

HOME HEALTH AGENCY COST REPORT I PROVIDER CCN: I PERIOD: I  
CERTIFICATION AND SETTLEMENT SUMMARY I 04-7000 I FROM 7/ 1/2013 I WORKSHEET S  
I TO 6/30/2014 I

INTERMEDIARY USE ONLY:  
[ ] AUDITED DATE RECEIVED / / [ ] INITIAL [ ] RE-OPENED  
[ ] DESK REVIEWED CONTRACTOR NUMBER [ ] FINAL

PART I - CERTIFICATION  
CHECK [X] ELECTRONICALLY FILED COST REPORT DATE: 12/ 3/2015  
APPLICABLE BOX [ ] MANUALLY SUBMITTED COST REPORT TIME: 8: 45A

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 IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL, AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR DIRECTOR OF THE AGENCY

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING HOME HEALTH AGENCY COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

ARK DEPT HEALTH - IN HOME SERVICES 047000

FOR THE COST REPORT PERIOD BEGINNING 07/01/2013 AND ENDING 06/30/2014, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE REPORT 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.

(SIGNED) \_\_\_\_\_  
OFFICER OR DIRECTOR  
\_\_\_\_\_  
TITLE  
\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

|      |                        | TITLE XVIII |        |
|------|------------------------|-------------|--------|
|      |                        | PART A      | PART B |
|      |                        | 1           | 2      |
| 1    | HOME HEALTH AGENCY     | 6,048       | -1     |
| 2    | HOME HEALTH-BASED CORF | 0           | 0      |
| 3    | HOME HEALTH-BASED CMHC | 0           | 0      |
| 3.50 | HOME HEALTH-BASED RHC  | 0           | 0      |
| 3.60 | HOME HEALTH-BASED FQHC | 0           | 0      |
| 4    | TOTAL                  | 6,048       | -1     |

"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 0938-0022. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 226 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING DATA 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850."

HOME HEALTH AGENCY COMPLEX ADDRESS:

1 STREET: 5800 W. 10TH. STREET, #301 P.O. BOX:  
1.01 CITY: LITTLE ROCK STATE: AR ZIP CODE: 72204-

HOME HEALTH AGENCY COMPONENT IDENTIFICATION:

| COMPONENT | COMPONENT NAME   | PROVIDER NO.                       | NPI NUMBER    | DATE CERTIFIED |
|-----------|--|------------------------------------|---------------|----------------|
| 0         | 1  | 2                                  | 2.01          | 3              |
| 2         | HOME HEALTH AGENCY   | ARK DEPT HEALTH - IN HOME SERVICES | 04-7000       | 1/ 1/1988      |
| 3         | HHA-BASED CORF   |                                    |               |                |
| 4         | HHA-BASED CMHC   |                                    |               |                |
| 5         | HHA-BASED RHC  |                                    |               |                |
| 6         | HHA-BASED FQHC   |                                    |               |                |
| 7         | COST REPORTING PERIOD (MM/DD/YYYY)   | FROM: 7/ 1/2013                    | TO: 6/30/2014 |                |
| 8         | TYPE OF CONTROL (SEE INSTRUCTIONS)   |                                    | 9             |                |
| 9         | IF THIS IS A LOW OR NO MEDICARE UTILIZATION COST REPORT, ENTER "L" FOR LOW OR "N" FOR NO MEDICARE UTILIZATION. |                                    |               |                |

DEPRECIATION: ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS HHA FOR THE METHODS INDICATED.

|    |                            |           |
|----|----------------------------|-----------|
| 10 | STRAIGHT LINE              | 5,206,931 |
| 11 | DECLINING BALANCE          | 0         |
| 12 | SUM OF THE YEARS' DIGITS   | 0         |
| 13 | SUM OF LINES 10, 11 AND 12 | 5,206,931 |

|       |   |   |   |
|-------|---|---|---|
| 14    | WERE THERE ANY DISPOSALS OF CAPITAL ASSETS DURING THIS COST REPORTING PERIOD?   | N |   |
| 15    | WAS ACCELERATED DEPRECIATION CLAIMED ON ANY ASSETS IN THE CURRENT OR ANY PRIOR COST REPORTING PERIOD?   | N |   |
| 16    | WAS ACCELERATED DEPRECIATION CLAIMED ON ASSETS ACQUIRED ON OR AFTER AUGUST 1, 1970 (SEE PRM 15-1, CHAPTER 1.)?                                      | N |   |
| 17    | IF DEPRECIATION IS FUNDED, ENTER THE BALANCE AT END OF PERIOD.  |   | 0 |
| 18    | DID THE PROVIDER CEASE TO PARTICIPATE IN THE MEDICARE PROGRAM AT THE END OF THE PERIOD TO WHICH THIS COST REPORT APPLIES (SEE PRM 15-1, CHAPTER 1)? | N |   |
| 19    | WAS THERE SUBSTANTIAL DECREASE IN HEALTH INSURANCE PROPORTION OF ALLOWABLE COSTS FROM PRIOR COST REPORTING PERIODS (SEE PRM 15-1, CHAPTER 1)?       | N |   |
| 20    | DOES THE PROVIDER QUALIFY AS A SMALL HHA (DEFINED IN 42 CFR 413.24(d))?   | N |   |
| 21    | DOES THE HHA QUALIFY AS A NOMINAL CHARGE PROVIDER (DEFINED IN 42 CFR 409.3)?  | N |   |
| 22    | DOES THE HHA CONTRACT WITH OUTSIDE SUPPLIERS FOR PHYSICAL THERAPY SERVICES?   | Y |   |
| 22.01 | DOES THE HHA CONTRACT WITH OUTSIDE SUPPLIERS FOR OCCUPATIONAL THERAPY SERVICES?   | Y |   |
| 22.02 | DOES THE HHA CONTRACT WITH OUTSIDE SUPPLIERS FOR SPEECH THERAPY SERVICES?   | Y |   |

IF THIS FACILITY CONTAINS A NON-PUBLIC 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.

|    | PART A             | PART B |
|----|--------------------|--------|
| 23 | HOME HEALTH AGENCY | N      |
| 24 | HHA-BASED CORF     | N      |
| 25 | HHA-BASED CMHC     | N      |

26 IF THE HHA COMPONENTIZED (OR FRAGMENTED) ITS ADMINISTRATIVE AND GENERAL SERVICE COSTS, INDICATE WHETHER OPTION ONE OR OPTION TWO IS BEING UTILIZED. (SEE PRM-II, SECTION 3214) (ENTER "1" FOR OPTION ONE AND "2" FOR OPTION TWO)

27 List malpractice premiums and paid losses:

|       |                |         |
|-------|----------------|---------|
| 27.01 | Premiums       | 140,006 |
| 27.02 | Paid Losses    | 0       |
| 27.03 | Self Insurance | 0       |

28 Are malpractice premiums and/or paid losses reported in other than the Administrative and General cost center?  
If yes, submit a supporting schedule listing cost centers and amounts contained therein.

29 If you are part of a chain organization, enter "Y" for yes and enter the name and address of the home office, otherwise, enter "N" for no.

|       |                   |                  |                   |
|-------|-------------------|------------------|-------------------|
| 29.01 | Home Office Name: | HOME OFFICE NO.: | FI/CONTRACTOR NO. |
| 29.02 | Street :          | PO BOX:          | FI/MAC NAME:      |
| 29.03 | City :            | State:           | Zip Code:         |

PART I - STATISTICAL DATA

COUNTY COUNTY (LINE 1, COL 0)

|      | TITLE                     | VISIT PATIENTS |          | OTHER VISIT PATIENTS |          | TOTAL VISIT PATIENTS |          |
|------|---------------------------|----------------|----------|----------------------|----------|----------------------|----------|
|      |                           | 1              | 2        | 3                    | 4        | 5                    | 6        |
| 1 00 | SKILLED NURSING CARE      | 53,176         | 3,012    | 74,104               | 4,254    | 127,280              | 7,263    |
| 2 00 | PHYSICAL THERAPY          | 16,880         | 1,452    | 11,194               | 1,012    | 28,074               | 2,467    |
| 3 00 | OCCUPATIONAL THERAPY      | 249            | 26       | 39                   | 18       | 288                  | 44       |
| 4 00 | SPEECH PATHOLOGY          | 78             | 7        | 65                   | 12       | 143                  | 19       |
| 5 00 | MEDICAL SOCIAL SERVICES   |                |          | 9                    | 3        | 9                    | 3        |
| 6 00 | HOME HEALTH AIDE          | 57,711         | 2,658    | 4,060                | 528      | 61,771               | 3,186    |
| 7    | ALL OTHER SERVICES        |                |          |                      |          |                      |          |
| 8    | TOTAL VISITS (L1-7)       | 128,094        |          | 89,471               |          | 217,565              |          |
| 9    | HOME HEALTH AIDE HOURS    |                |          |                      |          |                      |          |
| 10   | UNDUPLICATED CENSUS COUNT |                | 3,162.00 |                      | 4,289.00 |                      | 7,451.00 |

PART II - EMPLOYMENT DATA (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN  
YOUR NORMAL WORK WEEK 0.00

|  | STAFF<br>1 | CONTRACT<br>2 | TOTAL<br>3 |
|--|------------|---------------|------------|
| 11 ADMINISTRATOR & ASSISTANT<br>ADMINISTRATOR(S) | 1.00       |               | 1.00       |
| 12 DIRECTOR & ASST. DIRECTOR(S)                  |            |               |            |
| 13 OTHER ADMINISTRATIVE PERSONNEL                | 76.00      |               | 76.00      |
| 14 DIRECT NURSING SERVICE                        | 134.81     |               | 134.81     |
| 15 NURSING SUPERVISOR                            | 18.00      |               | 18.00      |
| 16 PHYSICAL THERAPY SERVICE                      |            | 26.40         | 26.40      |
| 17 PHYSICAL THERAPY SUPERVISOR                   |            |               |            |
| 18 OCCUPATIONAL THERAPY SERVICE                  |            | .31           | .31        |
| 19 OCCUPATIONAL THERAPY SUPERVISOR               |            |               |            |
| 20 SPEECH PATHOLOGY SERVICE                      |            | .13           | .13        |
| 21 SPEECH PATHOLOGY SUPERVISOR                   |            |               |            |
| 22 MEDICAL SOCIAL SERVICE                        |            |               |            |
| 23 MEDICAL SOCIAL SUPERVISOR                     |            |               |            |
| 24 HOME HEALTH AIDE                              | 73.95      |               | 73.95      |
| 25 HOME HEALTH AIDE SUPERVISOR                   |            |               |            |
| 26   |            |               |            |
| 27   |            |               |            |

PART III - METROPOLITAN STATISTICAL AREA (MSA) AND CORE BASED STATISTICAL AREA (CBSA) CODES

1 1.01

28 ENTER THE TOTAL NUMBER OF MSAS IN COLUMN 1  
AND/OR CBSAS IN COLUMN 1.01 WHERE MEDICARE  
COVERED SERVICES WERE PROVIDED DURING THE  
COST REPORTING PERIOD.

7

MSA CODES CBSA CODES

29 LIST ALL MSA AND CBSA CODES IN WHICH MEDICARE  
COVERED SERVICES WERE PROVIDED DURING THE  
COST REPORTING PERIOD (LINE 29 CONTAINS THE  
FIRST CODE)

26300

27860

30780

32820

38220

45500

99904

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

| DESCRIPTION                                   | FULL<br>EPIISODES<br>W/O OUTLIERS | FULL<br>EPIISODES<br>W OUTLIERS | LUPA<br>EPIISODES | PEP<br>ONLY<br>EPIISODES | SCIC<br>WITHIN<br>A PEP | SCIC<br>ONLY<br>EPIISODES | TOTALS     |
|---|-----------------------------------|---------------------------------|-------------------|--------------------------|-------------------------|---------------------------|------------|
|   | 1                                 | 2                               | 3                 | 4                        | 5                       | 6                         | 7          |
| 30 SKILLED NURSING VISITS                     | 40,396                            | 7,866                           | 4,234             | 680                      |                         |                           | 53,176     |
| 31 SKILLED NURSING VISIT CHARGES              | 6,686,653                         | 1,373,396                       | 552,119           | 107,741                  |                         |                           | 8,719,909  |
| 32 PHYSICAL THERAPY VISITS                    | 15,883                            | 611                             | 120               | 266                      |                         |                           | 16,880     |
| 33 PHYSICAL THERAPY VISIT CHARGES             | 2,791,189                         | 107,743                         | 18,815            | 46,860                   |                         |                           | 2,964,607  |
| 34 OCCUPATIONAL THERAPY VISITS                | 243                               | 4                               |                   | 2                        |                         |                           | 249        |
| 35 OCCUPATIONAL THERAPY VISIT CHARGES         | 42,955                            | 710                             |                   | 355                      |                         |                           | 44,020     |
| 36 SPEECH PATHOLOGY VISITS                    | 68                                | 3                               |                   | 7                        |                         |                           | 78         |
| 37 SPEECH PATHOLOGY VISIT CHARGES             | 12,070                            | 533                             |                   | 1,243                    |                         |                           | 13,846     |
| 38 MEDICAL SOCIAL SERVICE VISITS              |                                   |                                 |                   |                          |                         |                           |            |
| 39 MEDICAL SOCIAL SERVICE VISIT CHARGES       |                                   |                                 |                   |                          |                         |                           |            |
| 40 HOME HEALTH AIDE VISITS                    | 52,224                            | 4,888                           | 142               | 457                      |                         |                           | 57,711     |
| 41 HOME HEALTH AIDE VISIT CHARGES             | 4,256,022                         | 15,534                          | 9,297             | 36,766                   |                         |                           | 4,317,619  |
| 42 TOTAL VISITS (LNS 30, 32, 34, 36, 38, 40)  | 108,814                           | 13,372                          | 4,496             | 1,412                    |                         |                           | 128,094    |
| 43 OTHER CHARGES                              | 74,149                            | 15,534                          | 3,749             | 828                      |                         |                           | 94,260     |
| 44 TOTAL CHARGES (31, 33, 35, 37, 39, 41, 43) | 13,863,038                        | 1,513,450                       | 583,980           | 193,793                  |                         |                           | 16,154,261 |
| 45 TOTAL NUMBER OF EPIISODES                  | 5,087                             |                                 | 1,331             | 90                       |                         |                           | 6,508      |
| 46 TOTAL NUMBER OF OUTLIER EPIISODES          |                                   | 257                             |                   | 7                        |                         |                           | 264        |

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

| DESCRIPTION |                                      | FULL<br>EPI SODES<br>W/O OUTLI ERS | FULL<br>EPI SODES<br>W OUTLI ERS | LUPA<br>EPI SODES | PEP<br>ONLY<br>EPI SODES | SCI C<br>WITHI N<br>A PEP | SCI C<br>ONLY<br>EPI SODES | TOTALS  |
|-------------|--------------------------------------|------------------------------------|----------------------------------|-------------------|--------------------------|---------------------------|----------------------------|---------|
|             |                                      | 1                                  | 2                                | 3                 | 4                        | 5                         | 6                          | 7       |
| 47          | TOTAL NON-ROUTINE MED SUPPLY CHARGES | 326,541                            | 69,729                           | 26,828            | 6,013                    |                           |                            | 429,111 |

| COST CENTER               |      |                         | SALARIES    | EMPLOYEE   | TRANSPOR- | CONTRACTED    | OTHER      |
|---------------------------|------|-------------------------|-------------|------------|-----------|---------------|------------|
|                           |      |                         | 1           | BENEFITS   | TATION    | PURCHASED SVS | COSTS      |
|                           |      |                         |             | 2          | 3         | 4             | 5          |
| GENERAL SERVICE COST CTRS |      |                         |             |            |           |               |            |
| 5 01                      | 0501 | ADH AGENCY A&G          | 16,696,936  | 6,022,709  | 219,433   | 1,735,701     | 20,683,790 |
| 5 02                      | 0502 | IN-HOME SERVICE A&G     | 3,654,507   | 1,328,324  | 39,498    | 31,053        | 1,720,917  |
| 5 03                      | 0503 | HOME HEALTH A&G         | 4,974,863   | 1,808,242  | 346,099   | 93,179        | 639,821    |
| 5 04                      | 0504 | NON-REIMB A&G           | 22,632,451  | 8,163,694  | 582,900   | 19,110,472    | 52,748,074 |
| HHA REIMBURSABLE SERVICES |      |                         |             |            |           |               |            |
| 6 00                      | 0600 | SKILLED NURSING CARE    | 6,989,428   | 2,368,432  | 676,538   |               |            |
| 7 00                      | 0700 | PHYSICAL THERAPY        | 668,514     | 51,141     | 5,166     | 1,216,675     |            |
| 8 00                      | 0800 | OCCUPATIONAL THERAPY    | 7,720       | 591        |           | 14,933        |            |
| 9 00                      | 0900 | SPEECH PATHOLOGY        | 5,836       | 446        |           | 6,395         |            |
| 10 00                     | 1000 | MEDICAL SOCIAL SERVICES | 1,330       | 483        | 113       |               |            |
| 11 00                     | 1100 | HOME HEALTH AIDE        | 830,184     | 106,228    | 270,935   |               |            |
| 12 00                     | 1200 | SUPPLIES                |             |            |           |               | 373,890    |
| HHA NONREIMBURSABLE SVS   |      |                         |             |            |           |               |            |
| 23 00                     | 2300 | OTHER                   |             |            |           |               |            |
| 23 01                     | 2301 | NON-REIMB HOSPICE       | 2,842,692   | 909,405    | 392,037   | 188,860       | 1,030,616  |
| 23 02                     | 2302 | NON-REIMB OTHER IHS     | 21,979,538  | 3,816,820  | 3,553,302 | 2,811         | 78,549     |
| 23 03                     | 2303 | NON-REIMB OTHER AGENCY  | 54,554,195  | 19,676,694 | 2,510,821 | 3,699,488     | 10,930,327 |
| SPECIAL PURPOSE COST CNTR |      |                         |             |            |           |               |            |
| 29 00                     |      | TOTAL                   | 135,838,194 | 44,253,209 | 8,596,842 | 26,099,567    | 88,205,984 |

| COST CENTER               |                              | TOTAL<br>6  | RECLASSI -<br>FICATIONS<br>7 | RECLASSIFIED<br>TRIAL BALANCE<br>8 | ADJUSTMENTS<br>9 | EXP FOR COST<br>ALLOCATION<br>10 |
|---------------------------|------------------------------|-------------|------------------------------|------------------------------------|------------------|----------------------------------|
| GENERAL SERVICE COST CTRS |                              |             |                              |                                    |                  |                                  |
| 5 01                      | 0501 ADH AGENCY A&G          | 45,358,569  |                              | 45,358,569                         |                  | 45,358,569                       |
| 5 02                      | 0502 IN-HOME SERVICE A&G     | 6,774,299   |                              | 6,774,299                          |                  | 6,774,299                        |
| 5 03                      | 0503 HOME HEALTH A&G         | 7,862,204   |                              | 7,862,204                          |                  | 7,862,204                        |
| 5 04                      | 0504 NON-REIMB A&G           | 103,237,591 |                              | 103,237,591                        |                  | 103,237,591                      |
| HHA REIMBURSABLE SERVICES |                              |             |                              |                                    |                  |                                  |
| 6 00                      | 0600 SKILLED NURSING CARE    | 10,034,398  |                              | 10,034,398                         |                  | 10,034,398                       |
| 7 00                      | 0700 PHYSICAL THERAPY        | 1,941,496   |                              | 1,941,496                          |                  | 1,941,496                        |
| 8 00                      | 0800 OCCUPATIONAL THERAPY    | 23,244      |                              | 23,244                             |                  | 23,244                           |
| 9 00                      | 0900 SPEECH PATHOLOGY        | 12,677      |                              | 12,677                             |                  | 12,677                           |
| 10 00                     | 1000 MEDICAL SOCIAL SERVICES | 1,926       |                              | 1,926                              |                  | 1,926                            |
| 11 00                     | 1100 HOME HEALTH AIDE        | 1,207,347   |                              | 1,207,347                          |                  | 1,207,347                        |
| 12 00                     | 1200 SUPPLIES                | 373,890     |                              | 373,890                            |                  | 373,890                          |
| HHA NONREIMBURSABLE SVS   |                              |             |                              |                                    |                  |                                  |
| 23 00                     | 2300 OTHER                   |             |                              |                                    |                  |                                  |
| 23 01                     | 2301 NON-REIMB HOSPICE       | 5,363,610   |                              | 5,363,610                          |                  | 5,363,610                        |
| 23 02                     | 2302 NON-REIMB OTHER IHS     | 29,431,020  |                              | 29,431,020                         |                  | 29,431,020                       |
| 23 03                     | 2303 NON-REIMB OTHER AGENCY  | 91,371,525  |                              | 91,371,525                         |                  | 91,371,525                       |
| 29 00                     | SPECIAL PURPOSE COST CNTR    |             |                              |                                    |                  |                                  |
|                           | TOTAL                        | 302,993,796 | -0-                          | 302,993,796                        |                  | 302,993,796                      |

A. ARE THERE ANY COSTS INCLUDED ON WORKSHEET A WHICH RESULTED FROM TRANSACTIONS WITH RELATED ORGANIZATIONS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10?

YES (IF "YES," COMPLETE PARTS B AND C)  
X NO

B. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS:  
LOCATION AND AMOUNT INCLUDED ON WORKSHEET A, COLUMN 8

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT | AMOUNT<br>ALLOWABLE<br>IN COST | NET<br>ADJUSTMENTS |
|----------|-------------|---------------|--------|--------------------------------|--------------------|
| 1        | 2           | 3             | 4      | 5                              | 6                  |
| 1        |             |               |        |                                |                    |
| 2        |             |               |        |                                |                    |
| 3        |             |               |        |                                |                    |
| 4        | TOTALS      |               |        |                                |                    |

C. INTERRELATIONSHIP OF PROVIDER TO RELATED ORGANIZATION(S):

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THE PROVIDER TO FURNISH THE INFORMATION REQUESTED ON PART C OF THIS WORKSHEET.

THE INFORMATION WILL BE USED BY THE CMS AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO THE PROVIDER BY COMMON OWNERSHIP OR CONTROL, REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT.

IF THE PROVIDER DOES NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT WILL BE CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

| SYMBOL<br>(1) | NAME | ADDRESS | PERCENT<br>OWNED<br>BY<br>PROVIDER | PERCENT<br>OWNERSHIP<br>OF<br>PROVIDER | TYPE OF BUSINESS |
|---------------|------|---------|------------------------------------|--|------------------|
| 1             | 2    | 3       | 4                                  | 5                                      | 6                |
| 1             |      |         |                                    |  |                  |
| 2             |      |         |                                    |  |                  |
| 3             |      |         |                                    |  |                  |
| 4             |      |         |                                    |  |                  |
| 5             |      |         |                                    |  |                  |

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP OF THE PROVIDER TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

| COST CENTER<br>DESCRIPTION    | NET EXPENSE<br>FOR COST<br>ALLOCATION<br>0 | SUBTOTAL<br>0A | ADH AGENCY A&<br>G | SUBTOTAL<br>5A. 01 | IN-HOME SERVI<br>CE A&G | SUBTOTAL<br>5A. 02 | HOME HEALTH A<br>&G | 5. 03 |
|-------------------------------|--|----------------|--------------------|--------------------|-------------------------|--------------------|---------------------|-------|
| GENERAL SERVICE COST CNTR     |  |                |                    |                    |                         |                    |                     |       |
| 5 01 ADH AGENCY A&G           | 45,358,569                                 | 45,358,569     | 45,358,569         |                    |                         |                    |                     |       |
| 5 02 IN-HOME SERVICE A&G      | 6,774,299                                  | 6,774,299      | 1,192,663          | 7,966,962          | 7,966,962               |                    |                     |       |
| 5 03 HOME HEALTH A&G          | 7,862,204                                  | 7,862,204      | 1,384,196          | 9,246,400          | 1,113,525               | 10,359,925         | 10,359,925          |       |
| 5 04 NON-REIMB A&G            | 103,237,591                                | 103,237,591    | 18,175,784         | 121,413,375        |                         | 121,413,375        |                     |       |
| HHA REIMBURSABLE SERVICES     |  |                |                    |                    |                         |                    |                     |       |
| 6 00 SKILLED NURSING CARE     | 10,034,398                                 | 10,034,398     | 1,766,626          | 11,801,024         | 1,421,174               | 13,222,198         | 7,646,618           |       |
| 7 00 PHYSICAL THERAPY         | 1,941,496                                  | 1,941,496      | 341,814            | 2,283,310          | 274,974                 | 2,558,284          | 1,479,499           |       |
| 8 00 OCCUPATIONAL THERAPY     | 23,244                                     | 23,244         | 4,092              | 27,336             | 3,292                   | 30,628             | 17,713              |       |
| 9 00 SPEECH PATHOLOGY         | 12,677                                     | 12,677         | 2,232              | 14,909             | 1,795                   | 16,704             | 9,660               |       |
| 10 00 MEDICAL SOCIAL SERVICES | 1,926                                      | 1,926          | 339                | 2,265              | 273                     | 2,538              | 1,468               |       |
| 11 00 HOME HEALTH AIDE        | 1,207,347                                  | 1,207,347      | 212,562            | 1,419,909          | 170,997                 | 1,590,906          | 920,048             |       |
| 12 00 SUPPLIES                | 373,890                                    | 373,890        | 65,826             | 439,716            | 52,954                  | 492,670            | 284,919             |       |
| HHA NONREIMBURS SERVICES      |  |                |                    |                    |                         |                    |                     |       |
| 23 00 OTHER                   |  |                |                    |                    |                         |                    |                     |       |
| 23 01 NON-REIMB HOSPICE       | 5,363,610                                  | 5,363,610      | 944,301            | 6,307,911          | 759,649                 | 7,067,560          |                     |       |
| 23 02 NON-REIMB OTHER IHS     | 29,431,020                                 | 29,431,020     | 5,181,537          | 34,612,557         | 4,168,329               | 38,780,886         |                     |       |
| 23 03 NON-REIMB OTHER AGENCY  | 91,371,525                                 | 91,371,525     | 16,086,597         | 107,458,122        |                         | 107,458,122        |                     |       |
| SPEC PURPOSE COST CENTERS     |  |                |                    |                    |                         |                    |                     |       |
| 29 00 TOTAL                   | 302,993,796                                | 302,993,796    | 45,358,569         | 302,993,796        | 7,966,962               | 302,993,796        | 10,359,925          |       |



| COST CENTER DESCRIPTION   |                            | SUBTOTAL      | NON-REIMB A&G | TOTAL         |
|---------------------------|----------------------------|---------------|---------------|---------------|
|                           |                            | 5A. 03        | 5. 04         | 6             |
| GENERAL SERVICE COST CNTR |                            |               |               |               |
| 5                         | 01 ADH AGENCY A&G          |               |               |               |
| 5                         | 02 IN-HOME SERVICE A&G     |               |               |               |
| 5                         | 03 HOME HEALTH A&G         |               |               |               |
| 5                         | 04 NON-REIMB A&G           | 121, 413, 375 | 121, 413, 375 |               |
| HHA REIMBURSABLE SERVICES |                            |               |               |               |
| 6                         | 00 SKILLED NURSING CARE    | 20, 868, 816  |               | 20, 868, 816  |
| 7                         | 00 PHYSICAL THERAPY        | 4, 037, 783   |               | 4, 037, 783   |
| 8                         | 00 OCCUPATIONAL THERAPY    | 48, 341       |               | 48, 341       |
| 9                         | 00 SPEECH PATHOLOGY        | 26, 364       |               | 26, 364       |
| 10                        | 00 MEDICAL SOCIAL SERVICES | 4, 006        |               | 4, 006        |
| 11                        | 00 HOME HEALTH AIDE        | 2, 510, 954   |               | 2, 510, 954   |
| 12                        | 00 SUPPLIES                | 777, 589      |               | 777, 589      |
| HHA NONREIMBURS SERVICES  |                            |               |               |               |
| 23                        | 00 OTHER                   |               |               |               |
| 23                        | 01 NON-REIMB HOSPICE       | 7, 067, 560   | 5, 597, 260   | 12, 664, 820  |
| 23                        | 02 NON-REIMB OTHER IHS     | 38, 780, 886  | 30, 713, 104  | 69, 493, 990  |
| 23                        | 03 NON-REIMB OTHER AGENCY  | 107, 458, 122 | 85, 103, 011  | 192, 561, 133 |
| SPEC PURPOSE COST CENTERS |                            |               |               |               |
| 29                        | 00 TOTAL                   | 302, 993, 796 | 121, 413, 375 | 302, 993, 796 |

| COST CENTER DESCRIPTION   |   | RECONCILIATION | ADH AGENCY A&G<br>(ACCUMULATED COST) | RECONCILIATION | IN-HOME SERVICE A&G<br>(ACCUMULATED COST) | RECONCILIATION | HOME HEALTH A&G<br>(ACCUMULATED COST) |
|---------------------------|---|----------------|--------------------------------------|----------------|---|----------------|---------------------------------------|
|                           |   | 5A. 01         | 5. 01                                | 5A. 02         | 5. 02                                     | 5A. 03         | 5. 03                                 |
| GENERAL SERVICE COST CNTR |   |                |                                      |                |   |                |                                       |
| 5 01                      | ADH AGENCY A&G                            | -45,358,569    | 257,635,227                          |                |   |                |                                       |
| 5 02                      | IN-HOME SERVICE A&G                       |                | 6,774,299                            | -7,966,962     | 66,155,337                                |                |                                       |
| 5 03                      | HOME HEALTH A&G                           |                | 7,862,204                            |                | 9,246,400                                 | -10,359,925    | 17,913,928                            |
| 5 04                      | NON-REIMB A&G                             |                | 103,237,591                          | -121,413,375   |   | -121,413,375   |                                       |
| HHA REIMBURSABLE SERVICES |   |                |                                      |                |   |                |                                       |
| 6                         | SKILLED NURSING CARE                      |                | 10,034,398                           |                | 11,801,024                                |                | 13,222,198                            |
| 7                         | PHYSICAL THERAPY                          |                | 1,941,496                            |                | 2,283,310                                 |                | 2,558,284                             |
| 8                         | OCCUPATIONAL THERAPY                      |                | 23,244                               |                | 27,336                                    |                | 30,628                                |
| 9                         | SPEECH PATHOLOGY                          |                | 12,677                               |                | 14,909                                    |                | 16,704                                |
| 10                        | MEDICAL SOCIAL SERVICES                   |                | 1,926                                |                | 2,265                                     |                | 2,538                                 |
| 11                        | HOME HEALTH AIDE                          |                | 1,207,347                            |                | 1,419,909                                 |                | 1,590,906                             |
| 12                        | SUPPLIES                                  |                | 373,890                              |                | 439,716                                   |                | 492,670                               |
| HHA NONREIMBURS SERVICES  |   |                |                                      |                |   |                |                                       |
| 23                        | OTHER                                     |                |                                      |                |   |                |                                       |
| 23 01                     | NON-REIMB HOSPICE                         |                | 5,363,610                            |                | 6,307,911                                 | -7,067,560     |                                       |
| 23 02                     | NON-REIMB OTHER IHS                       |                | 29,431,020                           |                | 34,612,557                                | -38,780,886    |                                       |
| 23 03                     | NON-REIMB OTHER AGENCY                    |                | 91,371,525                           | -107,458,122   |   | -107,458,122   |                                       |
| SPEC PURPOSE COST CENTERS |   |                |                                      |                |   |                |                                       |
| 29                        | TOTAL                                     |                | 257,635,227                          |                | 66,155,337                                |                | 17,913,928                            |
| 30                        | COST TO BE ALLOCATED<br>(PER WORKSHEET B) |                | 45,358,569                           |                | 7,966,962                                 |                | 10,359,925                            |
| 31                        | UNIT COST MULTIPLIER                      |                | . 176057                             |                | . 120428                                  |                | . 578317                              |

| COST CENTER<br>DESCRIPTION |   | RECONCILIATION | NON-REIMB A&G<br>(ACCUMULATED<br>COST ) |
|----------------------------|---|----------------|---|
|                            |   | 5A. 04         | 5. 04                                   |
|                            | GENERAL SERVICE COST CNTR                 |                |   |
| 5                          | 01 ADH AGENCY A&G                         |                |   |
| 5                          | 02 IN-HOME SERVICE A&G                    |                |   |
| 5                          | 03 HOME HEALTH A&G                        |                |   |
| 5                          | 04 NON-REIMB A&G                          | -121, 413, 375 | 153, 306, 568                           |
|                            | HHA REIMBURSABLE SERVICES                 |                |   |
| 6                          | SKILLED NURSING CARE                      | -20, 868, 816  |   |
| 7                          | PHYSICAL THERAPY                          | -4, 037, 783   |   |
| 8                          | OCCUPATIONAL THERAPY                      | -48, 341       |   |
| 9                          | SPEECH PATHOLOGY                          | -26, 364       |   |
| 10                         | MEDICAL SOCIAL SERVICES                   | -4, 006        |   |
| 11                         | HOME HEALTH AIDE                          | -2, 510, 954   |   |
| 12                         | SUPPLIES                                  | -777, 589      |   |
|                            | HHA NONREIMBURS SERVICES                  |                |   |
| 23                         | OTHER                                     |                |   |
| 23                         | 01 NON-REIMB HOSPICE                      |                | 7, 067, 560                             |
| 23                         | 02 NON-REIMB OTHER IHS                    |                | 38, 780, 886                            |
| 23                         | 03 NON-REIMB OTHER AGENCY                 |                | 107, 458, 122                           |
|                            | SPEC PURPOSE COST CENTERS                 |                |   |
| 29                         | TOTAL                                     |                | 153, 306, 568                           |
| 30                         | COST TO BE ALLOCATED<br>(PER WORKSHEET B) |                | 121, 413, 375                           |
| 31                         | UNIT COST MULTIPLIER                      |                | . 791965                                |

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

| PATIENT SERVICES             | FROM WKST<br>B, COL. 6<br>LINE 1 | COSTS<br>2 | TOTAL<br>VISITS<br>3 | AVERAGE<br>COST PER<br>VISIT (1)<br>4 |
|------------------------------|----------------------------------|------------|----------------------|---------------------------------------|
| 1 00 SKILLED NURSING CARE    | 6.00                             | 20,868,816 | 127,280              | 163.96                                |
| 2 00 PHYSICAL THERAPY        | 7.00                             | 4,037,783  | 28,074               | 143.83                                |
| 3 00 OCCUPATIONAL THERAPY    | 8.00                             | 48,341     | 288                  | 167.85                                |
| 4 00 SPEECH PATHOLOGY        | 9.00                             | 26,364     | 143                  | 184.36                                |
| 5 00 MEDICAL SOCIAL SERVICES | 10.00                            | 4,006      | 9                    | 445.11                                |
| 6 00 HOME HEALTH AIDE        | 11.00                            | 2,510,954  | 61,771               | 40.65                                 |
| 7 00 TOTAL                   |                                  | 27,496,264 | 217,565              |                                       |

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)  
MSA/CBSA CODE: 26300

| TOTAL MEDICARE PATIENT<br>SERVICE COST COMPUTATION | FROM WKST C<br>PART I<br>COL. 4<br>LINE | COST<br>PER VISIT<br>4 | PART A<br>5 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>6 | PART B<br>SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>7 |
|--|---|------------------------|-------------|---|---|
| 1 00 SKILLED NURSING CARE                          | 1.00                                    | 163.96                 | 462         | 26  |   |
| 2 00 PHYSICAL THERAPY                              | 2.00                                    | 143.83                 | 38          | 14  |   |
| 3 00 OCCUPATIONAL THERAPY                          | 3.00                                    | 167.85                 |             |   |   |
| 4 00 SPEECH PATHOLOGY                              | 4.00                                    | 184.36                 |             |   |   |
| 5 00 MEDICAL SOCIAL SERVICES                       | 5.00                                    | 445.11                 |             |   |   |
| 6 00 HOME HEALTH AIDE                              | 6.00                                    | 40.65                  | 422         | 17  |   |
| 7 00 TOTAL   |   |                        | 922         | 57  |   |

| TOTAL MEDICARE PATIENT<br>SERVICE COST COMPUTATION | PART A<br>8 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>9 | SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>10 | TOTAL<br>11 |
|--|-------------|---|--|-------------|
| 1 00 SKILLED NURSING CARE                          | 75,750      | 4,263   |  | 80,013      |
| 2 00 PHYSICAL THERAPY                              | 5,466       | 2,014   |  | 7,480       |
| 3 00 OCCUPATIONAL THERAPY                          |             |   |  |             |
| 4 00 SPEECH PATHOLOGY                              |             |   |  |             |
| 5 00 MEDICAL SOCIAL SERVICES                       |             |   |  |             |
| 6 00 HOME HEALTH AIDE                              | 17,154      | 691   |  | 17,845      |
| 7 00 TOTAL   | 98,370      | 6,968   |  | 105,338     |

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | PROGRAM<br>COST<br>LIMITS<br>4 | PART A<br>5 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>6 | PART B<br>SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>7 |
|--|--------------------------------|-------------|---|---|
| 8 00 SKILLED NURSING CARE  |                                |             |   |   |
| 9 00 PHYSICAL THERAPY  |                                |             |   |   |
| 10 00 OCCUPATIONAL THERAPY   |                                |             |   |   |
| 11 00 SPEECH PATHOLOGY   |                                |             |   |   |
| 12 00 MEDICAL SOCIAL SERVICES  |                                |             |   |   |
| 13 00 HOME HEALTH AIDE   |                                |             |   |   |
| 14 00 TOTAL  |                                |             |   |   |

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | PART A<br>8 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>9 | SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>10 | TOTAL<br>11 |
|--|-------------|---|--|-------------|
| 8 00 SKILLED NURSING CARE  |             |   |  |             |
| 9 00 PHYSICAL THERAPY  |             |   |  |             |
| 10 00 OCCUPATIONAL THERAPY   |             |   |  |             |
| 11 00 SPEECH PATHOLOGY   |             |   |  |             |
| 12 00 MEDICAL SOCIAL SERVICES  |             |   |  |             |
| 13 00 HOME HEALTH AIDE   |             |   |  |             |
| 14 00 TOTAL  |             |   |  |             |

(1) COMPUTE THE AVERAGE COST PER VISIT ONE TIME FOR EACH DISCIPLINE (COLUMN 4, LINES 1 THROUGH 6) FOR THE ENTIRE HOME HEALTH AGENCY.  
(2) COMPLETE WORKSHEET C, PART II ONCE FOR EACH MSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

| COST PER VISIT COMPUTATION   |           | FROM WKST |            | TOTAL   | AVERAGE<br>COST PER<br>VISIT (1) |
|------------------------------|-----------|-----------|------------|---------|----------------------------------|
| PATIENT SERVICES             | B, COL. 6 | LINE      | COSTS      |         |                                  |
|                              |           |           | 1          | 2       | 3                                |
| 1 00 SKILLED NURSING CARE    |           | 6.00      | 20,868,816 | 127,280 | 163.96                           |
| 2 00 PHYSICAL THERAPY        |           | 7.00      | 4,037,783  | 28,074  | 143.83                           |
| 3 00 OCCUPATIONAL THERAPY    |           | 8.00      | 48,341     | 288     | 167.85                           |
| 4 00 SPEECH PATHOLOGY        |           | 9.00      | 26,364     | 143     | 184.36                           |
| 5 00 MEDICAL SOCIAL SERVICES |           | 10.00     | 4,006      | 9       | 445.11                           |
| 6 00 HOME HEALTH AIDE        |           | 11.00     | 2,510,954  | 61,771  | 40.65                            |
| 7 00 TOTAL                   |           |           | 27,496,264 | 217,565 |                                  |

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)  
MSA/CBSA CODE: 27860      MEDICARE PROGRAM VISITS

|                        |                         |             | FROM WKST C |           | PART B         |               |
|------------------------|-------------------------|-------------|-------------|-----------|----------------|---------------|
| TOTAL MEDICARE PATIENT |                         |             | PART I      |           | NOT SUBJECT TO | SUBJECT TO    |
| SERVICE                | COST                    | COMPUTATION | COL. 4      | COST      | DEDUCTIBLES &  | DEDUCTIBLES & |
|                        |                         |             | LINE        | PER VISIT | COINSURANCE    | COINSURANCE   |
|                        |                         |             |             | 4         | 5              | 6             |
| 1 00                   | SKILLED NURSING CARE    |             | 1.00        | 163.96    | 813            | 155           |
| 2 00                   | PHYSICAL THERAPY        |             | 2.00        | 143.83    | 663            | 139           |
| 3 00                   | OCCUPATIONAL THERAPY    |             | 3.00        | 167.85    |                |               |
| 4 00                   | SPEECH PATHOLOGY        |             | 4.00        | 184.36    | 2              |               |
| 5 00                   | MEDICAL SOCIAL SERVICES |             | 5.00        | 445.11    |                |               |
| 6 00                   | HOME HEALTH AIDE        |             | 6.00        | 40.65     | 793            | 62            |
| 7 00                   | TOTAL                   |             |             |           | 2,271          | 356           |

| TOTAL MEDICARE PATIENT<br>SERVICE COST COMPUTATION | COST OF MEDICARE SERVICES |        |               |         |
|--|---------------------------|--------|---------------|---------|
|  | PART B                    |        |               |         |
|  | NOT SUBJECT TO            |        | SUBJECT TO    |         |
|  | DEDUCTIBLES &             |        | DEDUCTIBLES & |         |
|  | COINSURANCE               |        | COINSURANCE   |         |
|  | PART A                    |        |               | TOTAL   |
|  | 8                         | 9      | 10            | 11      |
| 1 00 SKILLED NURSING CARE                          | 133,299                   | 25,414 |               | 158,713 |
| 2 00 PHYSICAL THERAPY                              | 95,359                    | 19,992 |               | 115,351 |
| 3 00 OCCUPATIONAL THERAPY                          |                           |        |               |         |
| 4 00 SPEECH PATHOLOGY                              | 369                       |        |               | 369     |
| 5 00 MEDICAL SOCIAL SERVICES                       |                           |        |               |         |
| 6 00 HOME HEALTH AIDE                              | 32,235                    | 2,520  |               | 34,755  |
| 7 00 TOTAL   | 261,262                   | 47,926 |               | 309,188 |

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | MEDICARE PROGRAM VISITS |        |               |   |
|--|-------------------------|--------|---------------|---|
|  | PART B                  |        |               |   |
|  | NOT SUBJECT TO          |        | SUBJECT TO    |   |
|  | DEDUCTIBLES &           |        | DEDUCTIBLES & |   |
|  | COINSURANCE             |        | COINSURANCE   |   |
|  | PROGRAM                 | PART A |               |   |
|  | COST                    | 5      | 6             | 7 |
|  | LIMITS                  |        |               |   |
|  | 4                       |        |               |   |
| 8 00 SKILLED NURSING CARE  |                         |        |               |   |
| 9 00 PHYSICAL THERAPY  |                         |        |               |   |
| 10 00 OCCUPATIONAL THERAPY   |                         |        |               |   |
| 11 00 SPEECH PATHOLOGY   |                         |        |               |   |
| 12 00 MEDICAL SOCIAL SERVICES  |                         |        |               |   |
| 13 00 HOME HEALTH AIDE   |                         |        |               |   |
| 14 00 TOTAL  |                         |        |               |   |

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | COST OF MEDICARE SERVICES |   |               |       |
|--|---------------------------|---|---------------|-------|
|  | PART B                    |   |               |       |
|  | NOT SUBJECT TO            |   | SUBJECT TO    |       |
|  | DEDUCTIBLES &             |   | DEDUCTIBLES & |       |
|  | COINSURANCE               |   | COINSURANCE   |       |
|  | PART A                    |   |               | TOTAL |
|  | 8                         | 9 | 10            | 11    |
| 8 00 SKILLED NURSING CARE  |                           |   |               |       |
| 9 00 PHYSICAL THERAPY  |                           |   |               |       |
| 10 00 OCCUPATIONAL THERAPY   |                           |   |               |       |
| 11 00 SPEECH PATHOLOGY   |                           |   |               |       |
| 12 00 MEDICAL SOCIAL SERVICES  |                           |   |               |       |
| 13 00 HOME HEALTH AIDE   |                           |   |               |       |
| 14 00 TOTAL  |                           |   |               |       |

(1) COMPUTE THE AVERAGE COST PER VISIT ONE TIME FOR EACH DISCIPLINE (COLUMN 4, LINES 1 THROUGH 6) FOR THE ENTIRE HOME HEALTH AGENCY.  
(2) COMPLETE WORKSHEET C, PART II ONCE FOR EACH MSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

| COST PER VISIT COMPUTATION   |           | FROM WKST |            | TOTAL   | AVERAGE<br>COST PER<br>VISIT (1) |
|------------------------------|-----------|-----------|------------|---------|----------------------------------|
| PATIENT SERVICES             | B, COL. 6 | LINE      | COSTS      |         |                                  |
|                              |           |           | 1          | 2       | 3                                |
| 1 00 SKILLED NURSING CARE    |           | 6.00      | 20,868,816 | 127,280 | 163.96                           |
| 2 00 PHYSICAL THERAPY        |           | 7.00      | 4,037,783  | 28,074  | 143.83                           |
| 3 00 OCCUPATIONAL THERAPY    |           | 8.00      | 48,341     | 288     | 167.85                           |
| 4 00 SPEECH PATHOLOGY        |           | 9.00      | 26,364     | 143     | 184.36                           |
| 5 00 MEDICAL SOCIAL SERVICES |           | 10.00     | 4,006      | 9       | 445.11                           |
| 6 00 HOME HEALTH AIDE        |           | 11.00     | 2,510,954  | 61,771  | 40.65                            |
| 7 00 TOTAL                   |           |           | 27,496,264 | 217,565 |                                  |

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)  
MSA/CBSA CODE: 30780

| TOTAL MEDICARE PATIENT<br>SERVICE COST COMPUTATION | FROM WKST C |           | MEDI CARE PROGRAM VISITS |               |
|--|-------------|-----------|--------------------------|---------------|
|  | PART I      |           | PART B                   |               |
|  | COL. 4      | COST      | NOT SUBJECT TO           | SUBJECT TO    |
|  | LINE        | PER VISIT | DEDUCTIBLES &            | DEDUCTIBLES & |
|  |             | 4         | COINSURANCE              | COINSURANCE   |
|  |             | 5         | 6                        | 7             |
| 1 00 SKILLED NURSING CARE                          | 1.00        | 163.96    | 1,316                    | 121           |
| 2 00 PHYSICAL THERAPY                              | 2.00        | 143.83    | 531                      | 186           |
| 3 00 OCCUPATIONAL THERAPY                          | 3.00        | 167.85    | 2                        |               |
| 4 00 SPEECH PATHOLOGY                              | 4.00        | 184.36    |                          |               |
| 5 00 MEDICAL SOCIAL SERVICES                       | 5.00        | 445.11    |                          |               |
| 6 00 HOME HEALTH AIDE                              | 6.00        | 40.65     | 1,309                    | 95            |
| 7 00 TOTAL   |             |           | 3,158                    | 402           |

| TOTAL MEDICARE PATIENT<br>SERVICE COST COMPUTATION | COST OF MEDICARE SERVICES |        | PART B         |               |
|--|---------------------------|--------|----------------|---------------|
|  | PART A                    |        | NOT SUBJECT TO | SUBJECT TO    |
|  | 8                         | 9      | DEDUCTIBLES &  | DEDUCTIBLES & |
|  |                           |        | COINSURANCE    | COINSURANCE   |
|  |                           |        | 10             | 11            |
| 1 00 SKILLED NURSING CARE                          | 215,771                   | 19,839 |                | 235,610       |
| 2 00 PHYSICAL THERAPY                              | 76,374                    | 26,752 |                | 103,126       |
| 3 00 OCCUPATIONAL THERAPY                          | 336                       |        |                | 336           |
| 4 00 SPEECH PATHOLOGY                              |                           |        |                |               |
| 5 00 MEDICAL SOCIAL SERVICES                       |                           |        |                |               |
| 6 00 HOME HEALTH AIDE                              | 53,211                    | 3,862  |                | 57,073        |
| 7 00 TOTAL   | 345,692                   | 50,453 |                | 396,145       |

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | MEDI CARE PROGRAM VISITS |        | PART B         |               |
|--|--------------------------|--------|----------------|---------------|
|  | PROGRAM COST             |        | NOT SUBJECT TO | SUBJECT TO    |
|  | LIMITS                   | PART A | DEDUCTIBLES &  | DEDUCTIBLES & |
|  | 4                        | 5      | COINSURANCE    | COINSURANCE   |
|  |                          |        | 6              | 7             |
| 8 00 SKILLED NURSING CARE  |                          |        |                |               |
| 9 00 PHYSICAL THERAPY  |                          |        |                |               |
| 10 00 OCCUPATIONAL THERAPY   |                          |        |                |               |
| 11 00 SPEECH PATHOLOGY   |                          |        |                |               |
| 12 00 MEDICAL SOCIAL SERVICES  |                          |        |                |               |
| 13 00 HOME HEALTH AIDE   |                          |        |                |               |
| 14 00 TOTAL  |                          |        |                |               |

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | COST OF MEDICARE SERVICES |   | PART B         |               |
|--|---------------------------|---|----------------|---------------|
|  | PART A                    |   | NOT SUBJECT TO | SUBJECT TO    |
|  | 8                         | 9 | DEDUCTIBLES &  | DEDUCTIBLES & |
|  |                           |   | COINSURANCE    | COINSURANCE   |
|  |                           |   | 10             | 11            |
| 8 00 SKILLED NURSING CARE  |                           |   |                |               |
| 9 00 PHYSICAL THERAPY  |                           |   |                |               |
| 10 00 OCCUPATIONAL THERAPY   |                           |   |                |               |
| 11 00 SPEECH PATHOLOGY   |                           |   |                |               |
| 12 00 MEDICAL SOCIAL SERVICES  |                           |   |                |               |
| 13 00 HOME HEALTH AIDE   |                           |   |                |               |
| 14 00 TOTAL  |                           |   |                |               |

(1) COMPUTE THE AVERAGE COST PER VISIT ONE TIME FOR EACH DISCIPLINE (COLUMN 4, LINES 1 THROUGH 6) FOR THE ENTIRE HOME HEALTH AGENCY.  
(2) COMPLETE WORKSHEET C, PART II ONCE FOR EACH MSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

| PATIENT SERVICES             | FROM WKST B, COL. 6 |            | TOTAL COSTS | VISITS | AVERAGE COST PER VISIT (1) |
|------------------------------|---------------------|------------|-------------|--------|----------------------------|
|                              | LINE 1              | 2          |             |        |                            |
| 1 00 SKILLED NURSING CARE    | 6.00                | 20,868,816 | 127,280     | 163.96 |                            |
| 2 00 PHYSICAL THERAPY        | 7.00                | 4,037,783  | 28,074      | 143.83 |                            |
| 3 00 OCCUPATIONAL THERAPY    | 8.00                | 48,341     | 288         | 167.85 |                            |
| 4 00 SPEECH PATHOLOGY        | 9.00                | 26,364     | 143         | 184.36 |                            |
| 5 00 MEDICAL SOCIAL SERVICES | 10.00               | 4,006      | 9           | 445.11 |                            |
| 6 00 HOME HEALTH AIDE        | 11.00               | 2,510,954  | 61,771      | 40.65  |                            |
| 7 00 TOTAL                   |                     | 27,496,264 | 217,565     |        |                            |

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

| TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION | FROM WKST C PART I |                | PART A | MEDI CARE PROGRAM VISITS PART B          |                                      |
|---|--------------------|----------------|--------|--|--------------------------------------|
|   | COL. 4 LINE        | COST PER VISIT |        | NOT SUBJECT TO DEDUCTIBLES & COINSURANCE | SUBJECT TO DEDUCTIBLES & COINSURANCE |
| 1 00 SKILLED NURSING CARE                       | 1.00               | 163.96         | 321    | 105                                      |                                      |
| 2 00 PHYSICAL THERAPY                           | 2.00               | 143.83         | 34     | 42                                       |                                      |
| 3 00 OCCUPATIONAL THERAPY                       | 3.00               | 167.85         |        |  |                                      |
| 4 00 SPEECH PATHOLOGY                           | 4.00               | 184.36         |        |  |                                      |
| 5 00 MEDICAL SOCIAL SERVICES                    | 5.00               | 445.11         |        |  |                                      |
| 6 00 HOME HEALTH AIDE                           | 6.00               | 40.65          | 312    | 22                                       |                                      |
| 7 00 TOTAL                                      |                    |                | 667    | 169                                      |                                      |

| TOTAL MEDICARE PATIENT SERVICE COST COMPUTATION | COST OF MEDICARE SERVICES PART B |  | PART A | MEDI CARE PROGRAM VISITS PART B          |                                      |
|---|----------------------------------|--|--------|--|--------------------------------------|
|   | PART A                           | NOT SUBJECT TO DEDUCTIBLES & COINSURANCE |        | NOT SUBJECT TO DEDUCTIBLES & COINSURANCE | SUBJECT TO DEDUCTIBLES & COINSURANCE |
| 1 00 SKILLED NURSING CARE                       | 52,631                           | 17,216                                   |        |  | 69,847                               |
| 2 00 PHYSICAL THERAPY                           | 4,890                            | 6,041                                    |        |  | 10,931                               |
| 3 00 OCCUPATIONAL THERAPY                       |                                  |  |        |  |                                      |
| 4 00 SPEECH PATHOLOGY                           |                                  |  |        |  |                                      |
| 5 00 MEDICAL SOCIAL SERVICES                    |                                  |  |        |  |                                      |
| 6 00 HOME HEALTH AIDE                           | 12,683                           | 894                                      |        |  | 13,577                               |
| 7 00 TOTAL                                      | 70,204                           | 24,151                                   |        |  | 94,355                               |

| TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY) | COST OF MEDICARE SERVICES PART B |  | PART A | MEDI CARE PROGRAM VISITS PART B          |                                      |
|--|----------------------------------|--|--------|--|--------------------------------------|
|  | PROGRAM COST LIMITS              | NOT SUBJECT TO DEDUCTIBLES & COINSURANCE |        | NOT SUBJECT TO DEDUCTIBLES & COINSURANCE | SUBJECT TO DEDUCTIBLES & COINSURANCE |
| 8 00 SKILLED NURSING CARE  |                                  |  |        |  |                                      |
| 9 00 PHYSICAL THERAPY  |                                  |  |        |  |                                      |
| 10 00 OCCUPATIONAL THERAPY   |                                  |  |        |  |                                      |
| 11 00 SPEECH PATHOLOGY   |                                  |  |        |  |                                      |
| 12 00 MEDICAL SOCIAL SERVICES  |                                  |  |        |  |                                      |
| 13 00 HOME HEALTH AIDE   |                                  |  |        |  |                                      |
| 14 00 TOTAL  |                                  |  |        |  |                                      |

| TOTAL MEDICARE PATIENT SERVICE COST LIMITATION COMPUTATION (EFFECT. FOR PRE 10/1/2000 SERV ONLY) | COST OF MEDICARE SERVICES PART B |  | PART A | MEDI CARE PROGRAM VISITS PART B          |                                      |
|--|----------------------------------|--|--------|--|--------------------------------------|
|  | PART A                           | NOT SUBJECT TO DEDUCTIBLES & COINSURANCE |        | NOT SUBJECT TO DEDUCTIBLES & COINSURANCE | SUBJECT TO DEDUCTIBLES & COINSURANCE |
| 8 00 SKILLED NURSING CARE  |                                  |  |        |  |                                      |
| 9 00 PHYSICAL THERAPY  |                                  |  |        |  |                                      |
| 10 00 OCCUPATIONAL THERAPY   |                                  |  |        |  |                                      |
| 11 00 SPEECH PATHOLOGY   |                                  |  |        |  |                                      |
| 12 00 MEDICAL SOCIAL SERVICES  |                                  |  |        |  |                                      |
| 13 00 HOME HEALTH AIDE   |                                  |  |        |  |                                      |
| 14 00 TOTAL  |                                  |  |        |  |                                      |

(1) COMPUTE THE AVERAGE COST PER VISIT ONE TIME FOR EACH DISCIPLINE (COLUMN 4, LINES 1 THROUGH 6) FOR THE ENTIRE HOME HEALTH AGENCY.

(2) COMPLETE WORKSHEET C, PART II ONCE FOR EACH MSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

COST PER VISIT COMPUTATION

| PATIENT SERVICES             | FROM WKST<br>B, COL. 6<br>LINE 1 | COSTS<br>2 | TOTAL<br>VISITS<br>3 | AVERAGE<br>COST PER<br>VISIT (1)<br>4 |
|------------------------------|----------------------------------|------------|----------------------|---------------------------------------|
| 1 00 SKILLED NURSING CARE    | 6.00                             | 20,868,816 | 127,280              | 163.96                                |
| 2 00 PHYSICAL THERAPY        | 7.00                             | 4,037,783  | 28,074               | 143.83                                |
| 3 00 OCCUPATIONAL THERAPY    | 8.00                             | 48,341     | 288                  | 167.85                                |
| 4 00 SPEECH PATHOLOGY        | 9.00                             | 26,364     | 143                  | 184.36                                |
| 5 00 MEDICAL SOCIAL SERVICES | 10.00                            | 4,006      | 9                    | 445.11                                |
| 6 00 HOME HEALTH AIDE        | 11.00                            | 2,510,954  | 61,771               | 40.65                                 |
| 7 00 TOTAL                   |                                  | 27,496,264 | 217,565              |                                       |

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)  
MSA/CBSA CODE: 38220

| TOTAL MEDICARE PATIENT<br>SERVICE COST COMPUTATION | FROM WKST C<br>PART I<br>COL. 4<br>LINE | COST<br>PER VISIT<br>4 | PART A<br>5 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>6 | PART B<br>SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>7 |
|--|---|------------------------|-------------|---|---|
| 1 00 SKILLED NURSING CARE                          | 1.00                                    | 163.96                 | 974         | 172   |   |
| 2 00 PHYSICAL THERAPY                              | 2.00                                    | 143.83                 | 354         | 57  |   |
| 3 00 OCCUPATIONAL THERAPY                          | 3.00                                    | 167.85                 | 17          |   |   |
| 4 00 SPEECH PATHOLOGY                              | 4.00                                    | 184.36                 |             |   |   |
| 5 00 MEDICAL SOCIAL SERVICES                       | 5.00                                    | 445.11                 |             |   |   |
| 6 00 HOME HEALTH AIDE                              | 6.00                                    | 40.65                  | 1,060       | 22  |   |
| 7 00 TOTAL   |   |                        | 2,405       | 251   |   |

COST OF MEDICARE SERVICES

| TOTAL MEDICARE PATIENT<br>SERVICE COST COMPUTATION | PART A<br>8 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>9 | SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>10 | TOTAL<br>11 |
|--|-------------|---|--|-------------|
| 1 00 SKILLED NURSING CARE                          | 159,697     | 28,201  |  | 187,898     |
| 2 00 PHYSICAL THERAPY                              | 50,916      | 8,198   |  | 59,114      |
| 3 00 OCCUPATIONAL THERAPY                          | 2,853       |   |  | 2,853       |
| 4 00 SPEECH PATHOLOGY                              |             |   |  |             |
| 5 00 MEDICAL SOCIAL SERVICES                       |             |   |  |             |
| 6 00 HOME HEALTH AIDE                              | 43,089      | 894   |  | 43,983      |
| 7 00 TOTAL   | 256,555     | 37,293  |  | 293,848     |

MEDICARE PROGRAM VISITS

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | PROGRAM<br>COST<br>LIMITS<br>4 | PART A<br>5 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>6 | PART B<br>SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>7 |
|--|--------------------------------|-------------|---|---|
| 8 00 SKILLED NURSING CARE  |                                |             |   |   |
| 9 00 PHYSICAL THERAPY  |                                |             |   |   |
| 10 00 OCCUPATIONAL THERAPY   |                                |             |   |   |
| 11 00 SPEECH PATHOLOGY   |                                |             |   |   |
| 12 00 MEDICAL SOCIAL SERVICES  |                                |             |   |   |
| 13 00 HOME HEALTH AIDE   |                                |             |   |   |
| 14 00 TOTAL  |                                |             |   |   |

COST OF MEDICARE SERVICES

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | PART A<br>8 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>9 | SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>10 | TOTAL<br>11 |
|--|-------------|---|--|-------------|
| 8 00 SKILLED NURSING CARE  |             |   |  |             |
| 9 00 PHYSICAL THERAPY  |             |   |  |             |
| 10 00 OCCUPATIONAL THERAPY   |             |   |  |             |
| 11 00 SPEECH PATHOLOGY   |             |   |  |             |
| 12 00 MEDICAL SOCIAL SERVICES  |             |   |  |             |
| 13 00 HOME HEALTH AIDE   |             |   |  |             |
| 14 00 TOTAL  |             |   |  |             |

(1) COMPUTE THE AVERAGE COST PER VISIT ONE TIME FOR EACH DISCIPLINE (COLUMN 4, LINES 1 THROUGH 6) FOR THE ENTIRE HOME HEALTH AGENCY.  
(2) COMPLETE WORKSHEET C, PART II ONCE FOR EACH MSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.



PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

COST PER VISIT COMPUTATION

| PATIENT SERVICES             | FROM WKST<br>B, COL. 6<br>LINE 1 | COSTS<br>2 | TOTAL<br>VISITS<br>3 | AVERAGE<br>COST PER<br>VISIT (1)<br>4 |
|------------------------------|----------------------------------|------------|----------------------|---------------------------------------|
| 1 00 SKILLED NURSING CARE    | 6.00                             | 20,868,816 | 127,280              | 163.96                                |
| 2 00 PHYSICAL THERAPY        | 7.00                             | 4,037,783  | 28,074               | 143.83                                |
| 3 00 OCCUPATIONAL THERAPY    | 8.00                             | 48,341     | 288                  | 167.85                                |
| 4 00 SPEECH PATHOLOGY        | 9.00                             | 26,364     | 143                  | 184.36                                |
| 5 00 MEDICAL SOCIAL SERVICES | 10.00                            | 4,006      | 9                    | 445.11                                |
| 6 00 HOME HEALTH AIDE        | 11.00                            | 2,510,954  | 61,771               | 40.65                                 |
| 7 00 TOTAL                   |                                  | 27,496,264 | 217,565              |                                       |

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)  
MSA/CBSA CODE: 45500

| TOTAL MEDICARE PATIENT<br>SERVICE COST COMPUTATION | FROM WKST C<br>PART I<br>COL. 4<br>LINE | COST<br>PER VISIT<br>4 | PART A<br>5 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>6 | PART B<br>SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>7 |
|--|---|------------------------|-------------|---|---|
| 1 00 SKILLED NURSING CARE                          | 1.00                                    | 163.96                 | 631         | 63  |   |
| 2 00 PHYSICAL THERAPY                              | 2.00                                    | 143.83                 | 103         | 4   |   |
| 3 00 OCCUPATIONAL THERAPY                          | 3.00                                    | 167.85                 |             |   |   |
| 4 00 SPEECH PATHOLOGY                              | 4.00                                    | 184.36                 |             |   |   |
| 5 00 MEDICAL SOCIAL SERVICES                       | 5.00                                    | 445.11                 |             |   |   |
| 6 00 HOME HEALTH AIDE                              | 6.00                                    | 40.65                  | 258         | 36  |   |
| 7 00 TOTAL   |   |                        | 992         | 103   |   |

COST OF MEDICARE SERVICES

| TOTAL MEDICARE PATIENT<br>SERVICE COST COMPUTATION | PART A<br>8 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>9 | SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>10 | TOTAL<br>11 |
|--|-------------|---|--|-------------|
| 1 00 SKILLED NURSING CARE                          | 103,459     | 10,329  |  | 113,788     |
| 2 00 PHYSICAL THERAPY                              | 14,814      | 575   |  | 15,389      |
| 3 00 OCCUPATIONAL THERAPY                          |             |   |  |             |
| 4 00 SPEECH PATHOLOGY                              |             |   |  |             |
| 5 00 MEDICAL SOCIAL SERVICES                       |             |   |  |             |
| 6 00 HOME HEALTH AIDE                              | 10,488      | 1,463   |  | 11,951      |
| 7 00 TOTAL   | 128,761     | 12,367  |  | 141,128     |

MEDICARE PROGRAM VISITS

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | PROGRAM<br>COST<br>LIMITS<br>4 | PART A<br>5 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>6 | PART B<br>SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>7 |
|--|--------------------------------|-------------|---|---|
| 8 00 SKILLED NURSING CARE  |                                |             |   |   |
| 9 00 PHYSICAL THERAPY  |                                |             |   |   |
| 10 00 OCCUPATIONAL THERAPY   |                                |             |   |   |
| 11 00 SPEECH PATHOLOGY   |                                |             |   |   |
| 12 00 MEDICAL SOCIAL SERVICES  |                                |             |   |   |
| 13 00 HOME HEALTH AIDE   |                                |             |   |   |
| 14 00 TOTAL  |                                |             |   |   |

COST OF MEDICARE SERVICES

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | PART A<br>8 | NOT SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>9 | SUBJECT TO<br>DEDUCTIBLES &<br>COINSURANCE<br>10 | TOTAL<br>11 |
|--|-------------|---|--|-------------|
| 8 00 SKILLED NURSING CARE  |             |   |  |             |
| 9 00 PHYSICAL THERAPY  |             |   |  |             |
| 10 00 OCCUPATIONAL THERAPY   |             |   |  |             |
| 11 00 SPEECH PATHOLOGY   |             |   |  |             |
| 12 00 MEDICAL SOCIAL SERVICES  |             |   |  |             |
| 13 00 HOME HEALTH AIDE   |             |   |  |             |
| 14 00 TOTAL  |             |   |  |             |

(1) COMPUTE THE AVERAGE COST PER VISIT ONE TIME FOR EACH DISCIPLINE (COLUMN 4, LINES 1 THROUGH 6) FOR THE ENTIRE HOME HEALTH AGENCY.  
(2) COMPLETE WORKSHEET C, PART II ONCE FOR EACH MSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.

PART I-AGGREGATE AGENCY COST PER VISIT COMPUTATION

| PATIENT SERVICES             | FROM WKST |            | TOTAL   | AVERAGE   |
|------------------------------|-----------|------------|---------|-----------|
|                              | B, COL. 6 | COSTS      |         |           |
|                              | LINE      |            | VISITS  | COST PER  |
|                              | 1         | 2          | 3       | VISIT (1) |
| 1 00 SKILLED NURSING CARE    | 6.00      | 20,868,816 | 127,280 | 163.96    |
| 2 00 PHYSICAL THERAPY        | 7.00      | 4,037,783  | 28,074  | 143.83    |
| 3 00 OCCUPATIONAL THERAPY    | 8.00      | 48,341     | 288     | 167.85    |
| 4 00 SPEECH PATHOLOGY        | 9.00      | 26,364     | 143     | 184.36    |
| 5 00 MEDICAL SOCIAL SERVICES | 10.00     | 4,006      | 9       | 445.11    |
| 6 00 HOME HEALTH AIDE        | 11.00     | 2,510,954  | 61,771  | 40.65     |
| 7 00 TOTAL                   |           | 27,496,264 | 217,565 |           |

PART II-COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)

| TOTAL MEDICARE PATIENT<br>SERVICE COST COMPUTATION | FROM WKST C |           | MEDI CARE PROGRAM VISITS |               |
|--|-------------|-----------|--------------------------|---------------|
|  | PART I      | COST      | NOT SUBJECT TO           | SUBJECT TO    |
|  | COL. 4      | PER VISIT | DEDUCTIBLES &            | DEDUCTIBLES & |
|  | LINE        |           | COINSURANCE              | COINSURANCE   |
|  |             | 4         | 5                        | 7             |
| 1 00 SKILLED NURSING CARE                          | 1.00        | 163.96    | 41,698                   | 6,319         |
| 2 00 PHYSICAL THERAPY                              | 2.00        | 143.83    | 11,875                   | 2,840         |
| 3 00 OCCUPATIONAL THERAPY                          | 3.00        | 167.85    | 162                      | 68            |
| 4 00 SPEECH PATHOLOGY                              | 4.00        | 184.36    | 48                       | 28            |
| 5 00 MEDICAL SOCIAL SERVICES                       | 5.00        | 445.11    |                          |               |
| 6 00 HOME HEALTH AIDE                              | 6.00        | 40.65     | 49,689                   | 3,614         |
| 7 00 TOTAL   |             |           | 103,472                  | 12,869        |

| TOTAL MEDICARE PATIENT<br>SERVICE COST COMPUTATION | COST OF MEDICARE SERVICES |                | PART B        |            |
|--|---------------------------|----------------|---------------|------------|
|  | PART A                    | NOT SUBJECT TO | SUBJECT TO    | TOTAL      |
|  | 8                         | DEDUCTIBLES &  | DEDUCTIBLES & |            |
|  |                           | COINSURANCE    | COINSURANCE   |            |
|  |                           | 9              | 10            | 11         |
| 1 00 SKILLED NURSING CARE                          | 6,836,804                 | 1,036,063      |               | 7,872,867  |
| 2 00 PHYSICAL THERAPY                              | 1,707,981                 | 408,477        |               | 2,116,458  |
| 3 00 OCCUPATIONAL THERAPY                          | 27,192                    | 11,414         |               | 38,606     |
| 4 00 SPEECH PATHOLOGY                              | 8,849                     | 5,162          |               | 14,011     |
| 5 00 MEDICAL SOCIAL SERVICES                       |                           |                |               |            |
| 6 00 HOME HEALTH AIDE                              | 2,019,858                 | 146,909        |               | 2,166,767  |
| 7 00 TOTAL   | 10,600,684                | 1,608,025      |               | 12,208,709 |

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | MEDI CARE PROGRAM VISITS |                | PART B        |   |
|--|--------------------------|----------------|---------------|---|
|  | PROGRAM                  | NOT SUBJECT TO | SUBJECT TO    |   |
|  | COST                     | DEDUCTIBLES &  | DEDUCTIBLES & |   |
|  | LIMITS                   | COINSURANCE    | COINSURANCE   |   |
|  | 4                        | 5              | 6             | 7 |
| 8 00 SKILLED NURSING CARE  |                          |                |               |   |
| 9 00 PHYSICAL THERAPY  |                          |                |               |   |
| 10 00 OCCUPATIONAL THERAPY   |                          |                |               |   |
| 11 00 SPEECH PATHOLOGY   |                          |                |               |   |
| 12 00 MEDICAL SOCIAL SERVICES  |                          |                |               |   |
| 13 00 HOME HEALTH AIDE   |                          |                |               |   |
| 14 00 TOTAL  |                          |                |               |   |

| TOTAL MEDICARE PATIENT SERVICE COST<br>LIMITATION COMPUTATION<br>(EFFECT. FOR PRE 10/1/2000 SERV ONLY) | COST OF MEDICARE SERVICES |                | PART B        |       |
|--|---------------------------|----------------|---------------|-------|
|  | PART A                    | NOT SUBJECT TO | SUBJECT TO    | TOTAL |
|  | 8                         | DEDUCTIBLES &  | DEDUCTIBLES & |       |
|  |                           | COINSURANCE    | COINSURANCE   |       |
|  |                           | 9              | 10            | 11    |
| 8 00 SKILLED NURSING CARE  |                           |                |               |       |
| 9 00 PHYSICAL THERAPY  |                           |                |               |       |
| 10 00 OCCUPATIONAL THERAPY   |                           |                |               |       |
| 11 00 SPEECH PATHOLOGY   |                           |                |               |       |
| 12 00 MEDICAL SOCIAL SERVICES  |                           |                |               |       |
| 13 00 HOME HEALTH AIDE   |                           |                |               |       |
| 14 00 TOTAL  |                           |                |               |       |

(1) COMPUTE THE AVERAGE COST PER VISIT ONE TIME FOR EACH DISCIPLINE (COLUMN 4, LINES 1 THROUGH 6) FOR THE ENTIRE HOME HEALTH AGENCY.

(2) COMPLETE WORKSHEET C, PART II ONCE FOR EACH MSA WHERE MEDICARE COVERED SERVICES WERE FURNISHED DURING THE COST REPORTING PERIOD.

| COST OF SERVICES                          |   | PART B                              |    |
|---|---|-------------------------------------|----|
| NOT SUBJECT TO DEDUCTIONS AND COINSURANCE |   | SUBJECT TO DEDUCTIONS & COINSURANCE |    |
| PART A                                    |   | PNEUM & FLU                         |    |
| 8   | 9 | 9.01                                | 10 |

| MSA/CBSA<br>CODE (3) | 1 | 2 | 3 | 4 | 5 | (COL 1 X 2)<br>6 |
|----------------------|---|---|---|---|---|------------------|
| 0                    |   |   |   |   |   |                  |

|                  |                      | PART B SUBJECT TO DEDUCTIBLES & COINSURANCE  |                              |   |   |   |  |  |
|------------------|----------------------|--|------------------------------|---|---|---|--|--|
|                  |                      | FROM<br>WKST C,<br>PART I,<br>COL 4,<br>LINE | AVERAGE<br>COST<br>PER VISIT | MEDI CARE<br>PRG VISITS<br>FOR SRVS<br>BEFORE<br>1/1/98 | MEDI CARE<br>PRG COST<br>FOR SRVS<br>BEFORE<br>1/1/98 | MEDI CARE<br>PRG VISITS<br>FOR SRVS<br>1/1/98 -<br>12/31/98 | MEDI CARE<br>PRG VISITS<br>FOR SRVS<br>1/1/99 -<br>9/30/00 | MEDI CARE<br>PRG VISITS<br>FOR SRVS<br>ON / AFTER<br>10/1/00 |
| PATIENT SERVICES |                      | 1  | 2                            | 3   | 4   | 5   | 5.01   | 5.02   |
| 25               | PHYSICAL THERAPY     | 2.00   | 143.83                       |   |   |   |  |  |
| 26               | OCCUPATIONAL THERAPY | 3.00   | 167.85                       |   |   |   |  |  |
| 27               | SPEECH PATHOLOGY     | 4.00   | 184.36                       |   |   |   |  |  |
| 28               | TOTAL                |  |                              |   |   |   |  |  |

1728-94 16. 30. 158. 0

| PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES |   |  |  |
|--|---|--|--|
| PART A   |   | PART B   |  |
|  |   | NOT SUBJECT<br>TO DEDUCTIBLES<br>& COINSURANCE | SUBJECT<br>TO DEDUCTIBLES<br>& COINSURANCE |
|  |   | 2  | 3  |
| 1  |   |  |  |
| REASONABLE COST OF TITLE XVIII -   |   |  |  |
| PART A AND PART B SERVICES   |   |  |  |
| 1  | REASONABLE COST OF SERVICES                       |  |  |
| 2  | COST OF SERVICES, RHC & FQHC                      |  |  |
| 3  | SUM OF LINES 1 AND 2                              |  |  |
| 4  | TOTAL CHARGES FOR TITLE XVIII - PART A&B SERVICES |  |  |
| PRE 10/01/2000   |   |  |  |
| 4.01   | TOTAL CHARGES FOR TITLE XVIII - PART A&B SERVICES |  |  |
| POST 9/30/2000   |   |  |  |
| CUSTOMARY CHARGES  |   |  |  |
| 5  | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE    |  |  |
| FOR PAYMENT FOR SERVICES ON A CHARGE BASIS                                 |   |  |  |
| 6  | 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(B)   |   |  |  |
| 7  | RATIO OF LINE 5 TO 6 (NOT TO EXCEED 1.0000)       | 1.000000                                       | 1.000000                                   |
| 8  | TOTAL CUSTOMARY CHARGES - TITLE XVIII             |  |  |
| 9  | EXCESS OF TOTAL CUSTOMARY CHARGES OVER            |  |  |
| TOTAL REASONABLE COST  |   |  |  |
| 10   | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  |  |  |
| 11   | PRIMARY PAYOR AMOUNTS                             |  |  |

PART II - COMPUTATION OF REIMBURSEMENT SETTLEMENT

|   | PART A<br>SERVICES<br>1 | PART B<br>SERVICES<br>2 |
|---|-------------------------|-------------------------|
| 12 TOTAL REASONABLE COST  |                         |                         |
| 12.01 TOTAL PPS PAYMENT - FULL EPISODES W/O OUTLIERS  | 9,155,124               | 1,455,702               |
| 12.02 TOTAL PPS PAYMENT - FULL EPISODES WITH OUTLIERS   | 494,408                 | 59,277                  |
| 12.03 TOTAL PPS PAYMENT - LUPA EPISODES   | 306,785                 | 32,202                  |
| 12.04 TOTAL PPS PAYMENT - PEP ONLY EPISODES   | 76,976                  | 7,345                   |
| 12.05 TOTAL PPS PAYMENT - SCIC WITHIN A PEP EPISODE   |                         |                         |
| 12.06 TOTAL PPS PAYMENT - SCIC ONLY EPISODES  |                         |                         |
| 12.07 TOTAL PPS OUTLIER PAYMENT-FULL EPISODES W OUTLIERS  | 174,174                 | 18,595                  |
| 12.08 TOTAL PPS OUTLIER PAYMENT - PEP ONLY EPISODES   | 1,058                   | 22                      |
| 12.09 TOTAL PPS OUTLIER PAYMENT - SCIC IN A PEP EPISODE   |                         |                         |
| 12.10 TOTAL PPS OUTLIER PAYMENT - SCIC ONLY EPISODES  |                         |                         |
| 12.11 TOTAL OTHER PAYMENTS  |                         |                         |
| 12.12 DME PAYMENT   |                         |                         |
| 12.13 OXYGEN PAYMENT  |                         |                         |
| 12.14 PROSTHETICS AND ORTHOTICS PAYMENT   |                         |                         |
| 13 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS   |                         |                         |
| 14 SUBTOTAL   | 10,208,525              | 1,573,143               |
| 15 EXCESS REASONABLE COST   |                         |                         |
| 16 SUBTOTAL   | 10,208,525              | 1,573,143               |
| 17 COINSURANCE BILLED TO MEDICARE PATIENTS  |                         |                         |
| 18 NET COST   | 10,208,525              | 1,573,143               |
| 19 REIMBURSABLE BAD DEBTS   |                         |                         |
| 20 PNEUMOCOCCAL VACCINE   |                         |                         |
| 21 TOTAL COSTS - CURRENT COST REPORTING PERIOD  | 10,208,525              | 1,573,143               |
| 22 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS<br>RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS             |                         |                         |
| 23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM<br>AGENCIES' TERMINATION OR DECREASE IN MEDICARE<br>UTILIZATION     |                         |                         |
| 24 UNREFUNDED CHARGES TO BENEFICIARIES FOR EXCESS<br>COSTS ERRONEOUSLY COLLECTED BASED ON CORRECTION<br>OF COST LIMIT |                         |                         |
| 25 TOTAL COST BEFORE SEQUESTRATION  | 10,208,525              | 1,573,143               |
| 25.50 OTHER ADJUSTMENTS (SPECIFY)   |                         |                         |
| 26 SEQUESTRATION ADJUSTMENT   | 204,049                 | 31,464                  |
| 27 AMOUNT REIMBURSABLE AFTER SEQUESTRATION ADJUSTMENT   | 10,004,476              | 1,541,679               |
| 28 TOTAL INTERIM PAYMENTS   | 9,998,428               | 1,541,680               |
| 28.50 TENTATIVE SETTLEMENT  |                         |                         |
| 29 BALANCE DUE HHA/MEDICARE PROGRAM   | 6,048                   | -1                      |
| 30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)<br>IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2              |                         |                         |
| 31 BALANCE DUE PROVIDER/MEDICARE PROGRAM  | 6,048                   | -1                      |

| DESCRIPTION  | PART A                   |             | PART B          |             |
|--|--------------------------|-------------|-----------------|-------------|
|  | MM/DD/YYYY<br>1          | AMOUNT<br>2 | MM/DD/YYYY<br>3 | AMOUNT<br>4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  |                          | 9, 998, 428 |                 | 1, 541, 680 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS<br>EITHER SUBMITTED OR TO BE SUBMITTED TO THE<br>CONTRACTOR FOR SERVICES RENDERED IN THE COST<br>REPORTING PERIOD. IF NONE, WRITE "NONE".   |                          | NONE        |                 | NONE        |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT<br>AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM<br>RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE<br>OF EACH PAYMENT.<br>IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) |                          |             |                 |             |
| PROGRAM TO PROVIDER  | . 01                     |             |                 |             |
|  | . 02                     |             |                 |             |
|  | . 03                     |             |                 |             |
|  | . 04                     |             |                 |             |
|  | . 05                     |             |                 |             |
| PROVIDER TO PROGRAM  | . 50                     |             |                 |             |
|  | . 51                     |             |                 |             |
|  | . 52                     |             |                 |             |
|  | . 53                     |             |                 |             |
|  | . 54                     |             |                 |             |
| SUBTOTAL   | . 99                     | NONE        |                 | NONE        |
| 4 TOTAL INTERIM PAYMENTS   |                          | 9, 998, 428 |                 | 1, 541, 680 |
| TO BE COMPLETED BY CONTRACTOR  |                          |             |                 |             |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT AFTER DESK<br>REVIEW. ALSO SHOW DATE OF EACH PAYMENT.<br>IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)  |                          |             |                 |             |
| PROGRAM TO PROVIDER  | . 01                     |             |                 |             |
|  | . 02                     |             |                 |             |
|  | . 03                     |             |                 |             |
| PROVIDER TO PROGRAM  | . 50                     |             |                 |             |
|  | . 51                     |             |                 |             |
|  | . 52                     |             |                 |             |
| SUBTOTAL   | . 99                     | NONE        |                 | NONE        |
| 6 DETERMINED NET SETTLEMENT  | PROGRAM TO PROVIDER . 01 |             |                 |             |
| AMOUNT (BALANCE DUE)   | PROVIDER TO PROGRAM . 02 |             |                 |             |
| BASED ON COST REPORT   |                          |             |                 |             |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |                          |             |                 |             |

NAME OF CONTRACTOR:  
CONTRACTOR 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.

| LINE NO | GENERAL FUND                             | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|---------|--|-----------------------|----------------|------------|
|         | 1 & 2                                    | 3 & 4                 | 5 & 6          | 7 & 8      |
| 1       | FUND BALANCES AT BEG OF PERIOD OF PERIOD |                       |                |            |
| 2       | NET INCOME (LOSS)                        |                       |                |            |
| 3       | TOTAL (SUM OF LINES 1 & 2)               |                       |                |            |
| 4       | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) |                       |                |            |
| 5       | ADDITIONS(CR ADJUSTMENT)                 |                       |                |            |
| 6       |  |                       |                |            |
| 7       |  |                       |                |            |
| 8       |  |                       |                |            |
| 9       | TOTAL ADDITIONS                          |                       |                |            |
| 10      | SUBTOTAL (LINE 3 PLUS LINE 9)            |                       |                |            |
| 11      | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) |                       |                |            |
| 12      | DEDUCTIONS (DR ADJUSTMENTS)              |                       |                |            |
| 13      |  |                       |                |            |
| 14      |  |                       |                |            |
| 15      |  |                       |                |            |
| 16      | TOTAL DEDUCTIONS                         |                       |                |            |
| 17      | FUND BALANCE AT END OF PERIOD            |                       |                |            |
|         | PER BALANCE SHEET                        |                       |                |            |