

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1324		FROM 4/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2011		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/24/2011 TIME 15:35

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:  
 FERRELL HOSPITAL 14-1324  
 FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2010 AND ENDING 3/31/2011 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-58,264	-373,149	0	0
3	SWING BED - SNF	0	-18,562	0	0	0
9	RHC	0	0	3,965	0	0
9 .01	RHC II	0	0	0	0	0
100	TOTAL	0	-76,826	-369,184	0	0

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-1324  
 PERIOD: FROM 4/ 1/2010 TO 3/31/2011  
 PREPARED 8/24/2011 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1201 PINE STREET  
 1.01 CITY: EL DORADO P.O. BOX: STATE: IL ZIP CODE: 62930- COUNTY: SALINE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	FERRELL HOSPITAL	14-1324	2.01	2/ 1/2003	N	0	N
04.00 SWING BED - SNF	FERRELL S/B SNF	14-2324		2/ 1/2003	N	0	N
14.00 HOSPITAL-BASED RHC	ELDORADO	14-8507		4/ 1/2009	N	0	N
14.01 HOSPITAL-BASED RHC 2	RIDGWAY	14-8506		4/ 1/2009	N	0	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2010 TO: 3/31/2011

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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. N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (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 1, 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 PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N  
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION 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). / /

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?

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. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

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

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR I ME 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 I ME 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 UNWEIGHTED 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. O

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

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 2/1/2003

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. 1 2 3 4  
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----  
 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)

28.03 STAFFING % Y/N 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 1.00% Y

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

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

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

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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

V XVIII XIX  
 1 2 3  
 N N N  
 N N N  
 N N N

TITLE XIX INPATIENT SERVICES

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

- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, 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  
 40.02 STREET: P.O. BOX:  
 40.03 CITY: STATE: ZIP CODE: -

FI /CONTRACTOR #

- 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. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 00/00/0000
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS). N

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

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

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 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

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- |  | DATE<br>0 | Y OR N<br>1 | LIMIT<br>2 | Y OR N<br>3 | FEES<br>4 |
|--|-----------|-------------|------------|-------------|-----------|
| 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.  |           | N           | 0.00       |             | 0         |
| 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.   |           |             | 0.00       |             | 0         |
| 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.   |           |             | 0.00       |             | 0         |
| 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.  |           |             | 0.00       |             | 0         |
| 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?   |           | N           |            |             |           |
| 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.  |           | N           |            |             |           |
| 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).                 |           |             |            | 0           |           |
| 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)   |           | N           |            |             |           |
| 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)   |           | N           |            |             |           |
| 60.01 IF LINE 60 COLUMN 1 IS Y, 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           |           |

MULTI CAMPUS

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

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
					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).

MI SCCELLANEOUS 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.

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1324      PERIOD: FROM 4/1/2010 TO 3/31/2011      PREPARED 8/24/2011  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	62,400.00			1,892	448
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						473	
4 ADULTS & PED-SB NF							29
5 TOTAL ADULTS AND PEDS	25	9,125	62,400.00			2,365	477
12 TOTAL	25	9,125	62,400.00			2,365	477
13 RPCH VISITS							
24 RURAL HEALTH CLINIC						842	
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,778				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			473				
4 ADULTS & PED-SB NF			29				
5 TOTAL ADULTS AND PEDS			3,280				
12 TOTAL			3,280				
13 RPCH VISITS							
24 RURAL HEALTH CLINIC			8,308				
25 TOTAL							
26 OBSERVATION BED DAYS			588				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					519	155	824
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		151.77			519	155	824
13 RPCH VISITS							
24 RURAL HEALTH CLINIC		7.40					
25 TOTAL		159.17					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

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

PROVIDER NO: 14-1324  
 COMPONENT NO: 14-8507  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 WORKSHEET S-8

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1201 PINE STREET  
 1.01 CITY: EL DORADO STATE: IL ZIP CODE: 62930 COUNTY: SALINE  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
	1	2
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)		/ /
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 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
			730	1600	730	1600	700	1900	800	1630	730	1130		

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

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

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

15 PROVIDER NAME: RIDGEWAY PROVIDER NUMBER: 148506

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.

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1324  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		751,667	751,667	-250,262	501,405
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				257,994	257,994
5	0500 EMPLOYEE BENEFITS	87,799	2,030,168	2,117,967		2,117,967
6	0600 ADMINISTRATIVE & GENERAL	735,587	1,578,204	2,313,791	-73,918	2,239,873
7	0700 MAINTENANCE & REPAIRS	169,141	118,851	287,992		287,992
8	0800 OPERATION OF PLANT		198,269	198,269	80,711	278,980
9	0900 LAUNDRY & LINEN SERVICE	37,877	17,360	55,237		55,237
10	1000 HOUSEKEEPING	165,051	14,321	179,372		179,372
11	1100 DIETARY	177,453	159,453	336,906	-96,489	240,417
12	1200 CAFETERIA				96,489	96,489
14	1400 NURSING ADMINISTRATION	193,613	7,017	200,630		200,630
17	1700 MEDICAL RECORDS & LIBRARY	166,479	26,521	193,000		193,000
20	2000 NONPHYSICIAN ANESTHETISTS					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,115,077	49,482	1,164,559	-6,019	1,158,540
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	224,917	47,171	272,088	-624	271,464
40	4000 ANESTHESIOLOGY	62,103	143,297	205,400		205,400
41	4100 RADIOLOGY-DIAGNOSTIC	415,820	640,111	1,055,931		1,055,931
44	4400 LABORATORY	445,690	476,011	921,701		921,701
49	4900 RESPIRATORY THERAPY	295,403	82,090	377,493		377,493
50	5000 PHYSICAL THERAPY	226,677	53,032	279,709	-1,126	278,583
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	96,359	136,824	233,183	409	233,592
55.30	5530 IMPL. DEV. CHARGED TO PATIENT					
56	5600 DRUGS CHARGED TO PATIENTS	197,162	563,489	760,651		760,651
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	339,453	131,045	470,498	-4,447	466,051
61	6100 EMERGENCY	421,823	673,118	1,094,941	-192	1,094,749
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	6300 FAMILY PRACTICE					
63.50	6310 RURAL HEALTH CLINIC	413,774	121,992	535,766	58,509	594,275
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	5,987,258	8,019,493	14,006,751	61,035	14,067,786
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES	870,005	444,365	1,314,370	-61,035	1,253,335
98.01	9801 MARKETING	87,175	178,661	265,836		265,836
101	TOTAL	6,944,438	8,642,519	15,586,957	-0-	15,586,957



RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1324  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-8,759	492,646
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		257,994
5	0500 EMPLOYEE BENEFITS		2,117,967
6	0600 ADMINISTRATIVE & GENERAL	-7,010	2,232,863
7	0700 MAINTENANCE & REPAIRS		287,992
8	0800 OPERATION OF PLANT	-8,100	270,880
9	0900 LAUNDRY & LINEN SERVICE		55,237
10	1000 HOUSEKEEPING		179,372
11	1100 DIETARY		240,417
12	1200 CAFETERIA	-33,853	62,636
14	1400 NURSING ADMINISTRATION		200,630
17	1700 MEDICAL RECORDS & LIBRARY	-10,801	182,199
20	2000 NONPHYSICIAN ANESTHETISTS		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,158,540
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		271,464
40	4000 ANESTHESIOLOGY		205,400
41	4100 RADIOLOGY-DIAGNOSTIC		1,055,931
44	4400 LABORATORY		921,701
49	4900 RESPIRATORY THERAPY		377,493
50	5000 PHYSICAL THERAPY		278,583
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		233,592
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		
56	5600 DRUGS CHARGED TO PATIENTS	-35,041	725,610
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		466,051
61	6100 EMERGENCY	-311,795	782,954
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	6300 FAMILY PRACTICE		
63.50	6310 RURAL HEALTH CLINIC		594,275
	SPEC PURPOSE COST CENTERS		
95	9500 SUBTOTALS	-415,359	13,652,427
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		1,253,335
98.01	9801 MARKETING		265,836
101	TOTAL	-415,359	15,171,598

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1324  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	FAMILY PRACTICE	4040	FAMILY PRACTICE
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	MARKETING	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
141324

PERIOD:  
FROM 4/ 1/2010  
TO 3/31/2011

PREPARED 8/24/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA	A	CAFETERIA	12	50,822	45,667
2 RENT	B	NEW CAP REL COSTS-MVBLE EQUIP	4		7,732
3					
4					
5					
6					
7 DEPRECIATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4		250,262
8 UTILITIES	D	OPERATION OF PLANT	8		80,711
9					
10					
11					
12					
13 MED SUPPLY	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		836
14					
15					
16					
17 RIDGEWAY DR OFFICE	G	PHYSICIANS' PRIVATE OFFICES	98	31,379	15,413
18 OLDHAM RHC	H	RURAL HEALTH CLINIC	63.50	21,517	85,679
36 TOTAL RECLASSIFICATIONS				103,718	486,300

(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:  
141324

PERIOD:  
FROM 4/1/2010  
TO 3/31/2011

PREPARED 8/24/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1) COST CENTER	LINE NO	SALARY 8	OTHER 9	
1 CAFETERIA	1 6	7			
2 RENT	A DIETARY	11	50,822	45,667	
3	B				9
4	ADULTS & PEDIATRICS	25		6,019	
5	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		427	
6	CLINIC	60		1,050	
7 DEPRECIATION	PHYSICIANS' PRIVATE OFFICES	98		236	
8 UTILITIES	C NEW CAP REL COSTS-BLDG & FIXT	3		250,262	9
9	D ADMINISTRATIVE & GENERAL	6		73,918	
10	PHYSICAL THERAPY	50		1,126	
11	CLINIC	60		3,397	
12	RURAL HEALTH CLINIC	63.50		1,895	
13 MED SUPPLY	PHYSICIANS' PRIVATE OFFICES	98		375	
14	E				
15	OPERATING ROOM	37		624	
16	EMERGENCY	61		192	
17 RIDGEWAY DR OFFICE	PHYSICIANS' PRIVATE OFFICES	98		20	
18 OLDHAM RHC	G RURAL HEALTH CLINIC	63.50	31,379	15,413	
36 TOTAL RECLASSIFICATIONS	H PHYSICIANS' PRIVATE OFFICES	98	21,517	85,679	
			103,718	486,300	

(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: 141324	PERIOD: FROM 4/1/2010 TO 3/31/2011	PREPARED 8/24/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A  
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	96,489	DIETARY	11	96,489	
TOTAL RECLASSIFICATIONS FOR CODE A			96,489				96,489

RECLASS CODE: B  
EXPLANATION : RENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,732			0	
3.00			0	ADULTS & PEDIATRICS	25	6,019	
5.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	427	
6.00			0	CLINIC	60	1,050	
8.00			0	PHYSICIANS' PRIVATE OFFICES	98	236	
TOTAL RECLASSIFICATIONS FOR CODE B			7,732				7,732

RECLASS CODE: C  
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	250,262	NEW CAP REL COSTS-BLDG & FIXT	3	250,262	
TOTAL RECLASSIFICATIONS FOR CODE C			250,262				250,262

RECLASS CODE: D  
EXPLANATION : UTILITIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	80,711	ADMINISTRATIVE & GENERAL	6	73,918	
3.00			0	PHYSICAL THERAPY	50	1,126	
4.00			0	CLINIC	60	3,397	
6.00			0	RURAL HEALTH CLINIC	63.50	1,895	
7.00			0	PHYSICIANS' PRIVATE OFFICES	98	375	
TOTAL RECLASSIFICATIONS FOR CODE D			80,711				80,711

RECLASS CODE: E  
EXPLANATION : MED SUPPLY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	836			0	
2.00			0	OPERATING ROOM	37	624	
8.00			0	EMERGENCY	61	192	
9.00			0	PHYSICIANS' PRIVATE OFFICES	98	20	
TOTAL RECLASSIFICATIONS FOR CODE E			836				836

RECLASS CODE: G  
EXPLANATION : RIDGEWAY DR OFFICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	46,792	RURAL HEALTH CLINIC	63.50	46,792	
TOTAL RECLASSIFICATIONS FOR CODE G			46,792				46,792

RECLASS CODE: H  
EXPLANATION : OLDHAM RHC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RURAL HEALTH CLINIC	63.50	107,196	PHYSICIANS' PRIVATE OFFICES	98	107,196	
TOTAL RECLASSIFICATIONS FOR CODE H			107,196				107,196

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	155,302	4,410			4,410		159,712	
2 LAND IMPROVEMENTS	44,285						44,285	
3 BUILDINGS & FIXTURE	2,659,354	136,939			136,939		2,796,293	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT	2,244,557	365,024			365,024		2,609,581	
6 MOVABLE EQUIPMENT								
7 SUBTOTAL	5,103,498	506,373			506,373		5,609,871	
8 RECONCILING ITEMS								
9 TOTAL	5,103,498	506,373			506,373		5,609,871	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	501,405	-8,759					492,646
4	NEW CAP REL COSTS-MV	257,994						257,994
5	TOTAL	759,399	-8,759					750,640

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

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	751,667						751,667
4	NEW CAP REL COSTS-MV							
5	TOTAL	751,667						751,667

\* 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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-8,759	NEW CAP REL COSTS-BLDG &	3	10
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-1,214	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-311,795			
13 SALE OF SCRAP, WASTE, ETC.	B	-172	ADMINISTRATIVE & GENERAL	6	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-29,592	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS	B	-8,100	OPERATION OF PLANT	8	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	A	-35,041	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-10,801	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-4,261	CAFETERIA	12	
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					
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E	4	
34 PHYSICIANS' ASSISTANT			NONPHYSICIAN ANESTHETISTS	20	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37					
38 MISC INCOME	B	-5,624	ADMINISTRATIVE & GENERAL	6	
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50 TOTAL (SUM OF LINES 1 THRU 49)		-415,359			

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







COST ALLOCATION STATISTICS

PROVIDER NO: 14-1324  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	5	PATIENT	DAYS	ENTERED
12	CAFETERIA	7	HOURS		ENTERED
14	NURSING ADMINISTRATION	9	NURSING	SALARIES	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS	REVENUE	ENTERED
20	NONPHYSICIAN ANESTHETISTS	15	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	492,646	492,646					
005 NEW CAP REL COSTS-MVBLE	257,994		257,994				
006 EMPLOYEE BENEFITS	2,117,967			2,117,967			
007 ADMINISTRATIVE & GENERAL	2,232,863	143,736	75,271	227,218	2,679,088	2,679,088	
008 MAINTENANCE & REPAIRS	287,992	17,707	9,273	52,246	367,218	78,752	445,970
009 OPERATION OF PLANT	270,880	22,212	11,632		304,724	65,350	29,909
010 LAUNDRY & LINEN SERVICE	55,237	13,983	7,323	11,700	88,243	18,924	18,828
011 HOUSEKEEPING	179,372	6,007	3,146	50,983	239,508	51,364	8,089
012 DIETARY	240,417	21,329	11,170	39,115	312,031	66,917	28,720
014 CAFETERIA	62,636	3,318	1,738	15,699	83,391	17,884	4,468
017 NURSING ADMINISTRATION	200,630	10,685	5,596	59,806	276,717	59,344	14,387
020 MEDICAL RECORDS & LIBRARY	182,199	5,419	2,838	51,424	241,880	51,873	7,296
025 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,158,540	79,655	41,715	344,437	1,624,347	348,345	107,256
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	271,464	13,120	6,871	69,475	360,930	77,404	17,667
040 ANESTHESIOLOGY	205,400	2,537	1,328	19,183	228,448	48,992	3,416
041 RADIOLOGY-DIAGNOSTIC	1,055,931	20,934	10,963	128,444	1,216,272	260,837	28,187
044 LABORATORY	921,701	10,756	5,633	137,671	1,075,761	230,703	14,483
049 RESPIRATORY THERAPY	377,493	20,183	10,570	91,248	499,494	107,119	27,176
050 PHYSICAL THERAPY	278,583	1,218	638	70,019	350,458	75,158	1,640
055 MEDICAL SUPPLIES CHARGED	233,592	3,592	1,881	29,765	268,830	57,652	4,837
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	725,610	12,369	6,478	60,902	805,359	172,714	16,656
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	466,051	16,124	8,444	104,855	595,474	127,703	21,711
061 EMERGENCY	782,954	4,018	2,104	130,298	919,374	197,165	5,411
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY PRACTICE							
063 50 RURAL HEALTH CLINIC	594,275	41,796	21,888	124,766	782,725	167,860	56,279
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	13,652,427	470,698	246,500	1,819,254	13,320,272	2,282,060	416,416
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	1,253,335	21,948	11,494	271,785	1,558,562	334,243	29,554
098 01 MARKETING	265,836			26,928	292,764	62,785	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	15,171,598	492,646	257,994	2,117,967	15,171,598	2,679,088	445,970

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	399,983						
010 LAUNDRY & LINEN SERVICE	18,100	144,095					
011 HOUSEKEEPING	7,776		306,737				
012 DIETARY	27,610		22,638	457,916			
014 CAFETERIA	4,295		3,522		113,560		
017 NURSING ADMINISTRATION	13,831		11,341		3,266	378,886	
020 MEDICAL RECORDS & LIBRARY	7,014		5,751		6,146		319,960
025 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	103,114	144,095	84,546	457,916	29,826	266,467	39,059
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	16,984		13,925		4,837	43,214	17,540
040 ANESTHESIOLOGY	3,284		2,692				8,285
041 RADIOLOGY-DIAGNOSTIC	27,098		22,218		9,304		76,501
044 LABORATORY	13,923		11,416		12,696		61,837
049 RESPIRATORY THERAPY	26,126		21,421		7,965		32,013
050 PHYSICAL THERAPY	1,576		1,292		4,877		12,060
055 MEDICAL SUPPLIES CHARGED	4,650		3,813		3,509		3,828
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	16,012		13,128		4,375		30,561
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	20,872		17,113		8,532		14,929
061 EMERGENCY	5,202		4,265		7,746	69,205	23,347
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY PRACTICE							
063 50 RURAL HEALTH CLINIC	54,104		44,361		2,755		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	371,571	144,095	283,442	457,916	105,834	378,886	319,960
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	28,412		23,295		5,794		
098 01 MARKETING					1,932		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	399,983	144,095	306,737	457,916	113,560	378,886	319,960

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	20	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENERAL				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
017 NURSING ADMINISTRATION				
020 MEDICAL RECORDS & LIBRARY				
025 NONPHYSICIAN ANESTHETISTS				
INPAT ROUTINE SRVC CNTRS				
ADULTS & PEDIATRICS		3,204,971		3,204,971
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		552,501		552,501
040 ANESTHESIOLOGY		295,117		295,117
041 RADIOLOGY-DIAGNOSTIC		1,640,417		1,640,417
044 LABORATORY		1,420,819		1,420,819
049 RESPIRATORY THERAPY		721,314		721,314
050 PHYSICAL THERAPY		447,061		447,061
055 MEDICAL SUPPLIES CHARGED		347,119		347,119
055 30 IMPL. DEV. CHARGED TO PAT				
056 DRUGS CHARGED TO PATIENTS		1,058,805		1,058,805
OUTPAT SERVICE COST CNTRS				
060 CLINIC		806,334		806,334
061 EMERGENCY		1,231,715		1,231,715
062 OBSERVATION BEDS (NON-DIS				
063 FAMILY PRACTICE				
063 50 RURAL HEALTH CLINIC		1,108,084		1,108,084
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		12,834,257		12,834,257
NONREIMBURS COST CENTERS				
098 PHYSICIANS' PRIVATE OFFIC		1,979,860		1,979,860
098 01 MARKETING		357,481		357,481
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL		15,171,598		15,171,598

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL		143,736	75,271	219,007		219,007	
008 MAINTENANCE & REPAIRS		17,707	9,273	26,980		6,438	33,418
009 OPERATION OF PLANT		22,212	11,632	33,844		5,342	2,241
010 LAUNDRY & LINEN SERVICE		13,983	7,323	21,306		1,547	1,411
011 HOUSEKEEPING		6,007	3,146	9,153		4,199	606
012 DIETARY		21,329	11,170	32,499		5,470	2,152
014 CAFETERIA		3,318	1,738	5,056		1,462	335
017 NURSING ADMINISTRATION		10,685	5,596	16,281		4,851	1,078
020 MEDICAL RECORDS & LIBRARY		5,419	2,838	8,257		4,240	547
025 NONPHYSICIAN ANESTHETISTS							
037 INPAT ROUTINE SRVC CNTRS							
040 ADULTS & PEDIATRICS		79,655	41,715	121,370		28,478	8,038
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM		13,120	6,871	19,991		6,327	1,324
049 ANESTHESIOLOGY		2,537	1,328	3,865		4,005	256
050 RADIOLOGY-DIAGNOSTIC		20,934	10,963	31,897		21,322	2,112
055 LABORATORY		10,756	5,633	16,389		18,859	1,085
056 RESPIRATORY THERAPY		20,183	10,570	30,753		8,757	2,036
060 PHYSICAL THERAPY		1,218	638	1,856		6,144	123
061 MEDICAL SUPPLIES CHARGED		3,592	1,881	5,473		4,713	362
062 30 IMPL. DEV. CHARGED TO PAT							
063 DRUGS CHARGED TO PATIENTS		12,369	6,478	18,847		14,119	1,248
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC		16,124	8,444	24,568		10,439	1,627
068 EMERGENCY		4,018	2,104	6,122		16,118	405
069 OBSERVATION BEDS (NON-DIS							
070 FAMILY PRACTICE							
073 50 RURAL HEALTH CLINIC		41,796	21,888	63,684		13,722	4,217
076 SPEC PURPOSE COST CENTERS							
085 SUBTOTALS		470,698	246,500	717,198		186,552	31,203
088 NONREIMBURS COST CENTERS							
091 01 PHYSICIANS' PRIVATE OFFIC		21,948	11,494	33,442		27,323	2,215
098 01 MARKETING						5,132	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		492,646	257,994	750,640		219,007	33,418

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	41,427						
010 LAUNDRY & LINEN SERVICE	1,875	26,139					
011 HOUSEKEEPING	805		14,763				
012 DIETARY	2,860		1,090	44,071			
014 CAFETERIA	445				7,467		
017 NURSING ADMINISTRATION	1,433		546		215	24,404	
020 MEDICAL RECORDS & LIBRARY	726		277		404		14,451
025 NONPHYSICIAN ANESTHETISTS							
037 INPAT ROUTINE SRVC CNTRS	10,678	26,139	4,070	44,071	1,960	17,163	1,764
040 ADULTS & PEDIATRICS							
041 ANCILLARY SRVC COST CNTRS	1,759		670		318	2,783	792
044 OPERATING ROOM	340		130				374
049 ANESTHESIOLOGY	2,807		1,069		612		3,455
050 RADIOLOGY-DIAGNOSTIC	1,442		549		835		2,793
055 LABORATORY	2,706		1,031		524		1,446
056 RESPIRATORY THERAPY	163		62		321		545
060 PHYSICAL THERAPY	482		183		231		173
061 MEDICAL SUPPLIES CHARGED	1,658		632		288		1,380
062 30 IMPL. DEV. CHARGED TO PAT							
063 DRUGS CHARGED TO PATIENTS	2,162		824		561		674
066 OUTPAT SERVICE COST CNTRS	539		205		509	4,458	1,055
067 CLINIC							
068 EMERGENCY							
069 OBSERVATION BEDS (NON-DIS							
070 FAMILY PRACTICE							
073 50 RURAL HEALTH CLINIC	5,604		2,135		181		
076 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	38,484	26,139	13,642	44,071	6,959	24,404	14,451
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	2,943		1,121		381		
098 01 MARKETING					127		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	41,427	26,139	14,763	44,071	7,467	24,404	14,451



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENERAL				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
017 NURSING ADMINISTRATION				
020 MEDICAL RECORDS & LIBRARY				
025 NONPHYSICIAN ANESTHETISTS				
INPAT ROUTINE SRVC CNTRS				
ADULTS & PEDIATRICS		263,731		263,731
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		33,964		33,964
040 ANESTHESIOLOGY		8,970		8,970
041 RADIOLOGY-DIAGNOSTIC		63,274		63,274
044 LABORATORY		41,952		41,952
049 RESPIRATORY THERAPY		47,253		47,253
050 PHYSICAL THERAPY		9,214		9,214
055 MEDICAL SUPPLIES CHARGED		11,617		11,617
055 30 IMPL. DEV. CHARGED TO PAT				
056 DRUGS CHARGED TO PATIENTS		38,172		38,172
OUTPAT SERVICE COST CNTRS				
060 CLINIC		40,855		40,855
061 EMERGENCY		29,411		29,411
062 OBSERVATION BEDS (NON-DIS				
063 FAMILY PRACTICE				
063 50 RURAL HEALTH CLINIC		89,543		89,543
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		677,956		677,956
NONREIMBURS COST CENTERS				
098 PHYSICIANS' PRIVATE OFFIC		67,425		67,425
098 01 MARKETING		5,259		5,259
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL		750,640		750,640

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	48,550					
005 NEW CAP REL COSTS-MVB		48,550				
006 EMPLOYEE BENEFITS			6,856,639			
007 ADMINISTRATIVE & GENE	14,165	14,165	735,587	-2,679,088	12,492,510	
008 MAINTENANCE & REPAIRS	1,745	1,745	169,141		367,218	32,640
009 OPERATION OF PLANT	2,189	2,189			304,724	2,189
010 LAUNDRY & LINEN SERVI	1,378	1,378	37,877		88,243	1,378
011 HOUSEKEEPING	592	592	165,051		239,508	592
012 DIETARY	2,102	2,102	126,631		312,031	2,102
014 CAFETERIA	327	327	50,822		83,391	327
017 NURSING ADMINISTRATION	1,053	1,053	193,613		276,717	1,053
020 MEDICAL RECORDS & LIB	534	534	166,479		241,880	534
025 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	7,850	7,850	1,115,077		1,624,347	7,850
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	1,293	1,293	224,917		360,930	1,293
040 ANESTHESIOLOGY	250	250	62,103		228,448	250
041 RADIOLOGY-DIAGNOSTIC	2,063	2,063	415,820		1,216,272	2,063
044 LABORATORY	1,060	1,060	445,690		1,075,761	1,060
049 RESPIRATORY THERAPY	1,989	1,989	295,403		499,494	1,989
050 PHYSICAL THERAPY	120	120	226,677		350,458	120
055 MEDICAL SUPPLIES CHAR	354	354	96,359		268,830	354
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI	1,219	1,219	197,162		805,359	1,219
060 OUTPAT SERVICE COST C						
060 CLINIC	1,589	1,589	339,453		595,474	1,589
061 EMERGENCY	396	396	421,823		919,374	396
062 OBSERVATION BEDS (NON						
063 FAMILY PRACTICE						
063 50 RURAL HEALTH CLINIC	4,119	4,119	403,912		782,725	4,119
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	46,387	46,387	5,889,597	-2,679,088	10,641,184	30,477
098 NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O	2,163	2,163	879,867		1,558,562	2,163
098 01 MARKETING			87,175		292,764	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	492,646	257,994	2,117,967		2,679,088	445,970
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	10.147188		.308893		.214456	13.663297
105 (WRKSHT B, PT I)		5.313986				
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					219,007	33,418
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.017531	1.023836
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
		(SQUARE FEET)	(PATIENT) DAYS	(SQUARE FEET)	(PATIENT) DAYS	(HOURS)	(NURSING) SALARIES	(GROSS) REVENUE
		8	9	10	11	12	14	17
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	30,451						
009	LAUNDRY & LINEN SERVICE	1,378	100					
010	HOUSEKEEPING	592		28,481				
011	DIETARY	2,102		2,102	100			
012	CAFETERIA	327		327		204,580		
014	NURSING ADMINISTRATION	1,053		1,053		5,883	76,401	
017	MEDICAL RECORDS & LIBRARY	534		534		11,072		27,373,883
020	NONPHYSICIAN ANESTHETIC							
025	INPAT ROUTINE SERVICE	7,850	100	7,850	100	53,732	53,732	3,341,525
037	ADULTS & PEDIATRICS							
040	ANCILLARY SERVICE COST CENTER	1,293		1,293		8,714	8,714	1,500,589
041	OPERATING ROOM	250		250				708,773
044	ANESTHESIOLOGY	2,063		2,063		16,761		6,545,870
049	RADIOLOGY-DIAGNOSTIC	1,060		1,060		22,872		5,290,206
050	LABORATORY	1,989		1,989		14,349		2,738,707
055	RESPIRATORY THERAPY	120		120		8,786		1,031,715
055	PHYSICAL THERAPY	354		354		6,322		327,451
055	MEDICAL SUPPLIES CHARGE							
056	30 IMPL. DEV. CHARGED TO DRUGS	1,219		1,219		7,882		2,614,523
060	CHARGED TO OUTPAT SERVICE COST CENTER	1,589		1,589		15,370		1,277,145
061	CLINIC	396		396		13,955	13,955	1,997,379
062	EMERGENCY							
063	OBSERVATION BEDS (NON-FAMILY PRACTICE)							
063	50 RURAL HEALTH CLINIC	4,119		4,119		4,964		
095	SPEC PURPOSE COST CENTER							
095	SUBTOTALS	28,288	100	26,318	100	190,662	76,401	27,373,883
098	NONREIMBURS COST CENTER							
098	PHYSICIANS' PRIVATE OFFICE	2,163		2,163		10,438		
098	01 MARKETING					3,480		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	399,983	144,095	306,737	457,916	113,560	378,886	319,960
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	13.135299	1,440.950000	10.769882	4,579.160000	.555088	4.959176	.011689
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	41,427	26,139	14,763	44,071	7,467	24,404	14,451
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.360448	261.390000	.518346	440.710000	.036499	.319420	.000528

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS  (ASSIGNED TIME )
	20
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENE	
008 MAINTENANCE & REPAIRS	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
017 NURSING ADMINISTRATION	
020 MEDICAL RECORDS & LIB	100
025 NONPHYSICIAN ANESTHET	
INPAT ROUTINE SRVC CN	
ADULTS & PEDIATRICS	
ANCILLARY SRVC COST C	
OPERATING ROOM	
037 ANESTHESIOLOGY	100
040 RADIOLOGY-DIAGNOSTIC	
044 LABORATORY	
049 RESPIRATORY THERAPY	
050 PHYSICAL THERAPY	
055 MEDICAL SUPPLIES CHAR	
055 30 IMPL. DEV. CHARGED TO	
056 DRUGS CHARGED TO PATI	
OUTPAT SERVICE COST C	
060 CLINIC	
061 EMERGENCY	
062 OBSERVATION BEDS (NON	
063 FAMILY PRACTICE	
063 50 RURAL HEALTH CLINIC	
SPEC PURPOSE COST CEN	
095 SUBTOTALS	100
NONREIMBURS COST CENT	
098 PHYSICIANS' PRIVATE O	
098 01 MARKETING	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
(WRKSHT B, PT I)	
105 COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
(WRKSHT B, PT II)	
107 COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
(WRKSHT B, PT III)	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCI LLARY SRVC COST CNTRS	3, 204, 971		3, 204, 971		
37	OPERATING ROOM	552, 501		552, 501		
40	ANESTHESIOLOGY	295, 117		295, 117		
41	RADIOLOGY-DIAGNOSTIC	1, 640, 417		1, 640, 417		
44	LABORATORY	1, 420, 819		1, 420, 819		
49	RESPIRATORY THERAPY	721, 314		721, 314		
50	PHYSICAL THERAPY	447, 061		447, 061		
55	MEDICAL SUPPLIES CHARGED	347, 119		347, 119		
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1, 058, 805		1, 058, 805		
60	CLINIC	806, 334		806, 334		
61	EMERGENCY	1, 231, 715		1, 231, 715		
62	OBSERVATION BEDS (NON-DIS	490, 886		490, 886		
63	FAMILY PRACTICE					
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	1, 108, 084		1, 108, 084		
101	SUBTOTAL	13, 325, 143		13, 325, 143		
102	LESS OBSERVATION BEDS	490, 886		490, 886		
103	TOTAL	12, 834, 257		12, 834, 257		

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	2,771,967		2,771,967			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	86,898	1,413,691	1,500,589	.368189	.368189	
40	ANESTHESIOLOGY	31,277	677,496	708,773	.416377	.416377	
41	RADIOLOGY-DIAGNOSTIC	590,802	5,955,068	6,545,870	.250603	.250603	
44	LABORATORY	737,123	4,553,083	5,290,206	.268575	.268575	
49	RESPIRATORY THERAPY	544,393	1,208,616	1,753,009	.411472	.411472	
50	PHYSICAL THERAPY	100,491	931,224	1,031,715	.433318	.433318	
55	MEDICAL SUPPLIES CHARGED	857,902	455,247	1,313,149	.264341	.264341	
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	1,666,689	947,834	2,614,523	.404971	.404971	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,277,145	1,277,145	.631357	.631357	
61	EMERGENCY	55,548	1,941,831	1,997,379	.616666	.616666	
62	OBSERVATION BEDS (NON-DIS	42,666	526,892	569,558	.861872	.861872	
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC		579,964	579,964	1.910608	1.910608	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,485,756	20,468,091	27,953,847			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,485,756	20,468,091	27,953,847			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

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 ADULTS & PEDIATRICS	3,204,971		3,204,971		
25	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	552,501		552,501		
40	ANESTHESIOLOGY	295,117		295,117		
41	RADIOLOGY-DIAGNOSTIC	1,640,417		1,640,417		
44	LABORATORY	1,420,819		1,420,819		
49	RESPIRATORY THERAPY	721,314		721,314		
50	PHYSICAL THERAPY	447,061		447,061		
55	MEDICAL SUPPLIES CHARGED	347,119		347,119		
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	1,058,805		1,058,805		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	806,334		806,334		
61	EMERGENCY	1,231,715		1,231,715		
62	OBSERVATION BEDS (NON-DIS	490,886		490,886		
63	FAMILY PRACTICE					
63	50 RURAL HEALTH CLINIC	1,108,084		1,108,084		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	13,325,143		13,325,143		
102	LESS OBSERVATION BEDS	490,886		490,886		
103	TOTAL	12,834,257		12,834,257		





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	552,501	33,964	518,537			552,501
40	ANESTHESIOLOGY	295,117	8,970	286,147			295,117
41	RADIOLOGY-DIAGNOSTIC	1,640,417	63,274	1,577,143			1,640,417
44	LABORATORY	1,420,819	41,952	1,378,867			1,420,819
49	RESPIRATORY THERAPY	721,314	47,253	674,061			721,314
50	PHYSICAL THERAPY	447,061	9,214	437,847			447,061
55	MEDICAL SUPPLIES CHARGED	347,119	11,617	335,502			347,119
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,058,805	38,172	1,020,633			1,058,805
60	CLINIC	806,334	40,855	765,479			806,334
61	EMERGENCY	1,231,715	29,411	1,202,304			1,231,715
62	OBSERVATION BEDS (NON-DIS	490,886		490,886			490,886
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC	1,108,084	89,543	1,018,541			1,108,084
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	10,120,172	414,225	9,705,947			10,120,172
102	LESS OBSERVATION BEDS	490,886		490,886			490,886
103	TOTAL	9,629,286	414,225	9,215,061			9,629,286

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,500,589	.368189	.368189
40	ANESTHESIOLOGY	708,773	.416377	.416377
41	RADIOLOGY-DIAGNOSTIC	6,545,870	.250603	.250603
44	LABORATORY	5,290,206	.268575	.268575
49	RESPIRATORY THERAPY	1,753,009	.411472	.411472
50	PHYSICAL THERAPY	1,031,715	.433318	.433318
55	MEDICAL SUPPLIES CHARGED	1,313,149	.264341	.264341
55 30	IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	2,614,523	.404971	.404971
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,277,145	.631357	.631357
61	EMERGENCY	1,997,379	.616666	.616666
62	OBSERVATION BEDS (NON-DIS	569,558	.861872	.861872
63	FAMILY PRACTICE			
63 50	RURAL HEALTH CLINIC	579,964	1.910608	1.910608
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	25,181,880		
102	LESS OBSERVATION BEDS	569,558		
103	TOTAL	24,612,322		

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	552,501	33,964	518,537			552,501
40	OPERATING ROOM	295,117	8,970	286,147			295,117
41	ANESTHESIOLOGY	1,640,417	63,274	1,577,143			1,640,417
44	RADIOLOGY-DIAGNOSTIC	1,420,819	41,952	1,378,867			1,420,819
49	LABORATORY	721,314	47,253	674,061			721,314
50	RESPIRATORY THERAPY	447,061	9,214	437,847			447,061
55	PHYSICAL THERAPY	347,119	11,617	335,502			347,119
55	MEDICAL SUPPLIES CHARGED						
56	30 IMPL. DEV. CHARGED TO PAT	1,058,805	38,172	1,020,633			1,058,805
60	DRUGS CHARGED TO PATIENTS	806,334	40,855	765,479			806,334
61	OUTPAT SERVICE COST CNTRS	1,231,715	29,411	1,202,304			1,231,715
62	CLINIC	490,886		490,886			490,886
63	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS						
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC	1,108,084	89,543	1,018,541			1,108,084
101	OTHER REIMBURS COST CNTRS						
102	SUBTOTAL	10,120,172	414,225	9,705,947			10,120,172
102	LESS OBSERVATION BEDS	490,886		490,886			490,886
103	TOTAL	9,629,286	414,225	9,215,061			9,629,286

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,500,589	.368189	.368189
40	ANESTHESIOLOGY	708,773	.416377	.416377
41	RADIOLOGY-DIAGNOSTIC	6,545,870	.250603	.250603
44	LABORATORY	5,290,206	.268575	.268575
49	RESPIRATORY THERAPY	1,753,009	.411472	.411472
50	PHYSICAL THERAPY	1,031,715	.433318	.433318
55	MEDICAL SUPPLIES CHARGED	1,313,149	.264341	.264341
55 30	IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	2,614,523	.404971	.404971
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,277,145	.631357	.631357
61	EMERGENCY	1,997,379	.616666	.616666
62	OBSERVATION BEDS (NON-DIS	569,558	.861872	.861872
63	FAMILY PRACTICE			
63 50	RURAL HEALTH CLINIC	579,964	1.910608	1.910608
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	25,181,880		
102	LESS OBSERVATION BEDS	569,558		
103	TOTAL	24,612,322		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS  
 TITLE XVIII, PART B HOSPITAL

PROVIDER NO: 14-1324  
 COMPONENT NO: 14-1324  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 WORKSHEET D  
 PART V

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.368189		.368189		
40 ANESTHESIOLOGY	.416377		.416377		
41 RADIOLOGY-DIAGNOSTIC	.250603		.250603		
44 LABORATORY	.268575		.268575		
49 RESPIRATORY THERAPY	.411472		.411472		
50 PHYSICAL THERAPY	.433318		.433318		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.264341		.264341		
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS	.404971		.404971		
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.631357		.631357		
61 EMERGENCY	.616666		.616666		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.861872		.861872		
63 FAMILY PRACTICE					
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)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-1324  
 COMPONENT NO: 14-1324

PERIOD: FROM 4/1/2010 TO 3/31/2011

PREPARED 8/24/2011  
 WORKSHEET D  
 PART V

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		588,972			
40 ANESTHESIOLOGY		317,474			
41 RADIOLOGY-DIAGNOSTIC		1,811,794			
44 LABORATORY		2,197,774			
49 RESPIRATORY THERAPY		671,494			
50 PHYSICAL THERAPY		184,636			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		226,914			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		759,992			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		1,277,145			
61 EMERGENCY		403,141			
62 OBSERVATION BEDS (NON-DISTINCT PART)		289,274			
63 FAMILY PRACTICE					
63 50 RURAL HEALTH CLINIC					
101 SUBTOTAL		8,728,610			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		8,728,610			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	14-1324	I	FROM 4/ 1/2010	I	8/24/2011
I	COMPONENT NO:	I	TO 3/31/2011	I	WORKSHEET D
I	14-1324	I		I	PART V

TITLE XVIII, PART B HOSPITAL

	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	216,853		
40 ANESTHESIOLOGY	132,189		
41 RADIOLOGY-DIAGNOSTIC	454,041		
44 LABORATORY	590,267		
49 RESPIRATORY THERAPY	276,301		
50 PHYSICAL THERAPY	80,006		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	59,983		
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS	307,775		
OUTPAT SERVICE COST CNTRS			
60 CLINIC	806,334		
61 EMERGENCY	248,603		
62 OBSERVATION BEDS (NON-DISTINCT PART)	249,317		
63 FAMILY PRACTICE			
63 50 RURAL HEALTH CLINIC			
101 SUBTOTAL	3,421,669		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES	3,421,669		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I PROVIDER NO:	I PERIOD:	I PREPARED	8/24/2011
I 14-1324	I FROM 4/ 1/2010	I WORKSHEET D	
I COMPONENT NO:	I TO 3/31/2011	I PART VI	
I 14-1324	I	I	

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1
.404971
131
53



COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1324	FROM 4/ 1/2010	8/24/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET D-1
14-1324		PART I

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,868
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,366
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,366
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	118
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)	355
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7
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)	22
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,892
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	118
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)	355
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	3,204,971
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)	394,884
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,810,087

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,341,525
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,341,525
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.840959
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	992.73
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	2,810,087



COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1324	FROM 4/ 1/2010	8/24/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET D-1
14-1324		PART III

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	588
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	834.84
85	OBSERVATION BED COST	490,886

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1324	FROM 4/ 1/2010	8/24/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET D-4
14-1324		

TITLE XVIII, PART A HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS		1,695,232	
37	OPERATING ROOM	.368189	31,019	11,421
40	ANESTHESIOLOGY	.416377	8,186	3,408
41	RADIOLOGY-DIAGNOSTIC	.250603	278,420	69,773
44	LABORATORY	.268575	440,562	118,324
49	RESPIRATORY THERAPY	.411472	337,997	139,076
50	PHYSICAL THERAPY	.433318	40,094	17,373
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.264341	559,946	148,017
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.404971	915,334	370,684
60	CLINIC	.631357		
61	EMERGENCY	.616666		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.861872		
63	FAMILY PRACTICE			
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
101	TOTAL		2,611,558	878,076
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,611,558	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1324  
 COMPONENT NO: 14-Z324  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 WORKSHEET D-4

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.368189	4,236	1,560
40	ANESTHESIOLOGY	.416377	298	124
41	RADIOLOGY-DIAGNOSTIC	.250603	27,893	6,990
44	LABORATORY	.268575	52,234	14,029
49	RESPIRATORY THERAPY	.411472	72,543	29,849
50	PHYSICAL THERAPY	.433318	47,291	20,492
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.264341	131,782	34,835
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.404971	203,865	82,559
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.631357		
61	EMERGENCY	.616666		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.861872		
63	FAMILY PRACTICE			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		540,142	190,438
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		540,142	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1324	FROM 4/ 1/2010	8/24/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET E
14-1324		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,421,722
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D, IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,421,722

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,455,939
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	57,927
18.01	CAH ACTUAL BILLED COINSURANCE	1,303,218
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,094,794
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,094,794
24	PRIMARY PAYER PAYMENTS	143
25	SUBTOTAL	2,094,651

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	388,169
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	388,169
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,482,820
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,482,820
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,855,969
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-373,149
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1324  
 COMPONENT NO: 14-1324  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 WORKSHEET E-1

TITLE XVIII HOSPITAL

DESCRIPTION

	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,341,876		2,431,960
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.		99,444		428,977
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 6/18/2010	44	6/18/2010	70
ADJUSTMENTS TO PROVIDER	.02 9/17/2010	11,893	6/18/2010	191
ADJUSTMENTS TO PROVIDER	.03 10/22/2010	13,089	9/17/2010	51,969
ADJUSTMENTS TO PROVIDER	.04		10/22/2010	60,834
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROVIDER	.49			
ADJUSTMENTS TO PROGRAM	.50 6/18/2010	79,087	9/17/2010	98,882
ADJUSTMENTS TO PROGRAM	.51 9/17/2010	120,165	10/22/2010	19,150
ADJUSTMENTS TO PROGRAM	.52 10/22/2010	13,527		
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	-187,753		-4,968
4 TOTAL INTERIM PAYMENTS		2,253,567		2,855,969
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02	58,264		373,149
7 TOTAL MEDICARE PROGRAM LIABILITY		2,195,303		2,482,820

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1324  
 COMPONENT NO: 14-Z324  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 WORKSHEET E-1

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		615,401		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM	10/22/2010	12,474		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		602,927		NONE
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		18,562		
		584,365		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	398,833	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	192,342	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	473	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	591,175	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	591,175	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	591,175	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	6,810	
14	80% OF PART B COSTS		
15	SUBTOTAL	584,365	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	584,365	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	602,927	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	-18,562	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1324	FROM 4/ 1/2010	8/24/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET E-3
14-1324		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,457,612
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,457,612
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,482,188

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,482,188
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	364,497
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,117,691
23	COINSURANCE	3,396
24	SUBTOTAL	2,114,295
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	81,008
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	81,008
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	2,195,303
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,195,303
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,253,567
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-58,264
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	182,383			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	5,150,394			
5	OTHER RECEIVABLES	846,100			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,309,137			
7	INVENTORY	250,169			
8	PREPAID EXPENSES	101,646			
9	OTHER CURRENT ASSETS	187,586			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	4,409,141			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	5,609,871			
14.01	LESS ACCUMULATED DEPRECIATION	-2,617,027			
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	2,992,844			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS	200,909			
25	OTHER ASSETS	23,441			
26	TOTAL OTHER ASSETS	224,350			
27	TOTAL ASSETS	7,626,335			



STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		-226,882		
2	NET INCOME (LOSS)		325,722		
3	TOTAL		98,840		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		98,840		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	701,998			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		701,998		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-603,158		

		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				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-1324  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,341,525		3,341,525
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,341,525		3,341,525
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,341,525		3,341,525
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE			
17 00 ANCILLARY SERVICES	4,671,123	19,361,235	24,032,358
18 00 OUTPATIENT SERVICES			
18 50 RURAL HEALTH CLINIC			
24 00 PRO FEES	81,641	1,669,020	1,750,661
25 00 TOTAL PATIENT REVENUES	8,094,289	21,030,255	29,124,544

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		15,586,957	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 OTHER EXP	1,799,577		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		1,799,577	
40 00 TOTAL OPERATING EXPENSES		13,787,380	

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/24/2011
I	14-1324	I	FROM 4/ 1/2010	I	WORKSHEET	G-3
I		I	TO 3/31/2011	I		

DESCRIPTION

1	TOTAL PATIENT REVENUES	29,124,544
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	15,423,737
3	NET PATIENT REVENUES	13,700,807
4	LESS: TOTAL OPERATING EXPENSES	13,787,380
5	NET INCOME FROM SERVICE TO PATIENTS	-86,573
	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 REV	905,710
25	TOTAL OTHER INCOME	905,710
26	TOTAL	819,137
	OTHER EXPENSES	
27	NON OP LOSS	493,415
28		
29		
30	TOTAL OTHER EXPENSES	493,415
31	NET INCOME (OR LOSS) FOR THE PERIOD	325,722

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

PROVIDER NO:	PERIOD:	PREPARED
14-1324	FROM 4/ 1/2010	8/24/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET M-1
14-8507		

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI - CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1				
2	187,047		187,047	
3				
4	113,030		113,030	
5				
6				
7				
8				
9				
10	300,077		300,077	
COSTS UNDER AGREEMENT				
11				
12				
13				
14				
OTHER HEALTH CARE COSTS				
15				
16				
17				
18				
19				
20				
21				
22	300,077		300,077	
COSTS OTHER THAN RHC/FQHC SERVICES				
23				
24				
25				
26				
27				
28				
FACILITY OVERHEAD				
29				
30	113,697	121,992	235,689	58,509
31	113,697	121,992	235,689	58,509
32	413,774	121,992	535,766	58,509



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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/24/2011
I	14-1324	I	FROM 4/ 1/2010	I	WORKSHEET	M-1
I	COMPONENT NO:	I	TO 3/31/2011	I		
I	14-8507	I		I		

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	187,047		187,047
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	113,030		113,030
4 VISITING NURSE			
5 OTHER NURSE			
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	300,077		300,077
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT			
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES			
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)			
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	300,077		300,077
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS			
30 ADMINISTRATIVE COSTS	294,198		294,198
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	294,198		294,198
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	594,275		594,275

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1324	FROM 4/ 1/2010	8/24/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET M-2
14-8507		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	1.00	5,947	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	1.00	2,361	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	2.00	8,308	6,300
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.00	8,308	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	300,077		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	300,077		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	294,198		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	513,809		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	808,007		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	808,007		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	808,007		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,108,084		

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1324	FROM 4/ 1/2010	8/24/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET M-2
14-8507		

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF  
COL. 2 OR  
COL. 4  
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	8,308
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	8,308
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 14-1324	I FROM 4/ 1/2010	I 8/24/2011
I COMPONENT NO:	I TO 3/31/2011	I WORKSHEET M-3
I 14-8507	I	I

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	1, 108, 084
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	1, 108, 084
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	8, 308
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	8, 308
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	133.38

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	78.07
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	133.38	133.38
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		842
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		112, 306
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)*		112, 306
16.01	PRIMARY PAYER AMOUNT		
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		9, 534
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		102, 772
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		82, 218
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		82, 218
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)		82, 218
25	INTERIM PAYMENTS		78, 253
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		3, 965
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2		

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
FOR RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1324	FROM 4/ 1/2010	8/24/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET M-3
14-8506		

TITLE XVIII RHC 2

\* FOR DETERMINATION OF RATE FOR RHC/FQHC SERVICES UCATION PASS THROUGH COST.

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

CALCULATION OF LIMIT (1)

PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
----------------------------	-------------------------------

- 8 PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC.  
505 OR YOUR INTERMEDIARY) 77.76 78.07
- 9 RATE FOR PROGRAM COVERED VISITS  
(SEE INSTRUCTIONS)

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

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

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

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

PROVIDER NO: 14-1324  
 COMPONENT NO: 14-8507  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 WORKSHEET M-5

RHC 1

DESCRIPTION	PART MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	49,252
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER .01	10/22/2010	29,001
ADJUSTMENTS TO PROVIDER .02		
ADJUSTMENTS TO PROVIDER .03		
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROVIDER .49		
ADJUSTMENTS TO PROGRAM .50		
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
ADJUSTMENTS TO PROGRAM .99		
SUBTOTAL		29,001
4 TOTAL INTERIM PAYMENTS		78,253
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
TENTATIVE TO PROGRAM .99		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		3,965
SETTLEMENT TO PROVIDER .01		
SETTLEMENT TO PROGRAM .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		82,218

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

PROVIDER NO: 14-1324  
 COMPONENT NO: 14-8506  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 8/24/2011  
 WORKSHEET M-5

RHC 2

DESCRIPTION

PART B  
 MM/DD/YYYY AMOUNT  
 1 2

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  
 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.  
 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01
ADJUSTMENTS TO PROVIDER	.02
ADJUSTMENTS TO PROVIDER	.03
ADJUSTMENTS TO PROVIDER	.04
ADJUSTMENTS TO PROVIDER	.05
ADJUSTMENTS TO PROVIDER	.49
ADJUSTMENTS TO PROGRAM	.50
ADJUSTMENTS TO PROGRAM	.51
ADJUSTMENTS TO PROGRAM	.52
ADJUSTMENTS TO PROGRAM	.53
ADJUSTMENTS TO PROGRAM	.54
ADJUSTMENTS TO PROGRAM	.99

SUBTOTAL

4 TOTAL INTERIM PAYMENTS

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01
TENTATIVE TO PROVIDER	.02
TENTATIVE TO PROVIDER	.03
TENTATIVE TO PROGRAM	.50
TENTATIVE TO PROGRAM	.51
TENTATIVE TO PROGRAM	.52
TENTATIVE TO PROGRAM	.99

SUBTOTAL

6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)

SETTLEMENT TO PROVIDER	.01
SETTLEMENT TO PROGRAM	.02

7 TOTAL MEDICARE PROGRAM LIABILITY

NONE

NONE

NONE

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.