING	C ADMINISTRATIVE & GENERAL	6	85,213	406,987	
7 OUTPATIENT PROCEDURE	D PHARMACY	16	74,189	8,216	
8					
9 BONUS	F EMPLOYEE BENEFITS	5	6,245		
10	ADMINISTRATIVE & GENERAL	6	144,045		
11	OPERATION OF PLANT	8	10,779		
12	HOUSEKEEPING	10	19,504		
13	DIETARY	11	20,148		
14	NURSING ADMINISTRATION	14	7,734		
15	CENTRAL SERVICES & SUPPLY	15	2,075		
16	PHARMACY	16	9,324		
17	MEDICAL RECORDS & LIBRARY	17	11,244		
18	PARAMED ED PRGM	24	642		
19	ADULTS & PEDIATRICS	25	43,651		
20	INTENSIVE CARE UNIT	26	42,613		
21	SUBPROVIDER	31	7,217		
22	IRF	31.01	7,036		
23	OPERATING ROOM	37	64,970		
24	RECOVERY ROOM	38	3,078		
25	RADIOLOGY-DIAGNOSTIC	41	28,528		
26	LABORATORY	44	32,592		
27	RESPIRATORY THERAPY	49	14,041		
28	PHYSICAL THERAPY	50	34,284		
29	OCCUPATIONAL THERAPY	51	3,121		
30	SPEECH PATHOLOGY	52	1,724		
31	ELECTROCARDIOLOGY	53	6,205		
32	WOUND CLINIC	60.01	1,134		
33	ANDIS CLINIC	60.04	417		
34	PRIME TIME	60.05	4,588		
35	SHELBYVILLE WOUND CLINIC	60.06	508		
1 BONUS	F EMERGENCY	61	21,016		
2	RURAL HEALTH CLINIC	63.50	1,697		
3	HOME HEALTH AGENCY	71	25,158		
4	HOSPICE	93	2,820		
5	PHYSICIAN BUILDING	96.02	1,664		
6	PRIVATE DUTY	96.03	6,036		
7	FOUNDATION	96.06	1,069		
8	ANDERSON WOMEN'S CLINIC	96.08	941		
9	HANCOCK OB	96.09	17,822		
36 TOTAL RECLASSIFICATIONS			1,390,252	1,025,746	

(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:	PERIOD:	PREPARED
150037	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,199,382	DIETARY	11	1,199,382	
TOTAL RECLASSIFICATIONS FOR CODE A			1,199,382				1,199,382

RECLASS CODE: B
EXPLANATION : PLANT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	3,798	PROFESSIONAL BUILDING	96.01	36,341	
2.00	MEDICAL RECORDS & LIBRARY	17	12,341			0	
3.00	ELECTROCARDIOLOGY	53	12,138			0	
4.00	RESPIRATORY THERAPY	49	8,064			0	
TOTAL RECLASSIFICATIONS FOR CODE B			36,341				36,341

RECLASS CODE: C
EXPLANATION : MARKETING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING	96.04	492,200	ADMINISTRATIVE & GENERAL	6	492,200	
TOTAL RECLASSIFICATIONS FOR CODE C			492,200				492,200

RECLASS CODE: D
EXPLANATION : OUTPATIENT PROCEDURE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	28,805	PHARMACY	16	82,405	
2.00	LABORATORY	44	53,600			0	
TOTAL RECLASSIFICATIONS FOR CODE D			82,405				82,405

RECLASS CODE: F
EXPLANATION : BONUS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	605,670	EMPLOYEE BENEFITS	5	6,245	
2.00			0	ADMINISTRATIVE & GENERAL	6	144,045	
3.00			0	OPERATION OF PLANT	8	10,779	
4.00			0	HOUSEKEEPING	10	19,504	
5.00			0	DIETARY	11	20,148	
6.00			0	NURSING ADMINISTRATION	14	7,734	
7.00			0	CENTRAL SERVICES & SUPPLY	15	2,075	
8.00			0	PHARMACY	16	9,324	
9.00			0	MEDICAL RECORDS & LIBRARY	17	11,244	
10.00			0	PARAMED ED PRGM	24	642	
11.00			0	ADULTS & PEDIATRICS	25	43,651	
12.00			0	INTENSIVE CARE UNIT	26	42,613	
13.00			0	SUBPROVIDER	31	7,217	
14.00			0	IRF	31.01	7,036	
15.00			0	OPERATING ROOM	37	64,970	
16.00			0	RECOVERY ROOM	38	3,078	
17.00			0	RADIOLOGY-DIAGNOSTIC	41	28,528	
18.00			0	LABORATORY	44	32,592	
19.00			0	RESPIRATORY THERAPY	49	14,041	
20.00			0	PHYSICAL THERAPY	50	34,284	
21.00			0	OCCUPATIONAL THERAPY	51	3,121	
22.00			0	SPEECH PATHOLOGY	52	1,724	
23.00			0	ELECTROCARDIOLOGY	53	6,205	
24.00			0	WOUND CLINIC	60.01	1,134	
25.00			0	ANDIS CLINIC	60.04	417	
26.00			0	PRIME TIME	60.05	4,588	
27.00			0	SHELBYVILLE WOUND CLINIC	60.06	508	
28.00			0	EMERGENCY	61	21,016	
29.00			0	RURAL HEALTH CLINIC	63.50	1,697	
30.00			0	HOME HEALTH AGENCY	71	25,158	
31.00			0	HOSPICE	93	2,820	
32.00			0	PHYSICIAN BUILDING	96.02	1,664	
33.00			0	PRIVATE DUTY	96.03	6,036	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150037	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: F
 EXPLANATION : BONUS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
34.00		0	96.06	FOUNDATION	1,069
35.00		0	96.08	ANDERSON WOMEN'S CLINIC	941
36.00		0	96.09	HANCOCK OB	17,822
TOTAL RECLASSIFICATIONS FOR CODE F		605,670			605,670

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION	AND		BALANCE		
	1	2	3		4	RETIREMENTS	6	ASSETS
						5		7
1 LAND	270,285						270,285	
2 LAND IMPROVEMENTS	5,109,987	272,464			272,464		5,382,451	
3 BUILDINGS & FIXTURE	38,337,529	2,332,572			2,332,572		40,670,101	
4 BUILDING IMPROVEMEN	57,795,919	730,426			730,426		58,526,345	
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	40,776,662	7,535,127			7,535,127	2,611,482	45,700,307	
7 SUBTOTAL	142,290,382	10,870,589			10,870,589	2,611,482	150,549,489	
8 RECONCILING ITEMS								
9 TOTAL	142,290,382	10,870,589			10,870,589	2,611,482	150,549,489	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL								
5	TOTAL				1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL	2,972,424		662,726	389,436	54,762		4,079,348
5	TOTAL	2,972,424		662,726	389,436	54,762		4,079,348

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL	4,395,407		1,571,566	389,436	54,762		6,411,171
5	TOTAL	4,395,407		1,571,566	389,436	54,762		6,411,171

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0037
I

I PERIOD:
I FROM 1/ 1/2010 I
I TO 12/31/2010 I
I PREPARED 5/26/2011
I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	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			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,490,694			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**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			**COST CENTER DELETED**	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 HRH OTHER REVENUE INTEREST ON DFR FA	B	-508	NEW CAP REL COSTS-BLDG &	3	11
38 HRH SCH NURSE PROG SCHOOL NURSE REVE	B	-44,516	ADMINISTRATIVE & GENERAL	6	
39 HRH INFO SERVICES MISCELLANEOUS REVE	B	-101,034	ADMINISTRATIVE & GENERAL	6	
40 HRH COMMUNICATIONS PHONE LEASE REVEN	B	-125,831	ADMINISTRATIVE & GENERAL	6	
41 HRH HOME MED EQUIP HME-OTC	B	-68,070	ADMINISTRATIVE & GENERAL	6	
42 HRH ACCOUNTING MANAGEMENT FEES	B	-27,698	ADMINISTRATIVE & GENERAL	6	
43 HRH MEDICAL DUES MEDICAL STAFF DUES	B	-18,000	ADMINISTRATIVE & GENERAL	6	
44 HRH COMM EDUCATION EDUCATION SERVICE	B	-11,070	ADMINISTRATIVE & GENERAL	6	
45 HRH WILLIAMS PROPER RENTAL INCOME	B	-13,500	ADMINISTRATIVE & GENERAL	6	
46 HRH OTHER REVENUE SALE OF USED EQUIP	B	-16,000	ADMINISTRATIVE & GENERAL	6	
47 HRH GREENFIELD PAR EDUCATION SERVICE	B	-21,213	ADMINISTRATIVE & GENERAL	6	
48 HRH OTHER REVENUE MISCELLANEOUS REVE	B	-21	ADMINISTRATIVE & GENERAL	6	
49 HRH MED STAFF SERV QA APPLICATION FE	B	-8,100	ADMINISTRATIVE & GENERAL	6	
49.01 HRH TRAIN & DEVELP EDUCATION SERVICE	B	-491	ADMINISTRATIVE & GENERAL	6	
49.02 HRH MEDICAL DUES INTEREST EARNED-OPE	B	-2,381	ADMINISTRATIVE & GENERAL	6	
49.03 HRH PAT FIN. SERV. BUSINESS SERV-COP	B	-1,880	ADMINISTRATIVE & GENERAL	6	
49.04 HRH GAIN/LOSS INVENTORY	B	198,838	ADMINISTRATIVE & GENERAL	6	
49.05 HRH TOBACCO AWARENE EDUCATION SERVIC	B	-200	ADMINISTRATIVE & GENERAL	6	
49.06 HRH OTHER REVENUE CHARGE CARD-OTHER	B	-6	ADMINISTRATIVE & GENERAL	6	
49.07 HRH EXECUTIVE ADMIN MISCELLANEOUS RE	B	-3,057	ADMINISTRATIVE & GENERAL	6	
49.08 HRH TRAIN & DEVELP MISCELLANEOUS REV	B	-48	ADMINISTRATIVE & GENERAL	6	
49.09 HRH CLIN EXCELLENCE MISCELLANEOUS RE	B	-580	ADMINISTRATIVE & GENERAL	6	
49.10 HRH GAIN/LOSS GROSS VARIANCE INVENTO	B	893	ADMINISTRATIVE & GENERAL	6	
49.11 HRH PAT FIN. SERV. EXPENSE REIMBURSE	B	-49,577	ADMINISTRATIVE & GENERAL	6	
49.12 HRH PURCHASING REBATES/REFUNDS	B	-3,887	ADMINISTRATIVE & GENERAL	6	
49.13 HRH TRAIN & DEVELP AHA COURSE REVENU	B	-12,373	ADMINISTRATIVE & GENERAL	6	
49.14 HRH OTHER REVENUE SALES TAX	B	38,915	ADMINISTRATIVE & GENERAL	6	
49.15 HRH VOLUNTEERS OTHER REV CLEARING AC	B	17	ADMINISTRATIVE & GENERAL	6	
49.16 HRH VOLUNTEERS MISCELLANEOUS REVENUE	B	-17	ADMINISTRATIVE & GENERAL	6	
49.17 HRH COMMUNICATIONS MISCELLANEOUS REV	B	-48	ADMINISTRATIVE & GENERAL	6	
49.18 HRH PURCHASING MISCELLANEOUS REVENUE	B	-188	ADMINISTRATIVE & GENERAL	6	
49.19 HRH COMM EDUCATION CAR SEAT HCCF	B	-667	ADMINISTRATIVE & GENERAL	6	
49.20 HRH COMM EDUCATION CAR SEAT COMM SUP	B	-1,200	ADMINISTRATIVE & GENERAL	6	
49.21 HRH COMM EDUCATION CAR SEAT STATE FU	B	-2,000	ADMINISTRATIVE & GENERAL	6	
49.22 HRH ACCOUNTING MISCELLANEOUS REVENUE	B	-5,659	ADMINISTRATIVE & GENERAL	6	
49.23 HRH PLANT OFFSITE SERVICES	B	-118,173	OPERATION OF PLANT	8	
49.24 HRH PLANT PLANT SERVICES REVENUE	B	-40	OPERATION OF PLANT	8	
49.25 HRH OFFSITE SERV OFFSITE SERVICES	B	-4,177	HOUSEKEEPING	10	
49.26 HRH HOUSEKEEPING REBATES/REFUNDS	B	-6,574	HOUSEKEEPING	10	
49.27 HRH NUTRITIONAL SER REBATES/REFUNDS	B	-10,883	DIETARY	11	
49.28 HRH NUTRITIONAL SER GRANTS	B	-5,000	DIETARY	11	
49.29 HRH OTHER REVENUE REBATES/REFUNDS	B	-34,163	CENTRAL SERVICES & SUPPLY	15	
49.30 HRH OTHER REVENUE DISCOUNTS EARNED O	B	-24,397	CENTRAL SERVICES & SUPPLY	15	
49.31 HRH ASSOCIATE PHARM RETAIL PHARMACY-	B	-524,611	PHARMACY	16	
49.32 HRH PHARMACY REBATES/REFUNDS	B	-15,133	PHARMACY	16	
49.33 HRH PHARMACY MISCELLANEOUS REVENUE	B	-239	PHARMACY	16	
49.34 HRH HEALTH INFO SER MISCELLANEOUS RE	B	-63,252	MEDICAL RECORDS & LIBRARY	17	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0037
I

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

I PREPARED 5/26/2011
I WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4	5	
49.35 HRH HEALTH INFO SER MEDICAL RECORDS-	B	-2,881	MEDICAL RECORDS & LIBRARY	17		
49.36 HRH ANDIS UNIT REBATES/REFUNDS	B	-1,447	ADULTS & PEDIATRICS	25		
49.37 HRH HAN GEN SURG PHYS OTHER REVENUE	B	-1,358,616	OPERATING ROOM	37		
49.38 HRH HAN GEN SURG CONTRACTUAL PHYS OT	B	874,277	OPERATING ROOM	37		
49.39 HRH PIC-AHN EXPENSE REIMBURSEMENT	B	-544,851	RADIOLOGY-DIAGNOSTIC	41		
49.40 HRH ULTRASOUND HEARTBEATS REVENUE	B	-4,267	RADIOLOGY-DIAGNOSTIC	41		
49.41 HRH DIAG IMAGING MISCELLANEOUS REVEN	B	-589	RADIOLOGY-DIAGNOSTIC	41		
49.42 HRH RADIOLOGY-REV COMMUNITY BENEFITS	B	20	RADIOLOGY-DIAGNOSTIC	41		
49.43 HRH CT SCAN HEARTBEATS REVENUE	B	-2,094	RADIOLOGY-DIAGNOSTIC	41		
49.44 HRH DIAG IMAGING REBATES/REFUNDS	B	-169	RADIOLOGY-DIAGNOSTIC	41		
49.45 HRH MMO EXPENSE REIMBURSEMENT	B	-151,085	RADIOLOGY-DIAGNOSTIC	41		
49.46 HRH MMO RENTAL INCOME	B	-428,070	NEW CAP REL COSTS-BLDG &	3	9	
49.47 HRH LAB HEARTBEATS REVENUE	B	-27,967	LABORATORY	44		
49.48 HRH LAB MISCELLANEOUS REVENUE	B	-16	LABORATORY	44		
49.49 HRH LAB WATER TESTING	B	-53,400	LABORATORY	44		
49.50 HRH SLEEP STUDY CLINIC MANAGMENT	B	-97,200	RESPIRATORY THERAPY	49		
49.51 HRH SLEEP STUDY SLEEP STUDY FEES	B	-172,703	RESPIRATORY THERAPY	49		
49.52 HRH SPORTS MEDICINE PROF FEE INCOME	B	-10,333	PHYSICAL THERAPY	50		
49.53 HRH SPORTS MEDICINE MISCELLANEOUS RE	B	-93	PHYSICAL THERAPY	50		
49.54 HRH MMO-PT MISCELLANEOUS REVENUE	B	-150	PHYSICAL THERAPY	50		
49.55 HRH CARDIO SERV CARDIO SERVICES	B	-4,850	ELECTROCARDIOLOGY	53		
49.56 HRH WOUND/SKIN CLIN LEASED EMPLOYEE	B	-75,182	WOUND CLINIC	60.01		
49.58 HRH ANDIS WOMEN'S C CLINIC MANAGMENT	B	-7,500	ANDIS CLINIC	60.04		
49.59 HRH E R REBATES/REFUNDS	B	-1,234	EMERGENCY	61		
49.60 CAFETERIA - EMPLOYEES	B	-471,070	CAFETERIA	12		
49.61 DIETARY REVENUE	B	-4,260	DIETARY	11		
49.62 MOW	A	-276,005	DIETARY	11		
49.63 CAFETERIA GUEST MEALS	A	-73,794	CAFETERIA	12		
49.64 TELEPHONE SERVICES	A	-37,247	ADMINISTRATIVE & GENERAL	6		
49.65 1987 USEFUL LIFE ADJ	A	2,960	NEW CAP REL COSTS-BLDG &	3	9	
49.66 PHY OFFICE BLDG	A	-997,873	NEW CAP REL COSTS-BLDG &	3	9	
49.67 PHY OFFICE BLDG	A	-69,363	OPERATION OF PLANT	8		
49.68 RENTAL PROPERTIES EXPENSE	A	-76,716	ADMINISTRATIVE & GENERAL	6		
49.69 RENTAL PROPERTIES EXPENSE	A	-1,009	NEW CAP REL COSTS-BLDG &	3	11	
49.70 IHA LOBBYING EXPENSE	A	-2,135	ADMINISTRATIVE & GENERAL	6		
49.71 AHA LOBBYING EXPENSE	A	-5,119	ADMINISTRATIVE & GENERAL	6		
49.72 INTEREST REVENUE	B	-907,323	NEW CAP REL COSTS-BLDG &	3	11	
49.73 ADVERTISING FEE	A	-126,222	ADMINISTRATIVE & GENERAL	6		
49.74 ADVERTISING FEE	A	-1,640	PHYSICAL THERAPY	50		
49.75 ADVERTISING FEE	A	-111	OCCUPATIONAL THERAPY	51		
49.76 ADVERTISING FEE	A	-680	WOUND CLINIC	60.01		
49.77 TELEVISION	A	-2,429	OPERATION OF PLANT	8		
49.78 PHYSICIAN RECRUITMENT FEES	A	-32,597	ADMINISTRATIVE & GENERAL	6		
49.79 LIFELINE OTHER EXPENSE	A	-26,151	ADMINISTRATIVE & GENERAL	6		
49.80 LIFELINE DEPRECIATION EXPENSE	A	-1,131	ADMINISTRATIVE & GENERAL	6		
49.81 DONATIONS & SPONSORSHIPS	A	-11,749	ADMINISTRATIVE & GENERAL	6		
49.82 HRH MMO-RADIOLOGY HEARTBEATS REVENUE	B	-315	RADIOLOGY-DIAGNOSTIC	41		
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,790,872				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET A-8-2
 I I TO 12/31/2010 I GROUP 1

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	6	HRH QUALITY SUPP PHYSICIA	27,083	27,083					
2	6	HRH EXECUTIVE ADMIN PHYSI	776,279	776,279					
3	31	HRH REFLECTIONS PHYSICIAN	67,000	67,000					
4	31	1 HRH IRF PHYSICIAN FEES	72,000	72,000					
5	37	HRH SURGERY PHYSICIAN FEE							
6	40	HRH OB ANESTHESIA PHYSICI	129,714	129,714					
7	44	HRH LAB PHYSICIAN FEES	125,000	125,000					
8	49	HRH RESP THERAPY PHYSICIA	37,000	37,000					
9	49	HRH SLEEP STUDY PHYSICIAN	23,500	23,500					
10	50	HRH PHYSICAL THER PHYSICI	650	650					
11	60	1 HRH WOUND/SKIN CLIN PHYSI	135,888	135,888					
12	60	4 HRH ANDIS WOMEN'S C PHYSI	5,100	5,100					
13	60	5 HRH PRIME TIME CARE PHYSI	17,200	17,200					
14	61	HRH E R PHYSICIAN FEES	60,000	60,000					
15	63	50 HRH KNIGHTSTOWN OFF PHYSI	14,280	14,280					
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,490,694	1,490,694					

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 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	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
10	HOUSEKEEPING	5	HOURS OF	SERVICE	ENTERED
11	DIETARY	6	PATIENT	DAYS	ENTERED
12	CAFETERIA	7	MANHOURS		ENTERED
14	NURSING ADMINISTRATION	2	MANHOURS		ENTERED
15	CENTRAL SERVICES & SUPPLY	9	COSTED	REQUIS.	ENTERED
16	PHARMACY	10	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	11	TIME	SPENT	ENTERED
24	PARAMED ED PRGM	12	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLOG &	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	HOUSEKEEPING
	0	3	5	5a.00	6	8	10
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS	4,079,348	4,079,348	8,354,529				
006 ADMINISTRATIVE & GENERAL	8,341,283	13,246	1,498,660	13,484,293	13,484,293		
008 OPERATION OF PLANT	11,707,734	277,899	190,790	5,402,931	1,189,709	6,592,640	
010 HOUSEKEEPING	4,168,969	1,043,172	193,249	1,691,809	372,531	79,287	2,143,627
011 DIETARY	1,476,136	22,424	93,457	618,601	136,214	165,229	34,016
012 CAFETERIA	478,414	46,730	148,257	873,305	192,299	249,382	56,053
014 NURSING ADMINISTRATION	654,518	70,530	15,265	71,488	15,741		85,026
015 CENTRAL SERVICES & SUPPLY	750,913		266,235	3,239,912	713,419	67,551	62,021
016 PHARMACY	56,223	19,105	144,364	1,055,253	232,364	48,839	74,602
017 MEDICAL RECORDS & LIBRARY	2,954,572	37,258	14,711	104,380	22,984	48,088	85,936
024 PARAMED ED PRGM	76,069	13,600					
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,603,576	357,354	896,781	5,857,711	1,289,838	1,263,550	570,148
031 INTENSIVE CARE UNIT	3,773,187	241,339	742,764	4,757,290	1,047,541	853,339	117,544
031 SUBPROVIDER	1,066,962	64,519	222,957	1,354,438	298,243	228,129	94,072
034 01 IRF	792,300	93,500	164,804	1,050,604	231,340	330,602	32,565
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	2,356,352	239,325	432,839	3,028,516	666,870	846,218	228,226
041 RECOVERY ROOM	367,862	21,452	77,874	467,188	102,873	75,852	84,038
044 ANESTHESIOLOGY	1,665			1,665	367		
049 RADIOLOGY-DIAGNOSTIC	3,836,525	146,200	576,010	4,558,735	1,003,820	516,941	83,544
050 LABORATORY	3,607,478	59,136	363,015	4,029,629	887,312	209,095	79,723
051 RESPIRATORY THERAPY	1,151,152	23,820	268,367	1,443,339	317,819	30,055	61,059
052 PHYSICAL THERAPY	1,279,978	41,731	254,566	1,576,275	347,091	147,554	70,963
053 OCCUPATIONAL THERAPY	302,656		65,409	368,065	81,047		
055 SPEECH PATHOLOGY	166,037		32,278	198,315	43,668		
059 01 OCCUPATIONAL HEALTH	2,198			2,198	484		
059 53 ELECTROCARDIOLOGY	1,095,791	105,764	100,034	1,301,589	286,606	292,425	138,365
059 55 MEDICAL SUPPLIES CHARGED	3,033,544	62,637		3,096,181	681,770	221,474	
059 30 IMPL. DEV. CHARGED TO PAT	1,332,362			1,332,362	293,382		
059 56 DRUGS CHARGED TO PATIENTS							
059 97 CARDIAC REHABILITATION	100,756		11,389	112,145	24,694		
060 OUTPAT SERVICE COST CNTRS							
060 01 WOUND CLINIC	965,884	28,262	20,662	1,014,808	223,458	99,932	
060 02 DIABETES CLINIC							
060 03 ASTHMA CLINIC	2,781	4,361	659	7,801	1,718	15,421	
060 04 ANDIS CLINIC	87,525	3,248	10,401	101,174	22,278	11,485	
060 05 PRIME TIME	574,550		108,312	682,862	150,364		
060 06 SHELBYVILLE WOUND CLINIC	116,685		14,038	130,723	28,785		
061 EMERGENCY	2,732,891	218,369	536,063	3,487,323	767,898	772,119	122,249
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	230,613		38,005	268,618	59,149		
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	1,907,584		365,955	2,273,539	500,626		63,477
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,017,285		79,723	1,097,008	241,558		
095 SUBTOTALS	72,123,989	3,254,981	8,112,052	71,057,145	12,677,356	6,572,567	2,143,627
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 PROFESSIONAL BUILDING	423,760	584,769	1,097	1,009,626	222,317	4,294	
096 02 PHYSICIAN BUILDING	318,510		19,612	338,122	74,453		
096 03 PRIVATE DUTY	636,481		101,494	737,975	162,500		
096 04 MARKETING	492,200	4,462	20,208	516,870	113,813	15,779	
096 05 WATER LAB							
096 06 FOUNDATION	202,818		17,336	220,154	48,477		
096 07 ASC	930	235,136		236,066	51,981		
096 08 ANDERSON WOMEN'S CLINIC	294,537		53,321	347,858	76,597		
096 09 HANCOCK OB	228,539		29,409	257,948	56,799		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	74,721,764	4,079,348	8,354,529	74,721,764	13,484,293	6,592,640	2,143,627

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED ED PRGM
	11	12	14	15	16	17	24
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
008 HOUSEKEEPING							
010 DIETARY	954,060						
012 CAFETERIA		1,371,039					
014 NURSING ADMINISTRATION		27,819	1,144,387				
015 CENTRAL SERVICES & SUPPLY		6,499	6,506	185,260			
016 PHARMACY		44,468	44,518	1,121	4,173,010		
017 MEDICAL RECORDS & LIBRARY		46,397				1,457,455	
024 PARAMED ED PRGM		2,982	2,985				267,355
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	381,220	195,288	195,513	4,513		336,534	
026 INTENSIVE CARE UNIT	313,478	173,313	173,510	4,294		42,021	
031 SUBPROVIDER	150,514	51,594	51,652	489		34,649	
031 01 IRF	108,848	36,469		499		206,049	
034 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		70,752	70,833	3,153		442,322	
038 RECOVERY ROOM		12,449	12,463	242			
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC LABORATORY		129,295	129,441	1,805		50,499	267,355
044 RESPIRATORY THERAPY		99,142	99,254	38,684		112,055	
049 PHYSICAL THERAPY		56,617	56,681	802			
050 OCCUPATIONAL THERAPY		50,168	50,225	81			
051 SPEECH PATHOLOGY		14,467		47			
052 01 OCCUPATIONAL HEALTH ELECTROCARDIOLOGY		22,579		658		57,502	
055 MEDICAL SUPPLIES CHARGED				120,193			
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS					4,173,010	2,580	
059 97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS CLINIC		3,897					
060 01 WOUND CLINIC		2,824		360			
060 02 DIABETES CLINIC							
060 03 ASTHMA CLINIC		138					
060 04 ANDIS CLINIC		2,580		5			
060 05 PRIME TIME		22,403		145			
060 06 SHELBYVILLE WOUND CLINIC		3,460		120			
061 EMERGENCY		99,326	99,439	3,471		172,875	
062 OBSERVATION BEDS (NON-DIS OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC		8,442		69			
063 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY		87,636	87,735	294		369	
071 SPEC PURPOSE COST CENTERS HOSPICE		19,867	19,889	3,666			
093 SUBTOTALS	954,060	1,296,280	1,100,644	184,818	4,173,010	1,457,455	267,355
095 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
096 01 PROFESSIONAL BUILDING		178					
096 02 PHYSICIAN BUILDING		6,907		82			
096 03 PRIVATE DUTY		43,694	43,743	261			
096 04 MARKETING		4,396					
096 05 WATER LAB							
096 06 FOUNDATION		4,980					
096 07 ASC				2			
096 08 ANDERSON WOMEN'S CLINIC		13,109		97			
096 09 HANCOCK OB		1,495					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	954,060	1,371,039	1,144,387	185,260	4,173,010	1,457,455	267,355

COST ALLOCATION - GENERAL SERVICE COSTS

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PROVIDER NO:
15-0037

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

I PREPARED 5/26/2011
I WORKSHEET B
I PART I

	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		25	26	27
	GENERAL SERVICE COST CNTR			
003	NEW CAP REL COSTS-BLDG &			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENERAL			
008	OPERATION OF PLANT			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
024	PARAMED ED PRGM			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	10,094,315		10,094,315
026	INTENSIVE CARE UNIT	7,482,330		7,482,330
031	SUBPROVIDER	2,263,780		2,263,780
031	01 IRF	1,996,976		1,996,976
034	SKILLED NURSING FACILITY			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	5,356,890		5,356,890
038	RECOVERY ROOM	755,105		755,105
040	ANESTHESIOLOGY	2,032		2,032
041	RADIOLOGY-DIAGNOSTIC	6,741,435		6,741,435
044	LABORATORY	5,554,894		5,554,894
049	RESPIRATORY THERAPY	1,966,372		1,966,372
050	PHYSICAL THERAPY	2,242,357		2,242,357
051	OCCUPATIONAL THERAPY	463,626		463,626
052	SPEECH PATHOLOGY	247,499		247,499
052	01 OCCUPATIONAL HEALTH	2,682		2,682
053	ELECTROCARDIOLOGY	2,099,724		2,099,724
055	MEDICAL SUPPLIES CHARGED	4,119,618		4,119,618
055	30 IMPL. DEV. CHARGED TO PAT	1,625,744		1,625,744
056	DRUGS CHARGED TO PATIENTS	4,175,590		4,175,590
059				
059	97 CARDIAC REHABILITATION	140,736		140,736
	OUTPAT SERVICE COST CNTRS			
060	CLINIC			
060	01 WOUND CLINIC	1,341,382		1,341,382
060	02 DIABETES CLINIC			
060	03 ASTHMA CLINIC	25,078		25,078
060	04 ANDIS CLINIC	137,522		137,522
060	05 PRIME TIME	855,774		855,774
060	06 SHELBYVILLE WOUND CLINIC	163,088		163,088
061	EMERGENCY	5,524,700		5,524,700
062	OBSERVATION BEDS (NON-DIS			
063	OTHER OUTPATIENT SERVICE			
063	50 RURAL HEALTH CLINIC	336,278		336,278
	OTHER REIMBURS COST CNTRS			
071	HOME HEALTH AGENCY	3,013,676		3,013,676
	SPEC PURPOSE COST CENTERS			
093	HOSPICE	1,381,988		1,381,988
095	SUBTOTALS	70,111,191		70,111,191
	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP			
096	01 PROFESSIONAL BUILDING	1,236,415		1,236,415
096	02 PHYSICIAN BUILDING	419,564		419,564
096	03 PRIVATE DUTY	988,173		988,173
096	04 MARKETING	650,858		650,858
096	05 WATER LAB			
096	06 FOUNDATION	273,611		273,611
096	07 ASC	288,049		288,049
096	08 ANDERSON WOMEN'S CLINIC	437,661		437,661
096	09 HANCOCK OB	316,242		316,242
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	TOTAL	74,721,764		74,721,764

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0037
 I PERIOD: FROM 1/1/2010 TO 12/31/2010
 I PREPARED 5/26/2011
 I WORKSHEET B
 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8	HOUSEKEEPING 10
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS		13,246	13,246	13,246			
006 ADMINISTRATIVE & GENERAL		277,899	277,899	2,376	280,275		
008 OPERATION OF PLANT		1,043,172	1,043,172	303	24,729	1,068,204	
010 HOUSEKEEPING		22,424	22,424	306	7,743	12,847	43,320
011 DIETARY		46,730	46,730	148	2,831	26,772	687
012 CAFETERIA		70,530	70,530	235	3,997	40,407	1,133
014 NURSING ADMINISTRATION				260	4,188		
015 CENTRAL SERVICES & SUPPLY				24	327		1,718
016 PHARMACY		19,105	19,105	422	14,829	10,945	1,253
017 MEDICAL RECORDS & LIBRARY		37,258	37,258	229	4,830	7,913	1,508
024 PARAMED ED PRGM		13,600	13,600	23	478	7,792	1,737
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		357,354	357,354	1,422	26,803	204,732	11,524
026 INTENSIVE CARE UNIT		241,339	241,339	1,178	21,774	138,266	2,375
031 SUBPROVIDER		64,519	64,519	354	6,199	36,964	1,901
031 01 IRF		93,500	93,500	261	4,809	53,567	658
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		239,325	239,325	686	13,862	137,113	4,612
038 RECOVERY ROOM		21,452	21,452	123	2,138	12,290	1,698
040 ANESTHESIOLOGY					8		
041 RADIOLOGY-DIAGNOSTIC		146,200	146,200	913	20,865	83,760	1,688
044 LABORATORY		59,136	59,136	576	18,444	33,880	1,611
049 RESPIRATORY THERAPY		23,820	23,820	426	6,606	4,870	1,234
050 PHYSICAL THERAPY		41,731	41,731	404	7,215	23,908	1,434
051 OCCUPATIONAL THERAPY				104	1,685		
052 SPEECH PATHOLOGY				51	908		
052 01 OCCUPATIONAL HEALTH					10		
053 ELECTROCARDIOLOGY		105,764	105,764	159	5,957	47,382	2,796
055 MEDICAL SUPPLIES CHARGED		62,637	62,637		14,171	35,885	
055 30 IMPL. DEV. CHARGED TO PAT					6,098		
056 DRUGS CHARGED TO PATIENTS							
059 97 CARDIAC REHABILITATION				18	513		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 WOUND CLINIC		28,262	28,262	33	4,645	16,192	
060 02 DIABETES CLINIC							
060 03 ASTHMA CLINIC		4,361	4,361	1	36	2,499	
060 04 ANDIS CLINIC		3,248	3,248	16	463	1,861	
060 05 PRIME TIME				172	3,125		
060 06 SHELBYVILLE WOUND CLINIC				22	598		
061 EMERGENCY		218,369	218,369	850	15,961	125,106	2,470
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC				60	1,229		
063 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				580	10,406		1,283
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				126	5,021		
095 SUBTOTALS		3,254,981	3,254,981	12,861	263,501	1,064,951	43,320
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 PROFESSIONAL BUILDING		584,769	584,769	2	4,621	696	
096 02 PHYSICIAN BUILDING				31	1,548		
096 03 PRIVATE DUTY				161	3,378		
096 04 MARKETING		4,462	4,462	32	2,366	2,557	
096 05 WATER LAB							
096 06 FOUNDATION				27	1,008		
096 07 ASC		235,136	235,136		1,080		
096 08 ANDERSON WOMEN'S CLINIC				85	1,592		
096 09 HANCOCK OB				47	1,181		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		4,079,348	4,079,348	13,246	280,275	1,068,204	43,320

ALLOCATION OF NEW CAPITAL RELATED COSTS

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I

PROVIDER NO:
15-0037

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

I PREPARED 5/26/2011
I WORKSHEET B
I PART III

COST CENTER DESCRIPTION		DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	PARAMED ED PR GM 24
003	GENERAL SERVICE COST CNTR							
005	NEW CAP REL COSTS-BLDG &							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
010	OPERATION OF PLANT							
011	HOUSEKEEPING							
012	DIETARY	77,168						
012	CAFETERIA		116,302					
014	NURSING ADMINISTRATION		2,360	6,808				
015	CENTRAL SERVICES & SUPPLY		551	39	2,659			
016	PHARMACY		3,772	265	16	50,607		
017	MEDICAL RECORDS & LIBRARY		3,936				55,674	
024	PARAMED ED PRGM		253	18				23,901
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	30,835	16,563	1,164	65		12,855	
026	INTENSIVE CARE UNIT	25,355	14,702	1,032	62		1,605	
031	SUBPROVIDER	12,174	4,377	307	7		1,324	
031	01 IRF	8,804	3,094		7		7,871	
034	SKILLED NURSING FACILITY							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		6,002	421	45		16,896	
038	RECOVERY ROOM		1,056	74	3			
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC		10,968	770	26		1,929	
044	LABORATORY		8,410	590	556		4,280	
049	RESPIRATORY THERAPY		4,803	337	12			
050	PHYSICAL THERAPY		4,256	299	1			
051	OCCUPATIONAL THERAPY		1,227		1			
052	SPEECH PATHOLOGY		459		2			
052	01 OCCUPATIONAL HEALTH							
053	ELECTROCARDIOLOGY		1,915		9		2,197	
055	MEDICAL SUPPLIES CHARGED				1,724			
055	30 IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS					50,607	99	
059	97 CARDIAC REHABILITATION		331					
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 WOUND CLINIC		240		5			
060	02 DIABETES CLINIC							
060	03 ASTHMA CLINIC		12					
060	04 ANDIS CLINIC		219					
060	05 PRIME TIME		1,900		2			
060	06 SHELBYVILLE WOUND CLINIC		294		2			
061	EMERGENCY		8,426	592	50		6,604	
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC		716		1			
071	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY		7,434	522	4		14	
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE		1,685	118	53			
095	SUBTOTALS	77,168	109,961	6,548	2,653	50,607	55,674	
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096	01 PROFESSIONAL BUILDING		15					
096	02 PHYSICIAN BUILDING		586		1			
096	03 PRIVATE DUTY		3,706	260	4			
096	04 MARKETING		373					
096	05 WATER LAB							
096	06 FOUNDATION		422					
096	07 ASC							
096	08 ANDERSON WOMEN'S CLINIC		1,112		1			
096	09 HANCOCK OB		127					
101	CROSS FOOT ADJUSTMENTS							23,901
102	NEGATIVE COST CENTER							
103	TOTAL	77,168	116,302	6,808	2,659	50,607	55,674	23,901

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0037
 I PERIOD: FROM 1/1/2010 TO 12/31/2010
 I PREPARED 5/26/2011
 I WORKSHEET B
 I PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
008 OPERATION OF PLANT			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
024 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	663,317		663,317
031 INTENSIVE CARE UNIT	447,688		447,688
031 SUBPROVIDER	128,126		128,126
034 01 IRF	172,571		172,571
037 SKILLED NURSING FACILITY			
038 ANCILLARY SRVC COST CNTRS			
040 OPERATING ROOM	418,962		418,962
041 RECOVERY ROOM	38,834		38,834
044 ANESTHESIOLOGY	8		8
049 RADIOLOGY-DIAGNOSTIC	267,119		267,119
050 LABORATORY	127,483		127,483
051 RESPIRATORY THERAPY	42,108		42,108
052 PHYSICAL THERAPY	79,248		79,248
053 OCCUPATIONAL THERAPY	3,017		3,017
055 SPEECH PATHOLOGY	1,420		1,420
059 01 OCCUPATIONAL HEALTH	10		10
060 ELECTROCARDIOLOGY	166,179		166,179
063 30 MEDICAL SUPPLIES CHARGED	114,417		114,417
066 30 IMPL. DEV. CHARGED TO PAT	6,098		6,098
069 06 DRUGS CHARGED TO PATIENTS	50,706		50,706
071 97 CARDIAC REHABILITATION	862		862
080 OUTPAT SERVICE COST CNTRS			
083 CLINIC			
086 01 WOUND CLINIC	49,377		49,377
089 02 DIABETES CLINIC			
092 03 ASTHMA CLINIC	6,909		6,909
095 04 ANDIS CLINIC	5,807		5,807
098 05 PRIME TIME	5,199		5,199
101 06 SHELBYVILLE WOUND CLINIC	916		916
104 06 EMERGENCY	378,428		378,428
107 06 OBSERVATION BEDS (NON-DIS			
110 06 OTHER OUTPATIENT SERVICE			
113 50 RURAL HEALTH CLINIC	2,006		2,006
116 50 OTHER REIMBURS COST CNTRS			
119 071 HOME HEALTH AGENCY	20,243		20,243
122 071 SPEC PURPOSE COST CENTERS			
125 093 HOSPICE	7,003		7,003
128 095 SUBTOTALS	3,204,061		3,204,061
131 NONREIMBURS COST CENTERS			
134 GIFT, FLOWER, COFFEE SHOP			
137 01 PROFESSIONAL BUILDING	590,103		590,103
140 02 PHYSICIAN BUILDING	2,166		2,166
143 03 PRIVATE DUTY	7,509		7,509
146 04 MARKETING	9,790		9,790
149 05 WATER LAB			
152 06 FOUNDATION	1,457		1,457
155 07 ASC	236,216		236,216
158 08 ANDERSON WOMEN'S CLINIC	2,790		2,790
161 09 HANCOCK OB	1,355		1,355
164 101 CROSS FOOT ADJUSTMENTS	23,901		23,901
167 102 NEGATIVE COST CENTER			
170 103 TOTAL	4,079,348		4,079,348

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 15-0037
I

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

I PREPARED 5/26/2011
I WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	C EMPLOYEE BENEFITS	BENE RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING
	(SQUARE FEET)	(GROSS SALARIES)	(RECONCILIATION)	(ACCUM. COST)	(SQUARE FEET)	(HOURS OF SERVICE)
	3	5	6a.00	6	8	10
003 GENERAL SERVICE COST						
005 NEW CAP REL COSTS-BLD	403,136					
006 EMPLOYEE BENEFITS	1,309	35,229,874				
008 ADMINISTRATIVE & GENE	27,463	6,319,597	-13,484,293	61,237,471		
010 OPERATION OF PLANT	103,090	804,534		5,402,931	184,258	
011 HOUSEKEEPING	2,216	814,907		1,691,809	2,216	412,334
012 DIETARY	4,618	394,096		618,601	4,618	6,543
014 CAFETERIA	6,970	625,180		873,305	6,970	10,782
015 NURSING ADMINISTRATIO		692,236		915,072		
016 CENTRAL SERVICES & SU		64,370		71,488		16,355
017 PHARMACY	1,888	1,122,678		3,239,912	1,888	11,930
024 MEDICAL RECORDS & LIB	3,682	608,763		1,055,253	1,365	14,350
025 PARAMED ED PRGM	1,344	62,033		104,380	1,344	16,530
026 INPAT ROUTINE SRVC CN						
031 ADULTS & PEDIATRICS	35,315	3,781,606		5,857,711	35,315	109,670
031 INTENSIVE CARE UNIT	23,850	3,132,134		4,757,290	23,850	22,610
031 SUBPROVIDER	6,376	940,180		1,354,438	6,376	18,095
034 01 IRF	9,240	694,955		1,050,604	9,240	6,264
037 SKILLED NURSING FACIL						
038 ANCILLARY SRVC COST C						
040 OPERATING ROOM	23,651	1,825,224		3,028,516	23,651	43,900
041 RECOVERY ROOM	2,120	328,386		467,188	2,120	16,165
044 ANESTHESIOLOGY				1,665		
049 RADIOLOGY-DIAGNOSTIC	14,448	2,428,957		4,558,735	14,448	16,070
050 LABORATORY	5,844	1,530,785		4,029,629	5,844	15,335
051 RESPIRATORY THERAPY	2,354	1,131,668		1,443,339	840	11,745
052 PHYSICAL THERAPY	4,124	1,073,472		1,576,275	4,124	13,650
052 OCCUPATIONAL THERAPY		275,819		368,065		
053 SPEECH PATHOLOGY		136,113		198,315		
055 01 OCCUPATIONAL HEALTH				2,198		
055 ELECTROCARDIOLOGY	10,452	421,828		1,301,589	8,173	26,615
056 MEDICAL SUPPLIES CHAR	6,190			3,096,181	6,190	
059 30 IMPL. DEV. CHARGED TO				1,332,362		
059 97 DRUGS CHARGED TO PATI						
060 97 CARDIAC REHABILITATIO		48,024		112,145		
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 WOUND CLINIC	2,793	87,127		1,014,808	2,793	
060 02 DIABETES CLINIC						
060 03 ASTHMA CLINIC	431	2,781		7,801	431	
060 04 ANDIS CLINIC	321	43,861		101,174	321	
060 05 PRIME TIME		456,737		682,862		
060 06 SHELBYVILLE WOUND CLI		59,198		130,723		
061 EMERGENCY	21,580	2,260,505		3,487,323	21,580	23,515
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC		160,264		268,618		
071 OTHER REIMBURS COST C						
093 HOME HEALTH AGENCY		1,543,182		2,273,539		12,210
095 SPEC PURPOSE COST CEN						
096 HOSPICE		336,182		1,097,008		
096 SUBTOTALS	321,669	34,207,382	-13,484,293	57,572,852	183,697	412,334
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
096 01 PROFESSIONAL BUILDING	57,789	4,626		1,009,626	120	
096 02 PHYSICIAN BUILDING		82,702		338,122		
096 03 PRIVATE DUTY		427,988		737,975		
096 04 MARKETING	441	85,213		516,870	441	
096 05 WATER LAB						
096 06 FOUNDATION		73,104		220,154		
096 07 ASC	23,237			236,066		
096 08 ANDERSON WOMEN'S CLIN		224,847		347,858		
096 09 HANCOCK OB		124,012		257,948		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	4,079,348	8,354,529		13,484,293	6,592,640	2,143,627
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	10.119037				35.779396	
(WRKSHT B, PT I)		.237143		.220197		5.198764
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED		13,246		280,275	1,068,204	43,320
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER		.000376		.004577	5.797328	.105060
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	PARAMEDICAL (ASSIGNED TIME)	ED PR DS ()
	11	12	14	15	16	17	24	
003 GENERAL SERVICE COST								
005 NEW CAP REL COSTS-BLD								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENE								
010 OPERATION OF PLANT								
011 HOUSEKEEPING								
012 DIETARY	17,013							
014 CAFETERIA		894,255						
015 NURSING ADMINISTRATION		18,145	745,577					
016 CENTRAL SERVICES & SUPPLY		4,239	4,239	4,675,721				
017 PHARMACY		29,004	29,004	28,300	100			
024 MEDICAL RECORDS & LIBRARY		30,262				3,954		
025 PARAMEDICAL PRGM		1,945	1,945	6				100
026 INPAT ROUTINE SRVC CN								
031 ADULTS & PEDIATRICS	6,798	127,377	127,377	113,899		913		
031 INTENSIVE CARE UNIT	5,590	113,043	113,043	108,384		114		
031 SUBPROVIDER	2,684	33,652	33,652	12,331		94		
034 01 IRF	1,941	23,787		12,583		559		
037 SKILLED NURSING FACIL								
038 ANCILLARY SRVC COST C								
040 OPERATING ROOM		46,148	46,148	79,570		1,200		
041 RECOVERY ROOM		8,120	8,120	6,116				
044 ANESTHESIOLOGY								
049 RADIOLOGY-DIAGNOSTIC		84,332	84,332	45,549		137	100	
050 LABORATORY		64,665	64,665	976,326		304		
051 RESPIRATORY THERAPY		36,928	36,928	20,239				
052 PHYSICAL THERAPY		32,722	32,722	2,048				
053 OCCUPATIONAL THERAPY		9,436		1,194				
055 SPEECH PATHOLOGY		3,528		2,688				
059 01 OCCUPATIONAL HEALTH								
060 ELECTROCARDIOLOGY		14,727		16,616		156		
060 MEDICAL SUPPLIES CHAR				3,033,544				
060 30 IMPL. DEV. CHARGED TO								
060 DRUGS CHARGED TO PATI					100	7		
060 97 CARDIAC REHABILITATIO		2,542						
060 OUTPAT SERVICE COST C								
060 CLINIC								
060 01 WOUND CLINIC		1,842		9,076				
060 02 DIABETES CLINIC								
060 03 ASTHMA CLINIC		90						
060 04 ANDIS CLINIC		1,683		131				
060 05 PRIME TIME		14,612		3,664				
060 06 SHELBYVILLE WOUND CLI		2,257		3,029				
061 EMERGENCY		64,785	64,785	87,604		469		
062 OBSERVATION BEDS (NON								
063 OTHER OUTPATIENT SERV								
063 50 RURAL HEALTH CLINIC		5,506		1,734				
071 OTHER REIMBURS COST C								
093 HOME HEALTH AGENCY		57,160	57,160	7,424		1		
095 SPEC PURPOSE COST CEN								
096 HOSPICE		12,958	12,958	92,533				
096 SUBTOTALS	17,013	845,495	717,078	4,664,588	100	3,954	100	
096 NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE								
096 01 PROFESSIONAL BUILDING		116						
096 02 PHYSICIAN BUILDING		4,505		2,059				
096 03 PRIVATE DUTY		28,499	28,499	6,579				
096 04 MARKETING		2,867						
096 05 WATER LAB								
096 06 FOUNDATION		3,248						
096 07 ASC				38				
096 08 ANDERSON WOMEN'S CLIN		8,550		2,457				
096 09 HANCOCK OB		975						
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	954,060	1,371,039	1,144,387	185,260	4,173,010	1,457,455	267,355	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		1.533163		.039622		368.602681		
(WRKSHT B, PT I)	56.078293		1.534901		41,730.100000		2,673.550000	
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	77,168	116,302	6,808	2,659	50,607	55,674	23,901	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.130055		.000569		14.080425		
(WRKSHT B, PT III)	4.535826		.009131		506.070000		239.010000	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	10,094,315		10,094,315		10,094,315
26	INTENSIVE CARE UNIT	7,482,330		7,482,330		7,482,330
31	SUBPROVIDER	2,263,780		2,263,780		2,263,780
31	01 IRF	1,996,976		1,996,976		1,996,976
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,356,890		5,356,890		5,356,890
38	RECOVERY ROOM	755,105		755,105		755,105
40	ANESTHESIOLOGY	2,032		2,032		2,032
41	RADIOLOGY-DIAGNOSTIC	6,741,435		6,741,435		6,741,435
44	LABORATORY	5,554,894		5,554,894		5,554,894
49	RESPIRATORY THERAPY	1,966,372		1,966,372		1,966,372
50	PHYSICAL THERAPY	2,242,357		2,242,357		2,242,357
51	OCCUPATIONAL THERAPY	463,626		463,626		463,626
52	SPEECH PATHOLOGY	247,499		247,499		247,499
52	01 OCCUPATIONAL HEALTH	2,682		2,682		2,682
53	ELECTROCARDIOLOGY	2,099,724		2,099,724		2,099,724
55	MEDICAL SUPPLIES CHARGED	4,119,618		4,119,618		4,119,618
55	30 IMPL. DEV. CHARGED TO PAT	1,625,744		1,625,744		1,625,744
56	DRUGS CHARGED TO PATIENTS	4,175,590		4,175,590		4,175,590
59						
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	140,736		140,736		140,736
60	CLINIC					
60	01 WOUND CLINIC	1,341,382		1,341,382		1,341,382
60	02 DIABETES CLINIC					
60	03 ASTHMA CLINIC	25,078		25,078		25,078
60	04 ANDIS CLINIC	137,522		137,522		137,522
60	05 PRIME TIME	855,774		855,774		855,774
60	06 SHELBYVILLE WOUND CLINIC	163,088		163,088		163,088
61	EMERGENCY	5,524,700		5,524,700		5,524,700
62	OBSERVATION BEDS (NON-DIS	2,353,888		2,353,888		2,353,888
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	336,278		336,278		336,278
101	SUBTOTAL	68,069,415		68,069,415		68,069,415
102	LESS OBSERVATION BEDS	2,353,888		2,353,888		2,353,888
103	TOTAL	65,715,527		65,715,527		65,715,527

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,547,716		6,547,716			
26	INTENSIVE CARE UNIT	6,612,971		6,612,971			
31	SUBPROVIDER	2,957,810		2,957,810			
31	01 IRF	2,140,856		2,140,856			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,431,941	5,520,150	13,952,091	.383949	.383949	.383949
38	RECOVERY ROOM	861,054	588,132	1,449,186	.521055	.521055	.521055
40	ANESTHESIOLOGY	9,419	13,586	23,005	.088329	.088329	.088329
41	RADIOLOGY-DIAGNOSTIC	5,872,631	35,164,844	41,037,475	.164275	.164275	.164275
44	LABORATORY	6,239,647	18,612,524	24,852,171	.223517	.223517	.223517
49	RESPIRATORY THERAPY	3,923,695	3,473,888	7,397,583	.265813	.265813	.265813
50	PHYSICAL THERAPY	1,387,616	2,253,014	3,640,630	.615926	.615926	.615926
51	OCCUPATIONAL THERAPY	884,446	446,901	1,331,347	.348238	.348238	.348238
52	SPEECH PATHOLOGY	289,975	245,059	535,034	.462586	.462586	.462586
52	01 OCCUPATIONAL HEALTH						
53	ELECTROCARDIOLOGY	2,245,388	4,288,038	6,533,426	.321382	.321382	.321382
55	MEDICAL SUPPLIES CHARGED	2,504,606	2,336,927	4,841,533	.850891	.850891	.850891
55	30 IMPL. DEV. CHARGED TO PAT	1,550,806	286,063	1,836,869	.885063	.885063	.885063
56	DRUGS CHARGED TO PATIENTS	12,399,170	4,409,223	16,808,393	.248423	.248423	.248423
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS CLINIC		259,927	259,927	.541444	.541444	.541444
60	01 WOUND CLINIC	85,450	4,474,827	4,560,277	.294145	.294145	.294145
60	02 DIABETES CLINIC						
60	03 ASTHMA CLINIC						
60	04 ANDIS CLINIC		478,320	478,320	.287510	.287510	.287510
60	05 PRIME TIME		1,010,607	1,010,607	.846792	.846792	.846792
60	06 SHELBYVILLE WOUND CLINIC		1,038,106	1,038,106	.157101	.157101	.157101
61	EMERGENCY	2,069,360	13,105,479	15,174,839	.364070	.364070	.364070
62	OBSERVATION BEDS (NON-DIS		1,807,233	1,807,233	1.302482	1.302482	1.302482
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS		204,405	204,405	1.645155	1.645155	1.645155
101	SUBTOTAL	67,014,557	100,017,253	167,031,810			
102	LESS OBSERVATION BEDS						
103	TOTAL	67,014,557	100,017,253	167,031,810			

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	10,094,315		10,094,315		10,094,315
26	INTENSIVE CARE UNIT	7,482,330		7,482,330		7,482,330
31	SUBPROVIDER	2,263,780		2,263,780		2,263,780
31	01 IRF	1,996,976		1,996,976		1,996,976
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,356,890		5,356,890		5,356,890
38	RECOVERY ROOM	755,105		755,105		755,105
40	ANESTHESIOLOGY	2,032		2,032		2,032
41	RADIOLOGY-DIAGNOSTIC	6,741,435		6,741,435		6,741,435
44	LABORATORY	5,554,894		5,554,894		5,554,894
49	RESPIRATORY THERAPY	1,966,372		1,966,372		1,966,372
50	PHYSICAL THERAPY	2,242,357		2,242,357		2,242,357
51	OCCUPATIONAL THERAPY	463,626		463,626		463,626
52	SPEECH PATHOLOGY	247,499		247,499		247,499
52	01 OCCUPATIONAL HEALTH	2,682		2,682		2,682
53	ELECTROCARDIOLOGY	2,099,724		2,099,724		2,099,724
55	MEDICAL SUPPLIES CHARGED	4,119,618		4,119,618		4,119,618
55	30 IMPL. DEV. CHARGED TO PAT	1,625,744		1,625,744		1,625,744
56	DRUGS CHARGED TO PATIENTS	4,175,590		4,175,590		4,175,590
59						
59	97 CARDIAC REHABILITATION	140,736		140,736		140,736
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 WOUND CLINIC	1,341,382		1,341,382		1,341,382
60	02 DIABETES CLINIC					
60	03 ASTHMA CLINIC	25,078		25,078		25,078
60	04 ANDIS CLINIC	137,522		137,522		137,522
60	05 PRIME TIME	855,774		855,774		855,774
60	06 SHELBYVILLE WOUND CLINIC	163,088		163,088		163,088
61	EMERGENCY	5,524,700		5,524,700		5,524,700
62	OBSERVATION BEDS (NON-DIS	2,353,888		2,353,888		2,353,888
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	336,278		336,278		336,278
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	68,069,415		68,069,415		68,069,415
102	LESS OBSERVATION BEDS	2,353,888		2,353,888		2,353,888
103	TOTAL	65,715,527		65,715,527		65,715,527

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,547,716		6,547,716			
26	INTENSIVE CARE UNIT	6,612,971		6,612,971			
31	SUBPROVIDER	2,957,810		2,957,810			
31	01 IRF	2,140,856		2,140,856			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,431,941	5,520,150	13,952,091	.383949	.383949	.383949
38	RECOVERY ROOM	861,054	588,132	1,449,186	.521055	.521055	.521055
40	ANESTHESIOLOGY	9,419	13,586	23,005	.088329	.088329	.088329
41	RADIOLOGY-DIAGNOSTIC	5,872,631	35,164,844	41,037,475	.164275	.164275	.164275
44	LABORATORY	6,239,647	18,612,524	24,852,171	.223517	.223517	.223517
49	RESPIRATORY THERAPY	3,923,695	3,473,888	7,397,583	.265813	.265813	.265813
50	PHYSICAL THERAPY	1,387,616	2,253,014	3,640,630	.615926	.615926	.615926
51	OCCUPATIONAL THERAPY	884,446	446,901	1,331,347	.348238	.348238	.348238
52	SPEECH PATHOLOGY	289,975	245,059	535,034	.462586	.462586	.462586
52	01 OCCUPATIONAL HEALTH						
53	ELECTROCARDIOLOGY	2,245,388	4,288,038	6,533,426	.321382	.321382	.321382
55	MEDICAL SUPPLIES CHARGED	2,504,606	2,336,927	4,841,533	.850891	.850891	.850891
55	30 IMPL. DEV. CHARGED TO PAT	1,550,806	286,063	1,836,869	.885063	.885063	.885063
56	DRUGS CHARGED TO PATIENTS	12,399,170	4,409,223	16,808,393	.248423	.248423	.248423
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS CLINIC		259,927	259,927	.541444	.541444	.541444
60	01 WOUND CLINIC	85,450	4,474,827	4,560,277	.294145	.294145	.294145
60	02 DIABETES CLINIC						
60	03 ASTHMA CLINIC						
60	04 ANDIS CLINIC		478,320	478,320	.287510	.287510	.287510
60	05 PRIME TIME		1,010,607	1,010,607	.846792	.846792	.846792
60	06 SHELBYVILLE WOUND CLINIC		1,038,106	1,038,106	.157101	.157101	.157101
61	EMERGENCY	2,069,360	13,105,479	15,174,839	.364070	.364070	.364070
62	OBSERVATION BEDS (NON-DIS		1,807,233	1,807,233	1.302482	1.302482	1.302482
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS		204,405	204,405	1.645155	1.645155	1.645155
101	SUBTOTAL	67,014,557	100,017,253	167,031,810			
102	LESS OBSERVATION BEDS						
103	TOTAL	67,014,557	100,017,253	167,031,810			

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	5,356,890	418,962	4,937,928			5,356,890
38	RECOVERY ROOM	755,105	38,834	716,271			755,105
40	ANESTHESIOLOGY	2,032	8	2,024			2,032
41	RADIOLOGY-DIAGNOSTIC	6,741,435	267,119	6,474,316			6,741,435
44	LABORATORY	5,554,894	127,483	5,427,411			5,554,894
49	RESPIRATORY THERAPY	1,966,372	42,108	1,924,264			1,966,372
50	PHYSICAL THERAPY	2,242,357	79,248	2,163,109			2,242,357
51	OCCUPATIONAL THERAPY	463,626	3,017	460,609			463,626
52	SPEECH PATHOLOGY	247,499	1,420	246,079			247,499
52	01 OCCUPATIONAL HEALTH	2,682	10	2,672			2,682
53	ELECTROCARDIOLOGY	2,099,724	166,179	1,933,545			2,099,724
55	MEDICAL SUPPLIES CHARGED	4,119,618	114,417	4,005,201			4,119,618
55	30 IMPL. DEV. CHARGED TO PAT	1,625,744	6,098	1,619,646			1,625,744
56	DRUGS CHARGED TO PATIENTS	4,175,590	50,706	4,124,884			4,175,590
59							
59	97 CARDIAC REHABILITATION	140,736	862	139,874			140,736
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CLINIC	1,341,382	49,377	1,292,005			1,341,382
60	02 DIABETES CLINIC						
60	03 ASTHMA CLINIC	25,078	6,909	18,169			25,078
60	04 ANDIS CLINIC	137,522	5,807	131,715			137,522
60	05 PRIME TIME	855,774	5,199	850,575			855,774
60	06 SHELBYVILLE WOUND CLINIC	163,088	916	162,172			163,088
61	EMERGENCY	5,524,700	378,428	5,146,272			5,524,700
62	OBSERVATION BEDS (NON-DIS	2,353,888	154,679	2,199,209			2,353,888
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	336,278	2,006	334,272			336,278
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	46,232,014	1,919,792	44,312,222			46,232,014
102	LESS OBSERVATION BEDS	2,353,888	154,679	2,199,209			2,353,888
103	TOTAL	43,878,126	1,765,113	42,113,013			43,878,126

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	13,952,091	.383949	.383949
38	RECOVERY ROOM	1,449,186	.521055	.521055
40	ANESTHESIOLOGY	23,005	.088329	.088329
41	RADIOLOGY-DIAGNOSTIC	41,037,475	.164275	.164275
44	LABORATORY	24,852,171	.223517	.223517
49	RESPIRATORY THERAPY	7,397,583	.265813	.265813
50	PHYSICAL THERAPY	3,640,630	.615926	.615926
51	OCCUPATIONAL THERAPY	1,331,347	.348238	.348238
52	SPEECH PATHOLOGY	535,034	.462586	.462586
52	01 OCCUPATIONAL HEALTH			
53	ELECTROCARDIOLOGY	6,533,426	.321382	.321382
55	MEDICAL SUPPLIES CHARGED	4,841,533	.850891	.850891
55	30 IMPL. DEV. CHARGED TO PAT	1,836,869	.885063	.885063
56	DRUGS CHARGED TO PATIENTS	16,808,393	.248423	.248423
59				
59	97 CARDIAC REHABILITATION	259,927	.541444	.541444
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 WOUND CLINIC	4,560,277	.294145	.294145
60	02 DIABETES CLINIC			
60	03 ASTHMA CLINIC			
60	04 ANDIS CLINIC	478,320	.287510	.287510
60	05 PRIME TIME	1,010,607	.846792	.846792
60	06 SHELBYVILLE WOUND CLINIC	1,038,106	.157101	.157101
61	EMERGENCY	15,174,839	.364070	.364070
62	OBSERVATION BEDS (NON-DIS	1,807,233	1.302482	1.302482
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	204,405	1.645155	1.645155
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	148,772,457		
102	LESS OBSERVATION BEDS	1,807,233		
103	TOTAL	146,965,224		

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	5,356,890	418,962	4,937,928	41,896	286,400	5,028,594
38	RECOVERY ROOM	755,105	38,834	716,271	3,883	41,544	709,678
40	ANESTHESIOLOGY	2,032	8	2,024	1	117	1,914
41	RADIOLOGY-DIAGNOSTIC	6,741,435	267,119	6,474,316	26,712	375,510	6,339,213
44	LABORATORY	5,554,894	127,483	5,427,411	12,748	314,790	5,227,356
49	RESPIRATORY THERAPY	1,966,372	42,108	1,924,264	4,211	111,607	1,850,554
50	PHYSICAL THERAPY	2,242,357	79,248	2,163,109	7,925	125,460	2,108,972
51	OCCUPATIONAL THERAPY	463,626	3,017	460,609	302	26,715	436,609
52	SPEECH PATHOLOGY	247,499	1,420	246,079	142	14,273	233,084
52	01 OCCUPATIONAL HEALTH	2,682	10	2,672	1	155	2,526
53	ELECTROCARDIOLOGY	2,099,724	166,179	1,933,545	16,618	112,146	1,970,960
55	MEDICAL SUPPLIES CHARGED	4,119,618	114,417	4,005,201	11,442	232,302	3,875,874
55	30 IMPL. DEV. CHARGED TO PAT	1,625,744	6,098	1,619,646	610	93,939	1,531,195
56	DRUGS CHARGED TO PATIENTS	4,175,590	50,706	4,124,884	5,071	239,243	3,931,276
59							
59	97 CARDIAC REHABILITATION	140,736	862	139,874	86	8,113	132,537
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CLINIC	1,341,382	49,377	1,292,005	4,938	74,936	1,261,508
60	02 DIABETES CLINIC						
60	03 ASTHMA CLINIC	25,078	6,909	18,169	691	1,054	23,333
60	04 ANDIS CLINIC	137,522	5,807	131,715	581	7,639	129,302
60	05 PRIME TIME	855,774	5,199	850,575	520	49,333	805,921
60	06 SHELBYVILLE WOUND CLINIC	163,088	916	162,172	92	9,406	153,590
61	EMERGENCY	5,524,700	378,428	5,146,272	37,843	298,484	5,188,373
62	OBSERVATION BEDS (NON-DIS	2,353,888	154,679	2,199,209	15,468	127,554	2,210,866
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	336,278	2,006	334,272	201	19,388	316,689
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	46,232,014	1,919,792	44,312,222	191,982	2,570,108	43,469,924
102	LESS OBSERVATION BEDS	2,353,888	154,679	2,199,209	15,468	127,554	2,210,866
103	TOTAL	43,878,126	1,765,113	42,113,013	176,514	2,442,554	41,259,058

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	13,952,091	.360419	.380946
38	RECOVERY ROOM	1,449,186	.489708	.518375
40	ANESTHESIOLOGY	23,005	.083199	.088285
41	RADIOLOGY-DIAGNOSTIC	41,037,475	.154474	.163624
44	LABORATORY	24,852,171	.210338	.223005
49	RESPIRATORY THERAPY	7,397,583	.250157	.265244
50	PHYSICAL THERAPY	3,640,630	.579288	.613749
51	OCCUPATIONAL THERAPY	1,331,347	.327945	.348011
52	SPEECH PATHOLOGY	535,034	.435643	.462320
52	01 OCCUPATIONAL HEALTH			
53	ELECTROCARDIOLOGY	6,533,426	.301673	.318838
55	MEDICAL SUPPLIES CHARGED	4,841,533	.800547	.848528
55	30 IMPL. DEV. CHARGED TO PAT	1,836,869	.833590	.884730
56	DRUGS CHARGED TO PATIENTS	16,808,393	.233888	.248121
59				
59	97 CARDIAC REHABILITATION	259,927	.509901	.541113
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 WOUND CLINIC	4,560,277	.276630	.293062
60	02 DIABETES CLINIC			
60	03 ASTHMA CLINIC			
60	04 ANDIS CLINIC	478,320	.270325	.286296
60	05 PRIME TIME	1,010,607	.797462	.846278
60	06 SHELBYVILLE WOUND CLINIC	1,038,106	.147952	.157013
61	EMERGENCY	15,174,839	.341906	.361576
62	OBSERVATION BEDS (NON-DIS	1,807,233	1.223343	1.293923
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	204,405	1.549321	1.644172
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	148,772,457		
102	LESS OBSERVATION BEDS	1,807,233		
103	TOTAL	146,965,224		

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				663,317		663,317
26	INTENSIVE CARE UNIT				447,688		447,688
31	SUBPROVIDER				128,126		128,126
31 01	IRF				172,571		172,571
101	TOTAL				1,411,702		1,411,702

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		418,962	13,952,091	3,147,499		
38	RECOVERY ROOM		38,834	1,449,186	247,639		
40	ANESTHESIOLOGY		8	23,005	3,730		
41	RADIOLOGY-DIAGNOSTIC		267,119	41,037,475	2,953,018		
44	LABORATORY		127,483	24,852,171	3,346,468		
49	RESPIRATORY THERAPY		42,108	7,397,583	1,686,637		
50	PHYSICAL THERAPY		79,248	3,640,630	419,367		
51	OCCUPATIONAL THERAPY		3,017	1,331,347	172,528		
52	SPEECH PATHOLOGY		1,420	535,034	117,883		
52	01 OCCUPATIONAL HEALTH		10				
53	ELECTROCARDIOLOGY		166,179	6,533,426	1,352,023		
55	MEDICAL SUPPLIES CHARGED		114,417	4,841,533	407,726		
55	30 IMPL. DEV. CHARGED TO PAT		6,098	1,836,869	983,524		
56	DRUGS CHARGED TO PATIENTS		50,706	16,808,393	7,021,532		
59							
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS		862	259,927			
60	CLINIC						
60	01 WOUND CLINIC		49,377	4,560,277	3,710		
60	02 DIABETES CLINIC						
60	03 ASTHMA CLINIC		6,909				
60	04 ANDIS CLINIC		5,807	478,320			
60	05 PRIME TIME		5,199	1,010,607			
60	06 SHELBYVILLE WOUND CLINIC		916	1,038,106			
61	EMERGENCY		378,428	15,174,839	1,067,214		
62	OBSERVATION BEDS (NON-DIS		154,679	1,807,233			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
63	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,917,786	148,568,052	22,930,498		

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.030029	94,516
38	RECOVERY ROOM	.026797	6,636
40	ANESTHESIOLOGY	.000348	1
41	RADIOLOGY-DIAGNOSTIC	.006509	19,221
44	LABORATORY	.005130	17,167
49	RESPIRATORY THERAPY	.005692	9,600
50	PHYSICAL THERAPY	.021768	9,129
51	OCCUPATIONAL THERAPY	.002266	391
52	SPEECH PATHOLOGY	.002654	313
52	01 OCCUPATIONAL HEALTH		
53	ELECTROCARDIOLOGY	.025435	34,389
55	MEDICAL SUPPLIES CHARGED	.023632	9,635
55	30 IMPL. DEV. CHARGED TO PAT	.003320	3,265
56	DRUGS CHARGED TO PATIENTS	.003017	21,184
59			
59	97 CARDIAC REHABILITATION	.003316	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 WOUND CLINIC	.010828	40
60	02 DIABETES CLINIC		
60	03 ASTHMA CLINIC		
60	04 ANDIS CLINIC	.012140	
60	05 PRIME TIME	.005144	
60	06 SHELBYVILLE WOUND CLINIC	.000882	
61	EMERGENCY	.024938	26,614
62	OBSERVATION BEDS (NON-DIS	.085589	
63	OTHER OUTPATIENT SERVICE		
63	50 RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		252,101

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I 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					8,804	
26	INTENSIVE CARE UNIT					5,590	
31	SUBPROVIDER					2,684	
31 01	IRF					1,941	
34	SKILLED NURSING FACILITY						
101	TOTAL					19,019	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	5,364
26	INTENSIVE CARE UNIT		502
31	SUBPROVIDER		2,496
31 01	IRF		1,420
34	SKILLED NURSING FACILITY		
101	TOTAL		9,782

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						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			267,355			
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 OCCUPATIONAL HEALTH						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59							
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CLINIC						
60	02 DIABETES CLINIC						
60	03 ASTHMA CLINIC						
60	04 ANDIS CLINIC						
60	05 PRIME TIME						
60	06 SHELBYVILLE WOUND CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			267,355			

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			13,952,091			3,147,499	
38	RECOVERY ROOM			1,449,186			247,639	
40	ANESTHESIOLOGY			23,005			3,730	
41	RADIOLOGY-DIAGNOSTIC	267,355	267,355	41,037,475	.006515	.006515	2,953,018	19,239
44	LABORATORY			24,852,171			3,346,468	
49	RESPIRATORY THERAPY			7,397,583			1,686,637	
50	PHYSICAL THERAPY			3,640,630			419,367	
51	OCCUPATIONAL THERAPY			1,331,347			172,528	
52	SPEECH PATHOLOGY			535,034			117,883	
52	01 OCCUPATIONAL HEALTH							
53	ELECTROCARDIOLOGY			6,533,426			1,352,023	
55	MEDICAL SUPPLIES CHARGED			4,841,533			407,726	
55	30 IMPL. DEV. CHARGED TO PAT			1,836,869			983,524	
56	DRUGS CHARGED TO PATIENTS			16,808,393			7,021,532	
59								
59	97 CARDIAC REHABILITATION			259,927				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 WOUND CLINIC			4,560,277			3,710	
60	02 DIABETES CLINIC							
60	03 ASTHMA CLINIC							
60	04 ANDIS CLINIC			478,320				
60	05 PRIME TIME			1,010,607				
60	06 SHELBYVILLE WOUND CLINIC			1,038,106				
61	EMERGENCY			15,174,839			1,067,214	
62	OBSERVATION BEDS (NON-DIS			1,807,233				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	267,355	267,355	148,568,052			22,930,498	19,239

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,494,820					
38	RECOVERY ROOM	139,840					
40	ANESTHESIOLOGY	12,737					
41	RADIOLOGY-DIAGNOSTIC	8,948,122			58,297		
44	LABORATORY	767,377					
49	RESPIRATORY THERAPY	474,920					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 OCCUPATIONAL HEALTH						
53	ELECTROCARDIOLOGY	2,531,645					
55	MEDICAL SUPPLIES CHARGED	27,895					
55	30 IMPL. DEV. CHARGED TO PAT	181,421					
56	DRUGS CHARGED TO PATIENTS	2,682,838					
59							
59	97 CARDIAC REHABILITATION	99,365					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CLINIC	441,219					
60	02 DIABETES CLINIC						
60	03 ASTHMA CLINIC						
60	04 ANDIS CLINIC	1,452					
60	05 PRIME TIME	10,651					
60	06 SHELBYVILLE WOUND CLINIC	154,129					
61	EMERGENCY	2,273,416					
62	OBSERVATION BEDS (NON-DIS	823,380					
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	22,065,227			58,297		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.383949	.383949			
38 RECOVERY ROOM	.521055	.521055			
40 ANESTHESIOLOGY	.088329	.088329			
41 RADIOLOGY-DIAGNOSTIC	.164275	.164275			
44 LABORATORY	.223517	.223517			
49 RESPIRATORY THERAPY	.265813	.265813			
50 PHYSICAL THERAPY	.615926	.615926			
51 OCCUPATIONAL THERAPY	.348238	.348238			
52 SPEECH PATHOLOGY	.462586	.462586			
52 01 OCCUPATIONAL HEALTH					
53 ELECTROCARDIOLOGY	.321382	.321382			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.850891	.850891			
55 30 IMPL. DEV. CHARGED TO PATIENT	.885063	.885063			
56 DRUGS CHARGED TO PATIENTS	.248423	.248423			
59					
59 97 CARDIAC REHABILITATION	.541444	.541444			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 WOUND CLINIC	.294145	.294145			
60 02 DIABETES CLINIC					
60 03 ASTHMA CLINIC					
60 04 ANDIS CLINIC	.287510	.287510			
60 05 PRIME TIME	.846792	.846792			
60 06 SHELBYVILLE WOUND CLINIC	.157101	.157101			
61 EMERGENCY	.364070	.364070			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.302482	1.302482			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

All Other (1)

PPS Services
FYB to 12/31

Non-PPS
Services

PPS Services
1/1 to FYE

Outpatient
Ambulatory
Surgical Ctr

Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,494,820			
38 RECOVERY ROOM		139,840			
40 ANESTHESIOLOGY		12,737			
41 RADIOLOGY-DIAGNOSTIC		8,948,122			
44 LABORATORY		767,377			
49 RESPIRATORY THERAPY		474,920			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 OCCUPATIONAL HEALTH					
53 ELECTROCARDIOLOGY		2,531,645			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		27,895			
55 30 IMPL. DEV. CHARGED TO PATIENT		181,421			
56 DRUGS CHARGED TO PATIENTS		2,682,838			
59					
59 97 CARDIAC REHABILITATION		99,365			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 WOUND CLINIC		441,219			
60 02 DIABETES CLINIC					
60 03 ASTHMA CLINIC					
60 04 ANDIS CLINIC		1,452			
60 05 PRIME TIME		10,651			
60 06 SHELBYVILLE WOUND CLINIC		154,129			
61 EMERGENCY		2,273,416			
62 OBSERVATION BEDS (NON-DISTINCT PART)		823,380			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC					
101 SUBTOTAL		22,065,227			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		22,065,227			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				957,884	
38 RECOVERY ROOM				72,864	
40 ANESTHESIOLOGY				1,125	
41 RADIOLOGY-DIAGNOSTIC				1,469,953	
44 LABORATORY				171,522	
49 RESPIRATORY THERAPY				126,240	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 OCCUPATIONAL HEALTH					
53 ELECTROCARDIOLOGY				813,625	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				23,736	
55 30 IMPL. DEV. CHARGED TO PATIENT				160,569	
56 DRUGS CHARGED TO PATIENTS				666,479	
59					
59 97 CARDIAC REHABILITATION				53,801	
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 WOUND CLINIC				129,782	
60 02 DIABETES CLINIC					
60 03 ASTHMA CLINIC					
60 04 ANDIS CLINIC				417	
60 05 PRIME TIME				9,019	
60 06 SHELBYVILLE WOUND CLINIC				24,214	
61 EMERGENCY				827,683	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,072,438	
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC					
101 SUBTOTAL				6,581,351	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				6,581,351	

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 52 01 OCCUPATIONAL HEALTH
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 59
- 59 97 CARDIAC REHABILITATION
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 WOUND CLINIC
- 60 02 DIABETES CLINIC
- 60 03 ASTHMA CLINIC
- 60 04 ANDIS CLINIC
- 60 05 PRIME TIME
- 60 06 SHELBYVILLE WOUND CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 OTHER OUTPATIENT SERVICE COST CENTER
- 63 50 RURAL HEALTH CLINIC
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

Health Financial Systems	MCRIF32	FOR HANCOCK REGIONAL HOSPITAL	IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST			PREPARED 5/26/2011
			WORKSHEET D
			PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	
2	PROGRAM VACCINE CHARGES		.248423
3	PROGRAM COSTS		3,685
			915

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		418,962	13,952,091	71,074		
38	RECOVERY ROOM		38,834	1,449,186			
40	ANESTHESIOLOGY		8	23,005			
41	RADIOLOGY-DIAGNOSTIC		267,119	41,037,475	113,048		
44	LABORATORY		127,483	24,852,171	291,568		
49	RESPIRATORY THERAPY		42,108	7,397,583	99,271		
50	PHYSICAL THERAPY		79,248	3,640,630	91,246		
51	OCCUPATIONAL THERAPY		3,017	1,331,347	52,269		
52	SPEECH PATHOLOGY		1,420	535,034	11,679		
52	01 OCCUPATIONAL HEALTH		10				
53	ELECTROCARDIOLOGY		166,179	6,533,426	10,363		
55	MEDICAL SUPPLIES CHARGED		114,417	4,841,533	19,359		
55	30 IMPL. DEV. CHARGED TO PAT		6,098	1,836,869	361		
56	DRUGS CHARGED TO PATIENTS		50,706	16,808,393	614,858		
59							
59	97 CARDIAC REHABILITATION		862	259,927			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CLINIC		49,377	4,560,277	38		
60	02 DIABETES CLINIC						
60	03 ASTHMA CLINIC		6,909				
60	04 ANDIS CLINIC		5,807	478,320			
60	05 PRIME TIME		5,199	1,010,607			
60	06 SHELBYVILLE WOUND CLINIC		916	1,038,106			
61	EMERGENCY		378,428	15,174,839	20,325		
62	OBSERVATION BEDS (NON-DIS		154,679	1,807,233			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,917,786	148,568,052	1,395,459		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-S037 I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	.030029		2,134
38	RECOVERY ROOM	.026797		
40	ANESTHESIOLOGY	.000348		
41	RADIOLOGY-DIAGNOSTIC	.006509		736
44	LABORATORY	.005130		1,496
49	RESPIRATORY THERAPY	.005692		565
50	PHYSICAL THERAPY	.021768		1,986
51	OCCUPATIONAL THERAPY	.002266		118
52	SPEECH PATHOLOGY	.002654		31
52	01 OCCUPATIONAL HEALTH			
53	ELECTROCARDIOLOGY	.025435		264
55	MEDICAL SUPPLIES CHARGED	.023632		457
55	30 IMPL. DEV. CHARGED TO PAT	.003320		1
56	DRUGS CHARGED TO PATIENTS	.003017		1,855
59				
59	97 CARDIAC REHABILITATION	.003316		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 WOUND CLINIC	.010828		
60	02 DIABETES CLINIC			
60	03 ASTHMA CLINIC			
60	04 ANDIS CLINIC	.012140		
60	05 PRIME TIME	.005144		
60	06 SHELBYVILLE WOUND CLINIC	.000882		
61	EMERGENCY	.024938		507
62	OBSERVATION BEDS (NON-DIS	.085589		
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL			10,150

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1 1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC				267,355						
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
52	01 OCCUPATIONAL HEALTH										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
59											
59	97 CARDIAC REHABILITATION										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 WOUND CLINIC										
60	02 DIABETES CLINIC										
60	03 ASTHMA CLINIC										
60	04 ANDIS CLINIC										
60	05 PRIME TIME										
60	06 SHELBYVILLE WOUND CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	OTHER OUTPATIENT SERVICE										
63	50 RURAL HEALTH CLINIC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL				267,355						

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			13,952,091			71,074	
38	OPERATING ROOM			1,449,186				
40	RECOVERY ROOM			23,005				
41	ANESTHESIOLOGY	267,355	267,355	41,037,475	.006515	.006515	113,048	737
44	RADIOLOGY-DIAGNOSTIC			24,852,171			291,568	
49	LABORATORY			7,397,583			99,271	
50	RESPIRATORY THERAPY			3,640,630			91,246	
51	PHYSICAL THERAPY			1,331,347			52,269	
52	OCCUPATIONAL THERAPY			535,034			11,679	
52	SPEECH PATHOLOGY							
53	01 OCCUPATIONAL HEALTH			6,533,426			10,363	
55	ELECTROCARDIOLOGY			4,841,533			19,359	
55	MEDICAL SUPPLIES CHARGED			1,836,869			361	
56	30 IMPL. DEV. CHARGED TO PAT			16,808,393			614,858	
56	DRUGS CHARGED TO PATIENTS							
59	97 CARDIAC REHABILITATION			259,927				
59	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 WOUND CLINIC			4,560,277			38	
60	02 DIABETES CLINIC							
60	03 ASTHMA CLINIC							
60	04 ANDIS CLINIC			478,320				
60	05 PRIME TIME			1,010,607				
60	06 SHELBYVILLE WOUND CLINIC			1,038,106				
61	EMERGENCY			15,174,839			20,325	
62	OBSERVATION BEDS (NON-DIS			1,807,233				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
63	OTHER REIMBURS COST CNTRS							
101	TOTAL	267,355	267,355	148,568,052			1,395,459	737

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 OCCUPATIONAL HEALTH						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59							
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CLINIC						
60	02 DIABETES CLINIC						
60	03 ASTHMA CLINIC						
60	04 ANDIS CLINIC						
60	05 PRIME TIME						
60	06 SHELBYVILLE WOUND CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		418,962	13,952,091	84,395		
38	RECOVERY ROOM		38,834	1,449,186	3,643		
40	ANESTHESIOLOGY		8	23,005			
41	RADIOLOGY-DIAGNOSTIC		267,119	41,037,475	153,236		
44	LABORATORY		127,483	24,852,171	181,810		
49	RESPIRATORY THERAPY		42,108	7,397,583	173,708		
50	PHYSICAL THERAPY		79,248	3,640,630	450,973		
51	OCCUPATIONAL THERAPY		3,017	1,331,347	407,585		
52	SPEECH PATHOLOGY		1,420	535,034	95,013		
52	01 OCCUPATIONAL HEALTH		10				
53	ELECTROCARDIOLOGY		166,179	6,533,426	22,709		
55	MEDICAL SUPPLIES CHARGED		114,417	4,841,533	33,458		
55	30 IMPL. DEV. CHARGED TO PAT		6,098	1,836,869	3,110		
56	DRUGS CHARGED TO PATIENTS		50,706	16,808,393	619,294		
59							
59	97 CARDIAC REHABILITATION		862	259,927			
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 WOUND CLINIC		49,377	4,560,277			
60	02 DIABETES CLINIC						
60	03 ASTHMA CLINIC		6,909				
60	04 ANDIS CLINIC		5,807	478,320			
60	05 PRIME TIME		5,199	1,010,607			
60	06 SHELBYVILLE WOUND CLINIC		916	1,038,106			
61	EMERGENCY		378,428	15,174,839	2,152		
62	OBSERVATION BEDS (NON-DIS		154,679	1,807,233			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,917,786	148,568,052	2,231,086		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I 15-0037 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-T037 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.030029	2,534
38	RECOVERY ROOM	.026797	98
40	ANESTHESIOLOGY	.000348	
41	RADIOLOGY-DIAGNOSTIC	.006509	997
44	LABORATORY	.005130	933
49	RESPIRATORY THERAPY	.005692	989
50	PHYSICAL THERAPY	.021768	9,817
51	OCCUPATIONAL THERAPY	.002266	924
52	SPEECH PATHOLOGY	.002654	252
52	01 OCCUPATIONAL HEALTH		
53	ELECTROCARDIOLOGY	.025435	578
55	MEDICAL SUPPLIES CHARGED	.023632	791
55	30 IMPL. DEV. CHARGED TO PAT	.003320	10
56	DRUGS CHARGED TO PATIENTS	.003017	1,868
59			
59	97 CARDIAC REHABILITATION	.003316	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 WOUND CLINIC	.010828	
60	02 DIABETES CLINIC		
60	03 ASTHMA CLINIC		
60	04 ANDIS CLINIC	.012140	
60	05 PRIME TIME	.005144	
60	06 SHELBYVILLE WOUND CLINIC	.000882	
61	EMERGENCY	.024938	54
62	OBSERVATION BEDS (NON-DIS	.085589	
63	OTHER OUTPATIENT SERVICE		
63	50 RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		19,845

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	1.01					
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
38	RECOVERY ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		267,355			
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
52	01 OCCUPATIONAL HEALTH					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS					
59						
59	97 CARDIAC REHABILITATION					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 WOUND CLINIC					
60	02 DIABETES CLINIC					
60	03 ASTHMA CLINIC					
60	04 ANDIS CLINIC					
60	05 PRIME TIME					
60	06 SHELBYVILLE WOUND CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC					
	OTHER REIMBURS COST CNTRS					
101	TOTAL		267,355			

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			13,952,091			84,395	
38	RECOVERY ROOM			1,449,186			3,643	
40	ANESTHESIOLOGY			23,005				
41	RADIOLOGY-DIAGNOSTIC	267,355	267,355	41,037,475	.006515	.006515	153,236	998
44	LABORATORY			24,852,171			181,810	
49	RESPIRATORY THERAPY			7,397,583			173,708	
50	PHYSICAL THERAPY			3,640,630			450,973	
51	OCCUPATIONAL THERAPY			1,331,347			407,585	
52	SPEECH PATHOLOGY			535,034			95,013	
52	01 OCCUPATIONAL HEALTH							
53	ELECTROCARDIOLOGY			6,533,426			22,709	
55	MEDICAL SUPPLIES CHARGED			4,841,533			33,458	
55	30 IMPL. DEV. CHARGED TO PAT			1,836,869			3,110	
56	DRUGS CHARGED TO PATIENTS			16,808,393			619,294	
59								
59	97 CARDIAC REHABILITATION			259,927				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 WOUND CLINIC			4,560,277				
60	02 DIABETES CLINIC							
60	03 ASTHMA CLINIC							
60	04 ANDIS CLINIC			478,320				
60	05 PRIME TIME			1,010,607				
60	06 SHELBYVILLE WOUND CLINIC			1,038,106				
61	EMERGENCY			15,174,839			2,152	
62	OBSERVATION BEDS (NON-DIS			1,807,233				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	267,355	267,355	148,568,052			2,231,086	998

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 OCCUPATIONAL HEALTH						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59							
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CLINIC						
60	02 DIABETES CLINIC						
60	03 ASTHMA CLINIC						
60	04 ANDIS CLINIC						
60	05 PRIME TIME						
60	06 SHELBYVILLE WOUND CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,804
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,804
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,804
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,364
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	10,094,315
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	10,094,315

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,590,954
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,590,954
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.329782
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	862.22
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	10,094,315

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,146.56
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,150,148
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,150,148

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	7,482,330	5,590	1,338.52	502	671,937
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 7,178,051
49 TOTAL PROGRAM INPATIENT COSTS					14,000,136

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 444,329
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 271,340
 52 TOTAL PROGRAM EXCLUDABLE COST 715,669
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 13,284,467

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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	2,053
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,146.56
85	OBSERVATION BED COST	2,353,888

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	10,094,315		2,353,888	
87	NEW CAPITAL-RELATED COST	663,317	.065712	2,353,888	154,679
88	NON PHYSICIAN ANESTHETIST	10,094,315		2,353,888	
89	MEDICAL EDUCATION	10,094,315		2,353,888	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,684
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,684
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,684
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,496
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,263,780
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,263,780

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,957,810
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,957,810
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.765357
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,102.02
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,263,780

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 843.44
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,105,226
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,105,226

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					397,502
49 TOTAL PROGRAM INPATIENT COSTS					2,502,728

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 119,159
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 10,887
 52 TOTAL PROGRAM EXCLUDABLE COST 130,046
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,372,682

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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	843.44
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	2,263,780			
87	NEW CAPITAL-RELATED COST	128,126	.056598		
88	NON PHYSICIAN ANESTHETIST	2,263,780			
89	MEDICAL EDUCATION	2,263,780			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,941
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,941
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,941
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,420
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,996,976
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,996,976

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,140,856
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,140,856
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.932793
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,102.97
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,996,976

TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,028.84
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,460,953
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,460,953

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					803,091
49 TOTAL PROGRAM INPATIENT COSTS					2,264,044

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 126,252
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 20,843
 52 TOTAL PROGRAM EXCLUDABLE COST 147,095
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,116,949

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER II 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	1,028.84
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	1,996,976			
87	NEW CAPITAL-RELATED COST	172,571	1,996,976	.086416	
88	NON PHYSICIAN ANESTHETIST		1,996,976		
89	MEDICAL EDUCATION		1,996,976		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,804
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,804
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,804
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	510
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	10,094,315
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	10,094,315

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,590,954
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,590,954
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.329782
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	862.22
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	10,094,315

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,146.56
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 584,746
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 584,746

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	7,482,330	5,590	1,338.52		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 505,541
49 TOTAL PROGRAM INPATIENT COSTS					1,090,287

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,053
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,146.56
85	OBSERVATION BED COST	2,353,888

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,684
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,684
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,684
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,957,810
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,957,810
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,102.02
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

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

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST
 49 TOTAL PROGRAM INPATIENT COSTS

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P SUBPROVIDER II OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,941
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,941
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,941
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	17
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,140,856
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,140,856
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,102.97
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P SUBPROVIDER II OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

- 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
- 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
- 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

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

1

- 48 PROGRAM INPATIENT ANCILLARY SERVICE COST
- 49 TOTAL PROGRAM INPATIENT COSTS

PASS THROUGH COST ADJUSTMENTS

- 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
- 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
- 52 TOTAL PROGRAM EXCLUDABLE COST
- 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

- 54 PROGRAM DISCHARGES
- 55 TARGET AMOUNT PER DISCHARGE
- 56 TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
- 58 BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
- 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
- 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
- 59.03 PROGRAM DISCHARGES AFTER JULY 1
- 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
- 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

2

PROGRAM INPATIENT ROUTINE SWING BED COST

- 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
- 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P SUBPROVIDER II OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,394,850	
26	INTENSIVE CARE UNIT		3,636,165	
31	SUBPROVIDER			
31	01 IRF ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.383949	3,147,499	1,208,479
38	RECOVERY ROOM	.521055	247,639	129,034
40	ANESTHESIOLOGY	.088329	3,730	329
41	RADIOLOGY-DIAGNOSTIC	.164275	2,953,018	485,107
44	LABORATORY	.223517	3,346,468	747,992
49	RESPIRATORY THERAPY	.265813	1,686,637	448,330
50	PHYSICAL THERAPY	.615926	419,367	258,299
51	OCCUPATIONAL THERAPY	.348238	172,528	60,081
52	SPEECH PATHOLOGY	.462586	117,883	54,531
52	01 OCCUPATIONAL HEALTH			
53	ELECTROCARDIOLOGY	.321382	1,352,023	434,516
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.850891	407,726	346,930
55	30 IMPL. DEV. CHARGED TO PATIENT	.885063	983,524	870,481
56	DRUGS CHARGED TO PATIENTS	.248423	7,021,532	1,744,310
59				
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.541444		
60	CLINIC			
60	01 WOUND CLINIC	.294145	3,710	1,091
60	02 DIABETES CLINIC			
60	03 ASTHMA CLINIC			
60	04 ANDIS CLINIC	.287510		
60	05 PRIME TIME	.846792		
60	06 SHELBYVILLE WOUND CLINIC	.157101		
61	EMERGENCY	.364070	1,067,214	388,541
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.302482		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
101	TOTAL		22,930,498	7,178,051
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		22,930,498	

TITLE XVIII, PART A SUBPROVIDER 1 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			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,742,080	
31	01 IRF			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.383949	71,074	27,289
38	RECOVERY ROOM	.521055		
40	ANESTHESIOLOGY	.088329		
41	RADIOLOGY-DIAGNOSTIC	.164275	113,048	18,571
44	LABORATORY	.223517	291,568	65,170
49	RESPIRATORY THERAPY	.265813	99,271	26,388
50	PHYSICAL THERAPY	.615926	91,246	56,201
51	OCCUPATIONAL THERAPY	.348238	52,269	18,202
52	SPEECH PATHOLOGY	.462586	11,679	5,403
52	01 OCCUPATIONAL HEALTH			
53	ELECTROCARDIOLOGY	.321382	10,363	3,330
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.850891	19,359	16,472
55	30 IMPL. DEV. CHARGED TO PATIENT	.885063	361	320
56	DRUGS CHARGED TO PATIENTS	.248423	614,858	152,745
59				
59	97 CARDIAC REHABILITATION	.541444		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 WOUND CLINIC	.294145	38	11
60	02 DIABETES CLINIC			
60	03 ASTHMA CLINIC			
60	04 ANDIS CLINIC	.287510		
60	05 PRIME TIME	.846792		
60	06 SHELBYVILLE WOUND CLINIC	.157101		
61	EMERGENCY	.364070	20,325	7,400
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.302482		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,395,459	397,502
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,395,459	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A

SUBPROVIDER 2

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			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 IRF		1,553,230	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.383949	84,395	32,403
38	RECOVERY ROOM	.521055	3,643	1,898
40	ANESTHESIOLOGY	.088329		
41	RADIOLOGY-DIAGNOSTIC	.164275	153,236	25,173
44	LABORATORY	.223517	181,810	40,638
49	RESPIRATORY THERAPY	.265813	173,708	46,174
50	PHYSICAL THERAPY	.615926	450,973	277,766
51	OCCUPATIONAL THERAPY	.348238	407,585	141,937
52	SPEECH PATHOLOGY	.462586	95,013	43,952
52	01 OCCUPATIONAL HEALTH			
53	ELECTROCARDIOLOGY	.321382	22,709	7,298
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.850891	33,458	28,469
55	30 IMPL. DEV. CHARGED TO PATIENT	.885063	3,110	2,753
56	DRUGS CHARGED TO PATIENTS	.248423	619,294	153,847
59				
59	97 CARDIAC REHABILITATION	.541444		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 WOUND CLINIC	.294145		
60	02 DIABETES CLINIC			
60	03 ASTHMA CLINIC			
60	04 ANDIS CLINIC	.287510		
60	05 PRIME TIME	.846792		
60	06 SHELBYVILLE WOUND CLINIC	.157101		
61	EMERGENCY	.364070	2,152	783
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.302482		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,231,086	803,091
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,231,086	

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	OTHER	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				729,794	
26	INTENSIVE CARE UNIT				180,028	
31	SUBPROVIDER					
31	01 IRF					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM			.383949	275,094	105,622
38	RECOVERY ROOM			.521055	31,562	16,446
40	ANESTHESIOLOGY			.088329	1,689	149
41	RADIOLOGY-DIAGNOSTIC			.164275	162,719	26,731
44	LABORATORY			.223517	215,609	48,192
49	RESPIRATORY THERAPY			.265813	129,223	34,349
50	PHYSICAL THERAPY			.615926	7,952	4,898
51	OCCUPATIONAL THERAPY			.348238	3,213	1,119
52	SPEECH PATHOLOGY			.462586	3,071	1,421
52	01 OCCUPATIONAL HEALTH					
53	ELECTROCARDIOLOGY			.321382	45,820	14,726
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			.850891	135,366	115,182
55	30 IMPL. DEV. CHARGED TO PATIENT			.885063		
56	DRUGS CHARGED TO PATIENTS			.248423	457,667	113,695
59	97 CARDIAC REHABILITATION			.541444		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 WOUND CLINIC			.294145	6,852	2,015
60	02 DIABETES CLINIC					
60	03 ASTHMA CLINIC					
60	04 ANDIS CLINIC			.287510		
60	05 PRIME TIME			.846792		
60	06 SHELBYVILLE WOUND CLINIC			.157101		
61	EMERGENCY			.364070	57,671	20,996
62	OBSERVATION BEDS (NON-DISTINCT PART)			1.302482		
63	OTHER OUTPATIENT SERVICE COST CENTER					
63	50 RURAL HEALTH CLINIC			1.645155		
	OTHER REIMBURS COST CNTRS					
101	TOTAL				1,533,508	505,541
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES					
103	NET CHARGES				1,533,508	

TITLE XIX SUBPROVIDER 2 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 IRF		14,471	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.383949		
38	RECOVERY ROOM	.521055		
40	ANESTHESIOLOGY	.088329		
41	RADIOLOGY-DIAGNOSTIC	.164275		
44	LABORATORY	.223517		
49	RESPIRATORY THERAPY	.265813		
50	PHYSICAL THERAPY	.615926		
51	OCCUPATIONAL THERAPY	.348238		
52	SPEECH PATHOLOGY	.462586		
52	01 OCCUPATIONAL HEALTH			
53	ELECTROCARDIOLOGY	.321382		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.850891		
55	30 IMPL. DEV. CHARGED TO PATIENT	.885063		
56	DRUGS CHARGED TO PATIENTS	.248423		
59	97 CARDIAC REHABILITATION	.541444		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 WOUND CLINIC	.294145		
60	02 DIABETES CLINIC			
60	03 ASTHMA CLINIC			
60	04 ANDIS CLINIC	.287510		
60	05 PRIME TIME	.846792		
60	06 SHELBYVILLE WOUND CLINIC	.157101		
61	EMERGENCY	.364070		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.302482		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC	1.645155		
101	OTHER REIMBURS COST CNTRS TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 12/31/2010	I	PART A	
I	15-0037	I		I		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

		1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,247,666	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
	MANAGED CARE PATIENTS		
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	169,403	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	69.38	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
			FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
			E-3 PT 6 LN 15 PLUS LN 3.06
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
		SUM OF LINES	PLUS E-3, PT
		3.21 - 3.23	VI, LINE 23
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.65
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		14.31
4.02	SUM OF LINES 4 AND 4.01		16.96
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		3.78
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		387,362
5	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	10,804,431	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	10,804,431	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	850,731	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	19,239	
16 TOTAL	11,674,401	
17 PRIMARY PAYER PAYMENTS	1,347	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	11,673,054	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,257,856	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	15,675	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	162,431	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	113,702	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	144,252	
22 SUBTOTAL	10,513,225	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	10,513,225	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	10,438,138	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	75,087	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	50,000	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	915
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,523,054
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,856,356
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	58,297
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	915
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	3,685
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	3,685
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,685
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,770
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	915
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,914,653
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,286,129
19	SUBTOTAL (SEE INSTRUCTIONS)	3,629,439
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,629,439
24	PRIMARY PAYER PAYMENTS	947
25	SUBTOTAL	3,628,492
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	198,635
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	139,045
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	167,188
28	SUBTOTAL	3,767,537
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	1
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,767,536
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,769,472
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-1,936
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	50,000
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		10,313,130		3,570,130
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	8/12/2010	9,974		
ADJUSTMENTS TO PROVIDER .02	12/31/2010	115,034	12/31/2010	237,825
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50			8/12/2010	38,483
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		125,008		199,342
4 TOTAL INTERIM PAYMENTS		10,438,138		3,769,472
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)		75,087		1,936
7 TOTAL MEDICARE PROGRAM LIABILITY		10,513,225		3,767,536

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: 15-0037
 I COMPONENT NO: 15-S037
 I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
 I PREPARED 5/26/2011
 I WORKSHEET E-1

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART 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		1,933,629		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,933,629		
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)		737		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,934,366		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-T037 I I

TITLE XVIII

SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,973,225		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		1,973,225		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
		NONE		NONE
		1,703		
7 TOTAL MEDICARE PROGRAM LIABILITY				
		1,974,928		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART I
 I 15-S037 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	2,084,456
1.09	NET IPF PPS OUTLIER PAYMENTS	14,691
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)	7.353425
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ 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)	2,099,147
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)	2,099,147
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (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)	2,099,147
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,099,147
7	DEDUCTIBLES	157,268
8	SUBTOTAL	1,941,879
9	COINSURANCE	8,250
10	SUBTOTAL	1,933,629
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,933,629
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	737
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART I
I	15-S037	I		I	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,934,366
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,933,629
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	737
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART I
I	15-T037	I		I	

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	1,724,887
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0098
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	14,693
1.05	OUTLIER PAYMENTS	262,643
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,002,223
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 $\{(1 + (LINE1.15/1.16))\}$ 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)	5.317808
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)	2,002,223
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,002,223
7	DEDUCTIBLES	20,868
8	SUBTOTAL	1,981,355
9	COINSURANCE	7,425
10	SUBTOTAL	1,973,930
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,973,930
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	998
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	I
I	15-T037	I		I		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,974,928
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,973,225
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	1,703
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

50	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).

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0037
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: -
 PREPARED 5/26/2011
 WORKSHEET E-3
 PART III

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8			1,090,287	
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12			1,090,287	
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16			729,794	
17	ANCILLARY SERVICE CHARGES			
18			1,533,508	
19	INTERNS AND RESIDENTS SERVICE CHARGES			
20	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
21	TEACHING PHYSICIANS			
22	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
23	TOTAL REASONABLE CHARGES			
24			2,263,302	
25	CUSTOMARY CHARGES			
26	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
27	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
28	RATIO OF LINE 17 TO LINE 18			
29	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
30			2,263,302	
31	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
32			1,173,015	
33	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
34			1,090,287	
35	PROSPECTIVE PAYMENT AMOUNT			
36	OTHER THAN OUTLIER PAYMENTS			
37	OUTLIER PAYMENTS			
38	PROGRAM CAPITAL PAYMENTS			
39	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
40	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
41	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
42	SUBTOTAL			
43			1,090,287	
44	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
45	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
46			1,090,287	
47	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
48	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
49	EXCESS OF REASONABLE COST			
50			1,090,287	
51	SUBTOTAL			
52	COINSURANCE			
53	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
54	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
55	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
56	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
57	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
58	UTILIZATION REVIEW			
59	SUBTOTAL (SEE INSTRUCTIONS)			
60			1,090,287	
61	INPATIENT ROUTINE SERVICE COST			
62	MEDICARE INPATIENT ROUTINE CHARGES			
63	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
64	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
65	RATIO OF LINE 43 TO 44			
66	TOTAL CUSTOMARY CHARGES			
67	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
68	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
69	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
70	OTHER ADJUSTMENTS (SPECIFY)			
71	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
72			1,090,287	
73	SUBTOTAL			
74	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
75	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
76			1,090,287	
77	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
78	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
79			649,041	
80	INTERIM PAYMENTS			
81	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	III
I	-	I		I		

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

58 BALANCE DUE PROVIDER/PROGRAM
 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

1
441,246

2

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET E-3	
I	COMPONENT NO:	I	TO 12/31/2010	I	PART III	
I	15-T037	I		I		

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

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		14,471	
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		14,471	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		14,471	
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		14,471	
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
27	OTHER THAN OUTLIER PAYMENTS			
28	OUTLIER PAYMENTS			
29	PROGRAM CAPITAL PAYMENTS			
30	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
31	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
32	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
33	SUBTOTAL			
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
35	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
36	XVIII ENTER AMOUNT FROM LINE 30			
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
38	EXCESS OF REASONABLE COST			
39	SUBTOTAL			
40	COINSURANCE			
41	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
42	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
44	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
47	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
48	UTILIZATION REVIEW			
49	SUBTOTAL (SEE INSTRUCTIONS)			
50	INPATIENT ROUTINE SERVICE COST			
51	MEDICARE INPATIENT ROUTINE CHARGES			
52	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
53	PAYMENT FOR SERVICES ON A CHARGE BASIS			
54	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
55	FOR PAYMENT OF PART A SERVICES			
56	RATIO OF LINE 43 TO 44			
57	TOTAL CUSTOMARY CHARGES			
58	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
59	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
60	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
61	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
62	OTHER ADJUSTMENTS (SPECIFY)			
63	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
64	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
65	SUBTOTAL			
66	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
67	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
68	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
69	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
70	INTERIM PAYMENTS			
71	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART III
I	15-T037	I		I	

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

TITLE XIX

SUBPROVIDER 2

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

58 BALANCE DUE PROVIDER/PROGRAM
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	9,863,593			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE				
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	9,036,111			
7	INVENTORY	4,329,762			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	23,229,466			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	61,963,779			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	61,963,779			
OTHER ASSETS					
22	INVESTMENTS	45,086,288			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	7,299,536			
26	TOTAL OTHER ASSETS	52,385,824			
27	TOTAL ASSETS	137,579,069			

BALANCE SHEET

I
I
I

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,835,569			
29 SALARIES, WAGES & FEES PAYABLE	5,665,344			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	5,725,456			
36 TOTAL CURRENT LIABILITIES	14,226,369			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	30,205,000			
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				
42 TOTAL LONG-TERM LIABILITIES	30,205,000			
43 TOTAL LIABILITIES	44,431,369			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	93,147,700			
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	93,147,700			
52 TOTAL LIABILITIES AND FUND BALANCES	137,579,069			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET	G-1
I		I	TO 12/31/2010	I		

	GENERAL FUND		SPECIFIC PURPOSE FUND
	1	2	3 4
1	FUND BALANCE AT BEGINNING	86,593,557	
	OF PERIOD		
2	NET INCOME (LOSS)	6,554,143	
3	TOTAL	93,147,700	
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5	ADDITIONS (CREDIT ADJUSTM		
6			
7			
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL	93,147,700	
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13	DEDUCTIONS (DEBIT ADJUSTM		
14			
15			
16			
17			
18	TOTAL DEDUCTIONS		
19	FUND BALANCE AT END OF	93,147,700	
	PERIOD PER BALANCE SHEET		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	7,590,954		7,590,954
2 00 SUBPROVIDER	2,957,810		2,957,810
2 01 IRF	2,140,856		2,140,856
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	12,689,620		12,689,620
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,376,966		7,376,966
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,376,966		7,376,966
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	20,066,586		20,066,586
17 00 ANCILLARY SERVICES	46,611,394	77,887,276	124,498,670
18 00 OUTPATIENT SERVICES	2,166,275	24,550,380	26,716,655
18 50 RURAL HEALTH CLINIC			
19 00 HOME HEALTH AGENCY		2,817,399	2,817,399
23 00 HOSPICE		2,257,701	2,257,701
24 00 NUCLEAR PET SCAN		21,600	21,600
25 00 TOTAL PATIENT REVENUES	68,844,255	107,534,356	176,378,611

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		82,512,636	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		82,512,636	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: 15-0037 I PERIOD: FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	176,378,611
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	98,582,281
3	NET PATIENT REVENUES	77,796,330
4	LESS: TOTAL OPERATING EXPENSES	82,512,636
5	NET INCOME FROM SERVICE TO PATIENTS	-4,716,306
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING	6,517,755
24.01	NONOPERATING	4,752,694
25	TOTAL OTHER INCOME	11,270,449
26	TOTAL	6,554,143
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	6,554,143

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	354,205		134,164		230,238	718,607
HHA REIMBURSABLE SERVICES						
6	456,791					456,791
7	378,770					378,770
8	154,951					154,951
9	5,776					5,776
10	21,307					21,307
11	196,540					196,540
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,568,340		134,164		230,238	1,932,742

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-25,158	693,449		693,449
HHA REIMBURSABLE SERVICES				
6		456,791		456,791
7		378,770		378,770
8		154,951		154,951
9		5,776		5,776
10		21,307		21,307
11		196,540		196,540
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-25,158	1,907,584		1,907,584

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		693,449				693,449	693,449
HHA REIMBURSABLE SERVICES							
6		456,791				456,791	260,895
7		378,770				378,770	216,333
8		154,951				154,951	88,500
9		5,776				5,776	3,299
10		21,307				21,307	12,169
11		196,540				196,540	112,253
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,907,584				1,907,584	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		717,686					
7		595,103					
8		243,451					
9		9,075					
10		33,476					
11		308,793					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,907,584					

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	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				-693,449	1,214,135
6	SKILLED NURSING CARE					456,791
7	PHYSICAL THERAPY					378,770
8	OCCUPATIONAL THERAPY					154,951
9	SPEECH PATHOLOGY					5,776
10	MEDICAL SOCIAL SERVICES					21,307
11	HOME HEALTH AIDE					196,540
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)				-693,449	1,214,135
25	COST TO BE ALLOCATED					693,449
26	UNIT COST MULTIPLIER					.571147

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	OPERATION OF PLANT 8
1 ADMIN & GENERAL			365,955	365,955	80,582	
2 SKILLED NURSING CARE	717,686			717,686	158,033	
3 PHYSICAL THERAPY	595,103			595,103	131,040	
4 OCCUPATIONAL THERAPY	243,451			243,451	53,607	
5 SPEECH PATHOLOGY	9,075			9,075	1,998	
6 MEDICAL SOCIAL SERVICES	33,476			33,476	7,371	
7 HOME HEALTH AIDE	308,793			308,793	67,995	
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)	1,907,584		365,955	2,273,539	500,626	
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	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16
1 ADMIN & GENERAL	63,477		87,636	87,735	294	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	63,477		87,636	87,735	294	
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	MEDICAL RECO RDS & LIBRAR 17	PARAMED ED P RGM 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL	369		686,048		686,048	
2 SKILLED NURSING CARE			875,719		875,719	258,111
3 PHYSICAL THERAPY			726,143		726,143	214,024
4 OCCUPATIONAL THERAPY			297,058		297,058	87,555
5 SPEECH PATHOLOGY			11,073		11,073	3,264
6 MEDICAL SOCIAL SERVICES			40,847		40,847	12,039
7 HOME HEALTH AIDE			376,788		376,788	111,055
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)	369		3,013,676		3,013,676	686,048
21 UNIT COST MULTIPLIER						0.294741

(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.

TOTAL HHA
 COSTS
 29

HHA COST CENTER	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	1,133,830
3 PHYSICAL THERAPY	940,167
4 OCCUPATIONAL THERAPY	384,613
5 SPEECH PATHOLOGY	14,337
6 MEDICAL SOCIAL SERVICES	52,886
7 HOME HEALTH AIDE	487,843
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)	3,013,676
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	NEW CAP REL COSTS-BLDG & FEET (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	HOUSEKEEPING (HOURS OF SERVICE) 10
1 ADMIN & GENERAL		1,543,182		365,955		12,210
2 SKILLED NURSING CARE				717,686		
3 PHYSICAL THERAPY				595,103		
4 OCCUPATIONAL THERAPY				243,451		
5 SPEECH PATHOLOGY				9,075		
6 MEDICAL SOCIAL SERVICES				33,476		
7 HOME HEALTH AIDE				308,793		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		1,543,182		2,273,539		12,210
21 COST TO BE ALLOCATED		365,955		500,626		63,477
22 UNIT COST MULTIPLIER		0.237143		0.220197		5.198771

HHA COST CENTER	DIETARY (PATIENT DAYS) 11	CAFETERIA (MANHOURS) 12	NURSING ADMINISTRATION (MANHOURS) 14	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARIES (TIME SPENT) 17
1 ADMIN & GENERAL		57,160	57,160	7,424		1
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)		57,160	57,160	7,424		1
21 COST TO BE ALLOCATED		87,636	87,735	294		369
22 UNIT COST MULTIPLIER		1.533170	1.534902	0.039601		369.000000

Health Financial Systems MCRIF32
ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS
STATISTICAL BASIS

FOR HANCOCK REGIONAL HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
I 15-0037 I FROM 1/ 1/2010 I WORKSHEET H-5
I HHA NO: I TO 12/31/2010 I PART II
I 15-7092 I I

IN LIEU OF FORM CMS-2552-96 (05/2007)

HHA 1

PARAMED ED P
RGM
(ASSIGNED
TIME 24)

HHA COST CENTER

- 1 ADMIN & GENERAL
- 2 SKILLED NURSING CARE
- 3 PHYSICAL THERAPY
- 4 OCCUPATIONAL THERAPY
- 5 SPEECH PATHOLOGY
- 6 MEDICAL SOCIAL SERVICES
- 7 HOME HEALTH AIDE
- 8 SUPPLIES
- 9 DRUGS
- 9.20 COST ADMINISTERING DRUGS
- 10 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)
- 21 COST TO BE ALLOCATED
- 22 UNIT COST MULTIPLIER

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2010 I PARTS I II & III
 I 15-7092 I I HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
		1	2	3	4	5	6
1 SKILLED NURSING	2	1,133,830		1,133,830	6,409	176.91	1,760
2 PHYSICAL THERAPY	3	940,167		940,167	4,629	203.10	1,659
3 OCCUPATIONAL THERAPY	4	384,613		384,613	2,127	180.82	910
4 SPEECH PATHOLOGY	5	14,337		14,337	48	298.69	9
5 MEDICAL SOCIAL SERVICES	6	52,886		52,886	128	413.17	37
6 HOME HEALTH AIDE SERVICE	7	487,843		487,843	7,641	63.85	644
7 TOTAL		3,013,676		3,013,676	20,982		5,019

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	SUBJECT TO DEDUCT & COINSUR 11	
1 SKILLED NURSING	1,564		311,362	276,687	588,049
2 PHYSICAL THERAPY	1,387		336,943	281,700	618,643
3 OCCUPATIONAL THERAPY	526		164,546	95,111	259,657
4 SPEECH PATHOLOGY	2		2,688	597	3,285
5 MEDICAL SOCIAL SERVICES	52		15,287	21,485	36,772
6 HOME HEALTH AIDE SERVICES	1,424		41,119	90,922	132,041
7 TOTAL	4,955		871,945	766,502	1,638,447

LIMITATION COST COMPUTATION					PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES	1	2	3	4	5	PART A 6
8 SKILLED NURSING						
9 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
14 TOTAL						

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2010 I PARTS I II & III
 I 15-7092 I I HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
15 COST OF MEDICAL SUPPLIES	8.00	1	2	3	4	5	6
16 COST OF DRUGS	9.00			20,402	23,977	.850899	7,038
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
15 COST OF MEDICAL SUPPLIES	7	8	9	10	11
16 COST OF DRUGS					
16.20 COST OF DRUGS					
	16,939		5,989	14,413	

PER BENEFICIARY COST LIMITATION:

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
1 PHYSICAL THERAPY	50	.615926		3	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.348238			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.462586			COL 2, LN 4
3.01 OCCUPATIONAL HEALTH	52.01				
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.850891	23,977	20,402	COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.885063			
5 DRUGS CHARGED TO PATIENTS	56	.248423			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	1	2	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	180.82					
3 SPEECH PATHOLOGY	4	298.69					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET H-7	
I	HHA NO:	I	TO 12/31/2010	I	PARTS I & II	
I	15-7092	I		I		

TITLE XVIII

HHA 1

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

PART A

PART B
NOT SUBJECT TO
DED & COINS
2

PART B
SUBJECT TO
DED & COINS
3

1

- 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
- 9 PRIMARY PAYOR AMOUNTS

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1

PART B
SERVICES
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	922,677	822,309
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	2,797	5,055
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	10,799	12,003
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	6,214	8,039
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	756	1,274
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	943,243	848,680
13	EXCESS REASONABLE COST		
14	SUBTOTAL	943,243	848,680
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	943,243	848,680
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	943,243	848,680
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	943,243	848,680
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	943,243	848,680
25	INTERIM PAYMENTS	943,243	848,680
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
	I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET H-8	
	I	HHA NO:	I	TO 12/31/2010	I		
	I	15-7092	I		I		

TITLE XVIII 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		943,243		848,680
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			943,243	848,680
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			943,243	848,680

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: 15-0037
I HOSPICE NO: 15-1547
I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
I PREPARED 5/26/2011
I WORKSHEET K
I

HOSPICE 1

SALARIES (FROM K-1)	EMPLOYEE BENEFITS (FROM K-2)	TRANSPORTATION (SEE INST.)	CONTRACTED SERVICES (FROM K-3)
1	2	3	4

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	655
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
10.20	VISITING SERVICES	
11	PHYSICIAN SERVICES	
12	NURSING CARE	219,157
13	NURSING CARE-CONTINUOUS HOME CARE	
14	PHYSICAL THERAPY	
15	OCCUPATIONAL THERAPY	
16	SPEECH/LANGUAGE PATHOLOGY	
17	MEDICAL SOCIAL SERVICES	70,385
18	SPIRITUAL COUNSELING	352
18.20	DIETARY COUNSELING	
19	COUNSELING - OTHER	
20	HOME HEALTH AIDE AND HOMEMAKER	48,453
20.30	HH AIDE & HOMEMAKER-CONT. HOME CARE	
20.31	OTHER HOSPICE SERVICE COSTS	
20.32	OTHER	
21	DRUGS BIOLOGICAL AND INFUSION THERAPY	
22	ANALGESICS	
23	SEDATIVES / HYPNOTICS	
24	OTHER - SPECIFY	
25	DURABLE MEDICAL EQUIPMENT/OXYGEN	
26	PATIENT TRANSPORTATION	
27	IMAGING SERVICES	
28	LABS AND DIAGNOSTICS	
29	MEDICAL SUPPLIES	
30	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
31	RADIATION THERAPY	
32	CHEMOTHERAPY	
33	OTHER	
34	BEREAVEMENT PROGRAM COSTS	
	VOLUNTEER PROGRAM COSTS	
	FUNDRAISING	
	OTHER PROGRAM COSTS	
	TOTAL (SUM OF LINES 1 THRU 33)	339,002

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET	K
I	HOSPICE NO:	I	TO 12/31/2010	I		
I	15-1547	I		I		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
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	681,103	681,758	-2,820	678,938
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE		219,157		219,157
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES		70,385		70,385
19 SPIRITUAL COUNSELING		352		352
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER		48,453		48,453
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	681,103	1,020,105	-2,820	1,017,285

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: 15-0037
I HOSPICE NO: 15-1547
I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
I PREPARED 5/26/2011
I WORKSHEET K

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 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		
6 VOLUNTEER SERVICE COORDINATION		
7 ADMINISTRATIVE AND GENERAL		678,938
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		
10 INPATIENT - RESPITE CARE		
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		
13 NURSING CARE		219,157
14 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		
16 OCCUPATIONAL THERAPY		
17 SPEECH/LANGUAGE PATHOLOGY		
18 MEDICAL SOCIAL SERVICES		70,385
19 SPIRITUAL COUNSELING		352
20 DIETARY COUNSELING		
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		48,453
23 HH AIDE & HOMEMAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		
27 ANALGESICS		
28 SEDATIVES / HYPNOTICS		
29 OTHER - SPECIFY		
30 DURABLE MEDICAL EQUIPMENT/OXYGEN		
31 PATIENT TRANSPORTATION		
32 IMAGING SERVICES		
33 LABS AND DIAGNOSTICS		
34 MEDICAL SUPPLIES		
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)		1,017,285

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: 15-0037
I HOSPICE NO: 15-1547
I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
I PREPARED 5/26/2011
I WORKSHEET K-1

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL	655		
7	INPATIENT CARE SERVICE			
8	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPITE CARE			
9	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		70,385	
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30	BEREAVEMENT PROGRAM COSTS			
31	VOLUNTEER PROGRAM COSTS			
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	TOTAL (SUM OF LINES 1 THRU 33)	655	70,385	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0037
HOSPICE NO: 15-1547
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET K-1

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	219,157			
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				352
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			48,453	
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	219,157		48,453	352

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
I 15-0037 I FROM 1/ 1/2010 I WORKSHEET K-1
I HOSPICE NO: I TO 12/31/2010 I
I 15-1547 I I

HOSPICE 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	655
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
9	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	219,157
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	70,385
15	SPIRITUAL COUNSELING	352
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	48,453
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	339,002

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: 15-0037
I HOSPICE NO: 15-1547
I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
I PREPARED 5/26/2011
I WORKSHEET K-4
I PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
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	678,938			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	219,157			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	70,385			
15 SPIRITUAL COUNSELING	352			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	48,453			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,017,285			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: 15-0037
I HOSPICE NO: 15-1547
I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
I PREPARED 5/26/2011
I WORKSHEET K-4
I PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
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			678,938	678,938
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			219,157	439,768
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			70,385	141,237
15 SPIRITUAL COUNSELING			352	706
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			48,453	97,227
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			338,347	678,938

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 12/31/2010	I	PART	I
I	15-1547	I		I		

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	658,925
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	211,622
15	SPIRITUAL COUNSELING	1,058
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	145,680
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,017,285

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: 15-0037
 I HOSPICE NO: 15-1547
 I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
 I PREPARED 5/26/2011
 I WORKSHEET K-4
 I PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQURE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQURE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	GENERAL SERVICE COST CENTERS			
1	CAPITAL RELATED COSTS-BLDG AND FIXT.			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3	PLANT OPERATION AND MAINTENANCE			
4	TRANSPORTATION - STAFF			
5	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL			
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPITE 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 HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30				
31				
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
35	UNIT COST MULTIPLIER	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: 15-0037
 I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
 I HOSPICE NO: 15-1547
 I PREPARED 5/26/2011
 I WORKSHEET K-4
 I PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-678,938	338,347
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			219,157
14 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			70,385
19 SPIRITUAL COUNSELING			352
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			48,453
23 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27 ANALGESICS			
28 SEDATIVES / HYPNOTICS			
29 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39 FUNDRAISING			
40 OTHER PROGRAM COSTS			
41 COST TO BE ALLOCATED (PER WKST K-4, PART I)			678,938
42 UNIT COST MULTIPLIER	.000000		2.006632

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	EMPLOYEE BENEFITS	SUBTOTAL
		0	3	5	5A
1.00 ADMINISTRATIVE AND GENERAL	6			79,723	79,723
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	658,925			658,925
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	211,622			211,622
10.00 SPIRITUAL COUNSELING	15	1,058			1,058
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	145,680			145,680
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,017,285		79,723	1,097,008
30.00 UNIT COST MULTIPLIER					

ADMINISTRATIVE & GENERAL OPERATION OF PLANT HOUSEKEEPING DIETARY

HOSPICE COST CENTER	6	8	10	11
1.00 ADMINISTRATIVE AND GENERAL	17,555			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	145,093			
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	46,599			
10.00 SPIRITUAL COUNSELING	233			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	32,078			
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)	241,558			
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0037
 I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
 I HOSPICE NO: 15-1547
 I PREPARED 5/26/2011
 I WORKSHEET K-5
 I PART I

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16
1.00 ADMINISTRATIVE AND GENERAL	19,867	19,889	3,666	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE 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)	19,867	19,889	3,666	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY 17	PARAMED ED PRGM 24	SUBTOTAL 25	INTRN & RSDNT COST & POST STEPDWN AD 26
1.00 ADMINISTRATIVE AND GENERAL			140,700	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			804,018	
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			258,221	
10.00 SPIRITUAL COUNSELING			1,291	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			177,758	
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)			1,381,988	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	27	28	29
1.00 ADMINISTRATIVE AND GENERAL	140,700		
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPITE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE	804,018	91,136	895,154
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	258,221	29,269	287,490
10.00 SPIRITUAL COUNSELING	1,291	146	1,437
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER	177,758	20,149	197,907
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)	1,381,988		1,381,988
30.00 UNIT COST MULTIPLIER		.113350	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
 (2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

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

PROVIDER NO: 15-0037
 HOSPICE NO: 15-1547
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET K-5
 PART II

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST)
1.00 ADMINISTRATIVE AND GENERAL	3	336,182		79,723
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				658,925
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				211,622
10.00 SPIRITUAL COUNSELING				1,058
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				145,680
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)		336,182		1,097,008
30.00 TOTAL COST TO BE ALLOCATED		79,723		241,558
31.00 UNIT COST MULTIPLIER	.000000	.237142		.220197

HOSPICE COST CENTER	OPERATION OF PLANT (SQUARE FEET)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)
1.00 ADMINISTRATIVE AND GENERAL	8	10	11	12,958
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE 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				

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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET	K-5
I	HOSPICE NO:	I	TO 12/31/2010	I	PART	II
I	15-1547	I		I		

HOSPICE 1

PARAMED ED PRGM

HOSPICE COST CENTER

(ASSIGNED TIME)

24

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

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

PROVIDER NO: 15-0037
 HOSPICE NO: 15-1547
 PERIOD: FROM 1/ 1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET K-5
 PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.615926	
2	OCCUPATIONAL THERAPY	51	.348238	
3	SPEECH PATHOLOGY	52	.462586	
3.01	OCCUPATIONAL HEALTH	52.01		
4	DRUGS CHARGED TO PATIENTS	56	.248423	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.223517	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.850891	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.885063	
8	EMERGENCY	61	.364070	
9	RADIOLOGY-DIAGNOSTIC	41	.164275	
10		59		
10.97	CARDIAC REHABILITATION	59.97	.541444	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET K-6
I	HOSPICE NO:	I	TO 12/31/2010	I	
I	15-1547	I		I	

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1				1,381,988
2				5,391
3				256.35
4	4,702			
5	1,205,358			
6		42		
7		10,767		
8	3,646			
9	934,652			
10				
11				
12			647	
13			165,858	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0037 I FROM 1/ 1/2010 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2010 I PARTS I-IV
 I 15-0037 I I

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	838,183
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	12,548
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	33.81
	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 RECEIPIENT 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	850,731
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)	

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

I PROVIDER NO: 15-0037
I COMPONENT NO: 15-3987
I PERIOD: FROM 1/1/2010 TO 12/31/2010
I PREPARED 5/26/2011
I WORKSHEET M-1

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1				
2				
3	113,060		113,060	
4				
5				
6				
7				
8				
9	24,140		24,140	
10	137,200		137,200	
COSTS UNDER AGREEMENT				
11		14,280	14,280	
12				
13				
14		14,280	14,280	
OTHER HEALTH CARE COSTS				
15				
16		1,735	1,735	
17				
18				
19				
20				
21		1,735	1,735	
22	137,200	16,015	153,215	
COSTS OTHER THAN RHC/FQHC SERVICES				
23				
24		6,007	6,007	
25				
26				
27				
28		6,007	6,007	
FACILITY OVERHEAD				
29		62,608	62,608	-1,697
30	24,760		24,760	
31	24,760	62,608	87,368	-1,697
32	161,960	84,630	246,590	-1,697

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
I 15-0037 I FROM 1/ 1/2010 I WORKSHEET M-1
I COMPONENT NO: I TO 12/31/2010 I
I 15-3987 I I

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN			
3 PHYSICIAN ASSISTANT			
4 NURSE PRACTITIONER	113,060		113,060
5 VISITING NURSE			
6 OTHER NURSE			
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS	24,140		24,140
10 SUBTOTAL (SUM OF LINES 1-9)	137,200		137,200
11 COSTS UNDER AGREEMENT			
12 PHYSICIAN SERVICES UNDER AGREEMENT	14,280		14,280
13 PHYSICIAN SUPERVISION UNDER AGREEMENT			
14 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)	14,280		14,280
15 OTHER HEALTH CARE COSTS			
16 MEDICAL SUPPLIES	1,735		1,735
17 TRANSPORTATION (HEALTH CARE STAFF)			
18 DEPRECIATION-MEDICAL EQUIPMENT			
19 PROFESSIONAL LIABILITY INSURANCE			
20 OTHER HEALTH CARE COSTS			
21 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	1,735		1,735
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	153,215		153,215
23 COSTS OTHER THAN RHC/FQHC SERVICES			
24 PHARMACY	6,007		6,007
25 DENTAL			
26 OPTOMETRY			
27 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	6,007		6,007
29 FACILITY OVERHEAD			
30 FACILITY COSTS	60,911	-14,280	46,631
31 ADMINISTRATIVE COSTS	24,760		24,760
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	85,671	-14,280	71,391
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	244,893	-14,280	230,613

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
I 15-0037 I FROM 1/ 1/2010 I WORKSHEET M-2
I COMPONENT NO: I TO 12/31/2010 I
I 15-3987 I I

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
1 POSITIONS				
2 PHYSICIANS			4,200	
3 PHYSICIAN ASSISTANTS			2,100	
4 NURSE PRACTITIONERS	1.11	2,331	2,100	2,331
5 SUBTOTAL (SUM OF LINES 1-3)	1.11	2,331		2,331
6 VISITING NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 TOTAL FTES AND VISITS (SUM OF LINES 4-7)	1.11	2,331		
10 PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10 TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	153,215			
11 TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	6,007			
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	159,222			
13 RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.962273			
14 TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	71,391			
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	105,665			
16 TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	177,056			
17 ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16	177,056			
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	170,376			
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	323,591			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2011
I	15-0037	I	FROM 1/ 1/2010	I	WORKSHEET M-2
I	COMPONENT NO:	I	TO 12/31/2010	I	
I	15-3987	I		I	

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

1	PHYSICIANS	
2	PHYSICIAN ASSISTANTS	
3	NURSE PRACTITIONERS	
4	SUBTOTAL (SUM OF LINES 1-3)	2,331
5	VISITING NURSE	
6	CLINICAL PSYCHOLOGIST	
7	CLINICAL SOCIAL WORKER	
8	TOTAL FTES AND VISITS (SUM OF LINES 4-7)	2,331
9	PHYSICIAN SERVICES UNDER AGREEMENTS	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0037	I	FROM 1/ 1/2010	I	5/26/2011
I	COMPONENT NO:	I	TO 12/31/2010	I	WORKSHEET M-3
I	15-3987	I		I	

TITLE XVIII RHC 1

DETERMINATION OF RATE FOR RHC/FQHC SERVICES		
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	323,591
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	8,644
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	314,947
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	2,331
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	2,331
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	135.11

CALCULATION OF LIMIT (1)

	PRIOR TO	ON OR AFTER
	JANUARY 1	JANUARY 1
	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)	77.76
CALCULATION OF SETTLEMENT		
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	234
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	18,196
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)*	18,196
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	3,920
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	14,276
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	11,421
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	3,954
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	15,375
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)	15,375
25	INTERIM PAYMENTS	11,246
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	4,129
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2	

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

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

COMPUTATION OF PNEUMOCOCCAL AND
INFLUENZA VACCINE COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
I 15-0037 I FROM 1/ 1/2010 I WORKSHEET M-4
I COMPONENT NO: I TO 12/31/2010 I
I 15-3987 I I

TITLE XVIII

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)	137,200	137,200	137,200	137,200
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000797	.007304		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	109	1,002		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	992	1,907		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,101	2,909		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	153,215	153,215	153,215	153,215
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	177,056	177,056	177,056	177,056
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.007186	.018986		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	1,272	3,362		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	2,373	6,271		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	12	110		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	197.75	57.01		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	5	52		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	989	2,965		
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)		8,644		
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)		3,954		

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

I PROVIDER NO: 15-0037 I PERIOD: FROM 1/ 1/2010 I PREPARED 5/26/2011 I COMPONENT NO: 15-3987 I TO 12/31/2010 I WORKSHEET M-5 I

RHC 1

DESCRIPTION

P A R T B MM/DD/YYYY 1 2 AMOUNT

Table with 3 columns: Description, Part, Amount. Rows include: 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER, 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT, 4 TOTAL INTERIM PAYMENTS, 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT, 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE), 7 TOTAL MEDICARE PROGRAM LIABILITY.

NAME OF INTERMEDIARY: INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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