

ANALYSIS OF SNF-BASED RHC/FQHC COSTS	PROVIDER CCN:  RHC/FQHC CCN:	PERIOD : FROM _____ TO _____	WORKSHEET I-1
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Check applicable box:  RHC  FQHC

	COMPEN- SATION	OTHER COSTS	TOTAL ( col. 1 + col. 2 )	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE ( col. 3 +/- col. 4 )	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION ( col. 5 +/- col.6 )
	1	2	3	4	5	6	7
<b>HEALTH CARE STAFF COSTS</b>							
1	Physician						1
2	Physician Assistant						2
3	Nurse Practitioner						3
4	Visiting Nurse						4
5	Other Nurse						5
6	Clinical Psychologist						6
7	Clinical Social Worker						7
8	Laboratory Technician						8
9	Other health care staff costs						9
10	Subtotal (sum of lines 1 - 9)						10
<b>COSTS UNDER AGREEMENT</b>							
11	Physician Services Under Agreement						11
12	Physician Supervision Under Agreement						12
13	Other costs under agreement						13
14	Subtotal (sum of lines 11 - 13)						14
<b>OTHER HEALTH CARE COSTS</b>							
15	Medical Supplies						15
16	Transportation (Health Care Staff)						16
17	Depreciation - Medical Equipment						17
18	Professional Liability Insurance						18
19	Other health care costs						19
21	Subtotal (sum of lines 15 - 19)						21
22	Total cost of health care services (sum of lines 10, 14, and 21)						22
<b>COSTS OTHER THAN RHC / FQHC SERVICES</b>							
23	Pharmacy						23
24	Dental						24
25	Optometry						25
26	All other non reimbursable costs						26
28	Total nonreimbursable costs (sum of lines 23 - 26)						28
<b>RHC/FQHC OVERHEAD</b>							
29	RHC/FQHC costs						29
30	Administrative costs						30
31	Total RHC/FQHC overhead (sum of lines 29-30)						31
32	Total RHC/FQHC costs (sum of lines 22, 28 and 31)						32

\* The net expenses for cost allocation on Worksheet A for the RHC/FQHC cost center line must equal the total RHC/FQHC costs in column 7, line 32 of this worksheet.