

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0042		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 13:02

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 GOOD SAMARITAN HOSPITAL 15-0042

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A	2	B	3	4
1	HOSPITAL	0	-167,435		101,002	0
2	SUBPROVIDER	0	56,344		0	0
2 .01	SUBPROVIDER II	0	-45,398		0	0
100	TOTAL	0	-156,489		101,002	0

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

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

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

MULTI CAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 3/31/2009

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0042
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		172				15,329	1,126
2 HMO							1,764
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		172				15,329	1,126
6 INTENSIVE CARE UNIT		20				2,065	52
11 NURSERY							
12 TOTAL		192				17,394	1,178
13 RPCH VISITS							
14 SUBPROVIDER		22				1,659	705
14 01 REHAB UNIT		18				5,179	87
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL		232					
26 OBSERVATION BED DAYS							977
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	/ TRIPS OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			23,072				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			23,072				
6 INTENSIVE CARE UNIT			3,476				
11 NURSERY			1,104				
12 TOTAL			27,652				
13 RPCH VISITS							
14 SUBPROVIDER			3,890				
14 01 REHAB UNIT			6,164				
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	159	818	3,741	1,268	2,473		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,761	895	6,620
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,301.89			3,761	895	6,620
13 RPCH VISITS							
14 SUBPROVIDER		14.12			234	148	760
14 01 REHAB UNIT		42.98			434	2	508
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL		1,358.99					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	60,437,920		60,437,920	2,826,705.00	21.38	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	6,919,559	2,549,727	9,469,286	412,283.00	22.97	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	255,192		255,192	4,522.65	56.43	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	15,487,585		15,487,585			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,877,866		2,877,866			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,721,340		2,721,340	190,951.14	14.25	
22 ADMINISTRATIVE & GENERAL	4,188,085	813,743	5,001,828	202,690.52	24.68	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,765,059	162,749	1,927,808	107,313.99	17.96	
25 LAUNDRY & LINEN SERVICE	177,504		177,504	17,443.18	10.18	
26 HOUSEKEEPING	1,665,994		1,665,994	143,412.36	11.62	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,018,426		1,018,426	91,237.53	11.16	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	55,401		55,401	5,560.19	9.96	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,234,467	54,250	1,288,717	39,719.47	32.45	
31 CENTRAL SERVICE AND SUPPLY	432,318		432,318	34,183.55	12.65	
32 PHARMACY	2,261,614		2,261,614	72,683.65	31.12	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,526,960		2,526,960	137,466.51	18.38	
34 SOCIAL SERVICE	5,444,789	-3,580,469	1,864,320	90,792.03	20.53	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	60,437,920		60,437,920	2,826,705.00	21.38	
2 EXCLUDED AREA SALARIES	6,919,559	2,549,727	9,469,286	412,283.00	22.97	
3 SUBTOTAL SALARIES	53,518,361	-2,549,727	50,968,634	2,414,422.00	21.11	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	255,192		255,192	4,522.65	56.43	
5 SUBTOTAL WAGE-RELATED COSTS	15,487,585		15,487,585		30.39	
6 TOTAL	69,261,138	-2,549,727	66,711,411	2,418,944.65	27.58	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	23,491,957	-2,549,727	20,942,230	1,133,454.12	18.48	

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET S-9
15-1526		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	8,569			
3 INPATIENT RESPIRE CARE	46			
4 GENERAL INPATIENT CARE	45			
5 TOTAL HOSPICE DAYS	8,660			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE		8,569
3 INPATIENT RESPIRE CARE		46
4 GENERAL INPATIENT CARE		45
5 TOTAL HOSPICE DAYS		8,660

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	104			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	83.27			
9 UNDUPLICATED CENSUS COUNT	104			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		104
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		83.27
9 UNDUPLICATED CENSUS COUNT		104

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

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

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

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .453281
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0042

PERIOD: FROM 1/1/2008 TO 12/31/2008

PREPARED 5/28/2009 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CRC - CT EAST				814,672	814,672
3.02	0302 NEW CRC- CT WEST				974,918	974,918
3.03	0303 NEW CRC- MEMORIAL				292,958	292,958
3.04	0304 NEW CRC - OUTPATIENT				401,715	401,715
3.05	0305 NEW CRD - HEALTH PAVILION				1,225,954	1,225,954
3.06	0306 NEW CRC - STORAGE				980	980
3.07	0307 NEW CRC - DIAGNOSTIC CENTER				369,159	369,159
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
4.01	0401 NEW CRC - EQUIPMENT		3,623,511	3,623,511	2,445,138	6,068,649
4.02	0402 NEW CRC - HEALTH PAVILION				1,405,778	1,405,778
5	0500 EMPLOYEE BENEFITS	500,496	1,316,139	1,816,635	17,465,673	19,282,308
5.01	0501 COMMUNICATIONS	212,113	116,519	328,632	-72,548	256,084
5.02	0502 PURCHASING & RECEIVING	483,260	299,091	782,351	-186,351	596,000
5.03	0503 REGISTRATION	476,222	252,887	729,109	-206,347	522,762
5.04	0504 PATIENT ACCOUNTS	1,049,249	1,056,364	2,105,613	-402,944	1,702,669
6	0600 ADMINISTRATIVE & GENERAL	4,188,085	8,926,960	13,115,045	-1,969,187	11,145,858
8	0800 OPERATION OF PLANT	1,765,059	4,136,515	5,901,574	-410,869	5,490,705
9	0900 LAUNDRY & LINEN SERVICE	177,504	232,935	410,439	-126,089	284,350
10	1000 HOUSEKEEPING	1,665,994	855,288	2,521,282	-616,648	1,904,634
11	1100 DIETARY	1,018,426	1,821,035	2,839,461	-408,108	2,431,353
12	1200 CAFETERIA	55,401	371,069	426,470	-26,985	399,485
14	1400 NURSING ADMINISTRATION	1,234,467	611,014	1,845,481	-294,901	1,550,580
15	1500 CENTRAL SERVICES & SUPPLY	432,318	717,789	1,150,107	-549,896	600,211
16	1600 PHARMACY	2,261,614	8,000,007	10,261,621	-7,638,013	2,623,608
17	1700 MEDICAL RECORDS & LIBRARY	2,526,960	1,340,318	3,867,278	-768,271	3,099,007
18	1800 SOCIAL SERVICE					
18.01	1801 MENTAL HEALTH OVERHEAD	5,444,789	3,120,917	8,565,706	-6,973,300	1,592,406
24	2400 PARAMED ED PRGM	162,867	70,486	233,353	-50,566	182,787
24.01	2401 PARAMED ED PRGM-LAB	21,179	2,976	24,155	-3,537	20,618
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,777,538	3,213,111	10,990,649	-2,580,828	8,409,821
26	2600 INTENSIVE CARE UNIT	1,817,486	650,200	2,467,686	-520,705	1,946,981
31	3100 SUBPROVIDER				879,138	879,138
31.01	3101 REHAB UNIT	1,582,705	1,328,957	2,911,662	-449,650	2,462,012
33	3300 NURSERY	300,324	126,046	426,370	-108,135	318,235
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,874,797	6,122,603	7,997,400	-4,531,842	3,465,558
38	3800 RECOVERY ROOM	516,942	170,030	686,972	-151,954	535,018
38.01	3801 ENDOSCOPY	844,740	877,469	1,722,209	-388,423	1,333,786
39	3900 DELIVERY ROOM & LABOR ROOM	433,029	244,655	677,684	-151,893	525,791
40	4000 ANESTHESIOLOGY	1,349,760	1,319,018	2,668,778	-281,078	2,387,700
41	4100 RADIOLOGY-DIAGNOSTIC	3,470,012	4,861,670	8,331,682	-2,931,904	5,399,778
41.01	4101 RADIOLOGY-MONROE CITY	50,473	31,660	82,133	-14,142	67,991
41.02	4102 RADIOLOGY-PETERSBURG		41	41		41
41.03	4103 RADIOLOGY-BICKNELL	45,066	29,039	74,105	-9,968	64,137
41.04	4104 RADIOLOGY-MRI	320,034	245,648	565,682	-196,386	369,296
41.05	4105 RADIOLOGY-ULTRASOUND	215,149	154,777	369,926	-135,496	234,430
41.06	4106 RADIOLOGY-PETERSBURG AMBER MANOR	66,689	38,847	105,536	-27,904	77,632
41.07	4107 RADIOLOGY-ORTHOPEDIC ASSOCIATES	206		206		206
41.08	4108 RADIOLOGY-GSH BREAST CENTER	229,960	190,545	420,505	-174,545	245,960
44	4400 LABORATORY	2,096,600	4,442,097	6,538,697	-833,461	5,705,236
44.01	4401 LABORATORY-SATELLITE	291,329	325,837	617,166	-110,327	506,839
49	4900 RESPIRATORY THERAPY	1,708,887	807,369	2,516,256	-564,528	1,951,728
50	5000 PHYSICAL THERAPY	1,770,488	946,017	2,716,505	-511,984	2,204,521
53	5300 ELECTROCARDIOLOGY	1,348,155	3,671,133	5,019,288	-2,571,755	2,447,533
54	5400 ELECTROENCEPHALOGRAPHY					
54.01	5401 NEURODIAGNOSTICS	226,862	158,148	385,010	-112,197	272,813
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				7,808,623	7,808,623
56	5600 DRUGS CHARGED TO PATIENTS				6,939,105	6,939,105
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)	774,341	2,527,969	3,302,310	-2,039,143	1,263,167
59	3020 MH ANCILLARY OUTPATIENT					
59.01	3021 INPATIENT RENAL DIALYSIS		541,751	541,751	-69,467	472,284
59.02	3022 ACUPUNCTURE					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	232,698	99,818	332,516	-74,140	258,376
61	6100 EMERGENCY	2,224,253	5,032,236	7,256,489	-695,458	6,561,031
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED	40,586	509,345	549,931	-28,199	521,732
71	7100 HOME HEALTH AGENCY	21,779	97,732	119,511	-24,539	94,972
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,318,050	1,318,050	-1,318,050	
93	9300 HOSPICE	561,493	632,935	1,194,428	-174,577	1,019,851
95	SUBTOTALS	55,868,384	77,586,573	133,454,957	-1,463,427	131,991,530
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	2,951,843	2,310,203	5,262,046	-734,831	4,527,215
100	7950 COMMUNITY HEALTH SERVICES	120,797	95,588	216,385	-36,410	179,975
100.01	7951 WORK FITNESS		746	746	-302	444
100.02	7952 MARKETING AND PUBLIC RELATIONS	141,549	864,092	1,005,641	-66,282	939,359
100.03	7953 MH RESIDENTIAL	797,472	522,876	1,320,348	-339,573	980,775
100.04	7954 UNUSED SPACE					
100.05	7955 MOB	495,271	313,259	808,530	-227,304	581,226
100.06	7956 FOUNDATION	62,604	147,399	210,003	-9,049	200,954

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0042
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
100.07 7957	KNOX COUNTY HEALTH DEPT					
100.08 7958	INDUSTRIAL HEALTH		4,160	4,160		4,160
100.09 7959	NRCC				2,877,178	2,877,178
101	TOTAL	60,437,920	81,844,896	142,282,816	-0-	142,282,816

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0042 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		
3.01	0301 NEW CRC - CT EAST	-17,825	796,847
3.02	0302 NEW CRC- CT WEST	-35,707	939,211
3.03	0303 NEW CRC- MEMORIAL		292,958
3.04	0304 NEW CRC - OUTPATIENT		401,715
3.05	0305 NEW CRD - HEALTH PAVILION		1,225,954
3.06	0306 NEW CRC - STORAGE		980
3.07	0307 NEW CRC - DIAGNOSTIC CENTER	-40,936	328,223
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
4.01	0401 NEW CRC - EQUIPMENT	-801,884	5,266,765
4.02	0402 NEW CRC - HEALTH PAVILION	-493,888	911,890
5	0500 EMPLOYEE BENEFITS	-148,949	19,133,359
5.01	0501 COMMUNICATIONS	-10,872	245,212
5.02	0502 PURCHASING & RECEIVING	-30,762	565,238
5.03	0503 REGISTRATION		522,762
5.04	0504 PATIENT ACCOUNTS	-93,809	1,608,860
6	0600 ADMINISTRATIVE & GENERAL	-205,510	10,940,348
8	0800 OPERATION OF PLANT		5,490,705
9	0900 LAUNDRY & LINEN SERVICE		284,350
10	1000 HOUSEKEEPING	-35,070	1,869,564
11	1100 DIETARY		2,431,353
12	1200 CAFETERIA	-399,485	
14	1400 NURSING ADMINISTRATION	-6,658	1,543,922
15	1500 CENTRAL SERVICES & SUPPLY		600,211
16	1600 PHARMACY		2,623,608
17	1700 MEDICAL RECORDS & LIBRARY	-81,033	3,017,974
18	1800 SOCIAL SERVICE		
18.01	1801 MENTAL HEALTH OVERHEAD	-738,967	853,439
24	2400 PARAMED PRGM	-62,110	120,677
24.01	2401 PARAMED PRGM-LAB		20,618
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		8,409,821
26	2600 INTENSIVE CARE UNIT		1,946,981
31	3100 SUBPROVIDER		879,138
31.01	3101 REHAB UNIT		2,462,012
33	3300 NURSERY		318,235
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		3,465,558
38	3800 RECOVERY ROOM		535,018
38.01	3801 ENDOSCOPY		1,333,786
39	3900 DELIVERY ROOM & LABOR ROOM		525,791
40	4000 ANESTHESIOLOGY	-1,686,359	701,341
41	4100 RADIOLOGY-DIAGNOSTIC	-28,397	5,371,381
41.01	4101 RADIOLOGY-MONROE CITY		67,991
41.02	4102 RADIOLOGY-PETERSBURG		41
41.03	4103 RADIOLOGY-BICKNELL		64,137
41.04	4104 RADIOLOGY-MRI		369,296
41.05	4105 RADIOLOGY-ULTRASOUND		234,430
41.06	4106 RADIOLOGY-PETERSBURG AMBER MANOR		77,632
41.07	4107 RADIOLOGY-ORTHOPEDIC ASSOCIATES		206
41.08	4108 RADIOLOGY-GSH BREAST CENTER		245,960
44	4400 LABORATORY		5,705,236
44.01	4401 LABORATORY-SATELLITE		506,839
49	4900 RESPIRATORY THERAPY	-14,015	1,937,713
50	5000 PHYSICAL THERAPY	-7,333	2,197,188
53	5300 ELECTROCARDIOLOGY		2,447,533
54	5400 ELECTROENCEPHALOGRAPHY		
54.01	5401 NEURODIAGNOSTICS		272,813
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,808,623
56	5600 DRUGS CHARGED TO PATIENTS	-136,339	6,802,766
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		1,263,167
59	3020 MH ANCILLARY OUTPATIENT		
59.01	3021 INPATIENT RENAL DIALYSIS	-175,809	296,475
59.02	3022 ACUPUNCTURE		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		258,376
61	6100 EMERGENCY		6,561,031
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED		521,732
71	7100 HOME HEALTH AGENCY	-94,972	
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE		1,019,851
95	SUBTOTALS	-5,346,689	126,644,841
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		4,527,215
100	7950 COMMUNITY HEALTH SERVICES		179,975
100.01	7951 WORK FITNESS		444
100.02	7952 MARKETING AND PUBLIC RELATIONS		939,359
100.03	7953 MH RESIDENTIAL		980,775
100.04	7954 UNUSED SPACE		
100.05	7955 MOB		581,226
100.06	7956 FOUNDATION		200,954

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	NONREIMBURS COST CENTERS	6	7
100.07 7957	KNOX COUNTY HEALTH DEPT		
100.08 7958	INDUSTRIAL HEALTH		4,160
100.09 7959	NRCC		2,877,178
101	TOTAL	-5,346,689	136,936,127

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CRC - CT EAST	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CRC- CT WEST	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CRC- MEMORIAL	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CRC - OUTPATIENT	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CRD - HEALTH PAVILION	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CRC - STORAGE	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CRC - DIAGNOSTIC CENTER	0307	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CRC - EQUIPMENT	0401	NEW CAP REL COSTS-MVBLE EQUIP
4.02	NEW CRC - HEALTH PAVILION	0402	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
5.01	COMMUNICATIONS	0501	EMPLOYEE BENEFITS
5.02	PURCHASING & RECEIVING	0502	EMPLOYEE BENEFITS
5.03	REGISTRATION	0503	EMPLOYEE BENEFITS
5.04	PATIENT ACCOUNTS	0504	EMPLOYEE BENEFITS
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
18.01	MENTAL HEALTH OVERHEAD	1801	SOCIAL SERVICE
24	PARAMED PRGM	2400	
24.01	PARAMED PRGM-LAB	2401	PARAMED PRGM
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	REHAB UNIT	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
38.01	ENDOSCOPY	3801	RECOVERY ROOM
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIOLOGY-MONROE CITY	4101	RADIOLOGY-DIAGNOSTIC
41.02	RADIOLOGY-PETERSBURG	4102	RADIOLOGY-DIAGNOSTIC
41.03	RADIOLOGY-BICKNELL	4103	RADIOLOGY-DIAGNOSTIC
41.04	RADIOLOGY-MRI	4104	RADIOLOGY-DIAGNOSTIC
41.05	RADIOLOGY-ULTRASOUND	4105	RADIOLOGY-DIAGNOSTIC
41.06	RADIOLOGY-PETERSBURG AMBER MANOR	4106	RADIOLOGY-DIAGNOSTIC
41.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	4107	RADIOLOGY-DIAGNOSTIC
41.08	RADIOLOGY-GSH BREAST CENTER	4108	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
44.01	LABORATORY-SATELLITE	4401	LABORATORY
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	NEURODIAGNOSTICS	5401	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	MH ANCILLARY OUTPATIENT	3020	ACUPUNCTURE
59.01	INPATIENT RENAL DIALYSIS	3021	ACUPUNCTURE
59.02	ACUPUNCTURE	3022	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	COMMUNITY HEALTH SERVICES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	WORK FITNESS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING AND PUBLIC RELATIONS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MH RESIDENTIAL	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	UNUSED SPACE	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	MOB	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	FOUNDATION	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	KNOX COUNTY HEALTH DEPT	7957	OTHER NONREIMBURSABLE COST CENTERS

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0042	FROM 1/ 1/2008	NOT A CMS WORKSHEET
	TO 12/31/2008	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100.08	INDUSTRIAL HEALTH	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	NRCC	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150042

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		6,939,105
2 MEDICAL SUPPLIES CHARGED TO PATIENTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		7,808,623
3		PHARMACY	16		28
4					
5					
6					
7					
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30					
31 EMPLOYEE BENEFITS	C	EMPLOYEE BENEFITS	5		17,470,102
32					
33					
34					
35					

1 EMPLOYEE BENEFITS	C				
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RECLASSIFICATIONS

PROVIDER NO:
150042

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 EMPLOYEE BENEFITS	C				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 RECLASS INTEREST EXPENSE	D	NEW CRC - CT EAST	3.01		17,395
13		NEW CRC - CT WEST	3.02		34,846
14		NEW CRC - DIAGNOSTIC CENTER	3.07		39,949
15		NEW CRC - EQUIPMENT	4.01		769,301
16		NEW CRC - HEALTH PAVILION	4.02		456,559
17					
18 RECLASS DEPRECIATION	E	NEW CRC - EQUIPMENT	4.01		6,355,429
19					
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21					
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1 RECLASS DEPRECIATION	E				
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30					
31					
32					
33		NEW CRC - CT EAST	3.01		793,632
34		NEW CRC - CT WEST	3.02		932,762
35		NEW CRC - MEMORIAL	3.03		292,958

RECLASSIFICATIONS

PROVIDER NO:
150042

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	INCREASE			
		COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS DEPRECIATION	E	NEW CRC - OUTPATIENT	3.04		401,715
2		NEW CRD - HEALTH PAVILION	3.05		1,225,954
3		NEW CRC - STORAGE	3.06		980
4		NEW CRC - DIAGNOSTIC CENTER	3.07		329,210
5					
6		NEW CRC - HEALTH PAVILION	4.02		853,399
7 RECLASS BOND ISSUANCE COSTS	F	NEW CRC - CT EAST	3.01		3,645
8		NEW CRC - CT WEST	3.02		7,310
9		NEW CRC - HEALTH PAVILION	4.02		95,820
10					
11					
12 RECLASS INSURANCE EXPENSE	G	NEW CRC - EQUIPMENT	4.01		255,588
13					
14 RECLASS MH OVERHEAD	H	ADMINISTRATIVE & GENERAL	6	813,743	385,082
15		OPERATION OF PLANT	8	162,749	77,016
16		NURSING ADMINISTRATION	14	54,250	25,672
17		SUBPROVIDER	31	596,745	282,393
18		NRCC	100.09	1,952,982	924,196
19					
36 TOTAL RECLASSIFICATIONS				3,580,469	46,778,669

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
150042

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16			6,939,105	
2 MEDICAL SUPPLIES CHARGED TO PATIENTS	B	EMPLOYEE BENEFITS	5			27	
3		NURSING ADMINISTRATION	14			146	
4		CENTRAL SERVICES & SUPPLY	15			313,725	
5		ADULTS & PEDIATRICS	25			21,575	
6		INTENSIVE CARE UNIT	26			2,296	
7		REHAB UNIT	31.01			3,441	
8		NURSERY	33			8,657	
9		OPERATING ROOM	37			3,504,228	
10		RECOVERY ROOM	38			8,290	
11		ENDOSCOPY	38.01			51,331	
12		DELIVERY ROOM & LABOR ROOM	39			25,552	
13		ANESTHESIOLOGY	40			4,362	
14		RADIOLOGY-DIAGNOSTIC	41			660,468	
15		RADIOLOGY-MRI	41.04			67,267	
16		RADIOLOGY-ULTRASOUND	41.05			49,225	
17		RADIOLOGY-GSH BREAST CENTER	41.08			3	
18		LABORATORY	44			70	
19		LABORATORY-SATELLITE	44.01			111	
20		RESPIRATORY THERAPY	49			65	
21		PHYSICAL THERAPY	50			13,884	
22		ELECTROCARDIOLOGY	53			1,650,339	
23		INPATIENT RENAL DIALYSIS	59.01			113	
24		ASC (NON-DISTINCT PART)	58			1,384,377	
25		CLINIC	60			765	
26		EMERGENCY	61			5,473	
27		DURABLE MEDICAL EQUIP-RENTED	66			11,079	
28		HOSPICE	93			5,523	
29		PHYSICIANS' PRIVATE OFFICES	98			15,957	
30		WORK FITNESS	100.01			302	
31 EMPLOYEE BENEFITS	C	COMMUNICATIONS	5.01			72,529	
32		PURCHASING & RECEIVING	5.02			183,130	
33		REGISTRATION	5.03			200,895	
34		PATIENT ACCOUNTS	5.04			395,727	
35		ADMINISTRATIVE & GENERAL	6			1,204,506	
1 EMPLOYEE BENEFITS	C	OPERATION OF PLANT	8			547,156	
2		LAUNDRY & LINEN SERVICE	9			82,397	
3		HOUSEKEEPING	10			591,666	
4		DIETARY	11			379,626	
5		CAFETERIA	12			26,934	
6		NURSING ADMINISTRATION	14			308,412	
7		CENTRAL SERVICES & SUPPLY	15			162,228	
8		PHARMACY	16			564,497	
9		MEDICAL RECORDS & LIBRARY	17			742,667	
10		MENTAL HEALTH OVERHEAD	18.01			1,479,732	
11		PARAMED PRGM	24			50,297	
12		PARAMED PRGM-LAB	24.01			1,634	
13		ADULTS & PEDIATRICS	25			2,388,230	
14		INTENSIVE CARE UNIT	26			485,963	
15		REHAB UNIT	31.01			426,720	
16		NURSERY	33			90,440	
17		OPERATING ROOM	37			568,957	
18		RECOVERY ROOM	38			139,364	
19		ENDOSCOPY	38.01			247,819	
20		DELIVERY ROOM & LABOR ROOM	39			104,298	
21		ANESTHESIOLOGY	40			224,411	
22		RADIOLOGY-DIAGNOSTIC	41			1,032,631	
23		RADIOLOGY-MONROE CITY	41.01			14,142	
24		RADIOLOGY-BICKNELL	41.03			8,259	
25		RADIOLOGY-MRI	41.04			99,370	
26		RADIOLOGY-ULTRASOUND	41.05			47,216	
27		RADIOLOGY-PETERSBURG AMBER MANOR	41.06			27,904	
28		RADIOLOGY-GSH BREAST CENTER	41.08			71,487	
29		LABORATORY	44			610,438	
30		LABORATORY-SATELLITE	44.01			104,844	
31		RESPIRATORY THERAPY	49			482,940	
32		PHYSICAL THERAPY	50			485,514	
33		ELECTROCARDIOLOGY	53			402,138	
34		NEURODIAGNOSTICS	54.01			84,515	
35		ASC (NON-DISTINCT PART)	58			262,843	

RECLASSIFICATIONS

PROVIDER NO:
150042

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6
CONTD

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 EMPLOYEE BENEFITS	C	CLINIC	60		72,659	
2		EMERGENCY	61		615,522	
3		DURABLE MEDICAL EQUIP-RENTED	66		17,120	
4		HOME HEALTH AGENCY	71		14,587	
5		HOSPICE	93		162,170	
6		PHYSICIANS' PRIVATE OFFICES	98		629,170	
7		COMMUNITY HEALTH SERVICES	100		35,575	
8		MARKETING AND PUBLIC RELATIONS	100.02		58,696	
9		MH RESIDENTIAL	100.03		318,051	
10		MOB	100.05		133,027	
11		FOUNDATION	100.06		9,049	
12 RECLASS INTEREST EXPENSE	D					11
13						11
14						11
15						11
16						11
17 RECLASS DEPRECIATION	E	INTEREST EXPENSE	88		1,318,050	9
18		EMPLOYEE BENEFITS	5		4,402	
19		COMMUNICATIONS	5.01		19	
20		PURCHASING & RECEIVING	5.02		3,221	
21		REGISTRATION	5.03		5,452	
22		PATIENT ACCOUNTS	5.04		7,217	
23		ADMINISTRATIVE & GENERAL	6		1,704,967	
24		OPERATION OF PLANT	8		103,478	
25		LAUNDRY & LINEN SERVICE	9		43,692	
26		HOUSEKEEPING	10		24,982	
27		DIETARY	11		28,482	
28		CAFETERIA	12		51	
29		NURSING ADMINISTRATION	14		66,265	
30		CENTRAL SERVICES & SUPPLY	15		73,943	
31		PHARMACY	16		134,439	
32		MEDICAL RECORDS & LIBRARY	17		25,604	
33		MENTAL HEALTH OVERHEAD	18.01		218,740	
34		PARAMED ED PRGM	24		269	
35						
1 RECLASS DEPRECIATION	E	PARAMED ED PRGM-LAB	24.01		1,903	
2		ADULTS & PEDIATRICS	25		171,023	
3		INTENSIVE CARE UNIT	26		32,446	
4		REHAB UNIT	31.01		19,489	
5		NURSERY	33		9,038	
6		OPERATING ROOM	37		458,657	
7		RECOVERY ROOM	38		4,300	
8		ENDOSCOPY	38.01		89,273	
9		DELIVERY ROOM & LABOR ROOM	39		22,043	
10		ANESTHESIOLOGY	40		52,305	
11		RADIOLOGY-DIAGNOSTIC	41		1,238,805	
12		RADIOLOGY-BICKNELL	41.03		1,709	
13		RADIOLOGY-MRI	41.04		29,749	
14		RADIOLOGY-ULTRASOUND	41.05		39,055	
15		RADIOLOGY-GSH BREAST CENTER	41.08		103,055	
16		LABORATORY	44		222,953	
17		LABORATORY-SATELLITE	44.01		5,372	
18		RESPIRATORY THERAPY	49		81,523	
19		PHYSICAL THERAPY	50		12,586	
20		ELECTROCARDIOLOGY	53		519,278	
21		NEURODIAGNOSTICS	54.01		27,682	
22		INPATIENT RENAL DIALYSIS	59.01		69,354	
23		ASC (NON-DISTINCT PART)	58		391,923	
24		CLINIC	60		716	
25		EMERGENCY	61		74,463	
26		HOME HEALTH AGENCY	71		9,952	
27		HOSPICE	93		6,884	
28		PHYSICIANS' PRIVATE OFFICES	98		89,704	
29		COMMUNITY HEALTH SERVICES	100		835	
30		MARKETING AND PUBLIC RELATIONS	100.02		7,586	
31		MH RESIDENTIAL	100.03		21,522	
32		MOB	100.05		94,277	
33						9
34						9
35						9

RECLASSIFICATIONS

PROVIDER NO:
150042

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER	LINE NO	SALARY	OTHER	
1 RECLASS DEPRECIATION	E	6	7	8	9	9
2						9
3						9
4						9
5 NEW CRC - EQUIPMENT			4.01		4,831,356	9
6						9
7 RECLASS BOND ISSUANCE COSTS	F					14
8						14
9						14
10 ADMINISTRATIVE & GENERAL			6		2,951	14
11 NEW CRC - EQUIPMENT			4.01		103,824	14
12 RECLASS INSURANCE EXPENSE	G					12
13 ADMINISTRATIVE & GENERAL			6		255,588	
14 RECLASS MH OVERHEAD	H					
15						
16						
17						
18						
19 MENTAL HEALTH OVERHEAD			18.01	3,580,469	1,694,359	
36 TOTAL RECLASSIFICATIONS				3,580,469	46,778,669	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
150042

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	6,939,105	PHARMACY	16	6,939,105	
TOTAL RECLASSIFICATIONS FOR CODE A			6,939,105				

RECLASS CODE: B
EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,808,623	EMPLOYEE BENEFITS	5	27	
2.00	PHARMACY	16	28	NURSING ADMINISTRATION	14	146	
3.00			0	CENTRAL SERVICES & SUPPLY	15	313,725	
5.00			0	ADULTS & PEDIATRICS	25	21,575	
6.00			0	INTENSIVE CARE UNIT	26	2,296	
7.00			0	REHAB UNIT	31.01	3,441	
8.00			0	NURSERY	33	8,657	
9.00			0	OPERATING ROOM	37	3,504,228	
10.00			0	RECOVERY ROOM	38	8,290	
11.00			0	ENDOSCOPY	38.01	51,331	
12.00			0	DELIVERY ROOM & LABOR ROOM	39	25,552	
13.00			0	ANESTHESIOLOGY	40	4,362	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	660,468	
15.00			0	RADIOLOGY-MRI	41.04	67,267	
16.00			0	RADIOLOGY-ULTRASOUND	41.05	49,225	
17.00			0	RADIOLOGY-GSH BREAST CENTER	41.08	3	
18.00			0	LABORATORY	44	70	
19.00			0	LABORATORY-SATELLITE	44.01	111	
20.00			0	RESPIRATORY THERAPY	49	65	
21.00			0	PHYSICAL THERAPY	50	13,884	
22.00			0	ELECTROCARDIOLOGY	53	1,650,339	
24.00			0	INPATIENT RENAL DIALYSIS	59.01	113	
25.00			0	ASC (NON-DIAGNOSTIC PART)	58	1,384,377	
26.00			0	CLINIC	60	765	
27.00			0	EMERGENCY	61	5,473	
28.00			0	DURABLE MEDICAL EQUIP-RENTED	66	11,079	
29.00			0	HOSPICE	93	5,523	
30.00			0	PHYSICIANS' PRIVATE OFFICES	98	15,957	
31.00			0	WORK FITNESS	100.01	302	
TOTAL RECLASSIFICATIONS FOR CODE B			7,808,651	7,808,651			

RECLASS CODE: C
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	17,470,102	COMMUNICATIONS	5.01	72,529	
2.00			0	PURCHASING & RECEIVING	5.02	183,130	
3.00			0	REGISTRATION	5.03	200,895	
4.00			0	PATIENT ACCOUNTS	5.04	395,727	
5.00			0	ADMINISTRATIVE & GENERAL	6	1,204,506	
6.00			0	OPERATION OF PLANT	8	547,156	
7.00			0	LAUNDRY & LINEN SERVICE	9	82,397	
8.00			0	HOUSEKEEPING	10	591,666	
9.00			0	DIETARY	11	379,626	
10.00			0	CAFETERIA	12	26,934	
11.00			0	NURSING ADMINISTRATION	14	308,412	
12.00			0	CENTRAL SERVICES & SUPPLY	15	162,228	
13.00			0	PHARMACY	16	564,497	
14.00			0	MEDICAL RECORDS & LIBRARY	17	742,667	
15.00			0	MENTAL HEALTH OVERHEAD	18.01	1,479,732	
16.00			0	PARAMED PRGM	24	50,297	
17.00			0	PARAMED PRGM-LAB	24.01	1,634	
18.00			0	ADULTS & PEDIATRICS	25	2,388,230	
19.00			0	INTENSIVE CARE UNIT	26	485,963	
20.00			0	REHAB UNIT	31.01	426,720	
21.00			0	NURSERY	33	90,440	
22.00			0	OPERATING ROOM	37	568,957	
23.00			0	RECOVERY ROOM	38	139,364	
24.00			0	ENDOSCOPY	38.01	247,819	
25.00			0	DELIVERY ROOM & LABOR ROOM	39	104,298	
26.00			0	ANESTHESIOLOGY	40	224,411	
27.00			0	RADIOLOGY-DIAGNOSTIC	41	1,032,631	
28.00			0	RADIOLOGY-MONROE CITY	41.01	14,142	
30.00			0	RADIOLOGY-BICKNELL	41.03	8,259	

RECLASSIFICATIONS

PROVIDER NO:
150042

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: C
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
31.00			0	RADIOLOGY-MRI	41.04	99,370	
32.00			0	RADIOLOGY-ULTRASOUND	41.05	47,216	
33.00			0	RADIOLOGY-PETERSBURG AMBER MAN	41.06	27,904	
35.00			0	RADIOLOGY-GSH BREAST CENTER	41.08	71,487	
36.00			0	LABORATORY	44	610,438	
37.00			0	LABORATORY-SATELLITE	44.01	104,844	
38.00			0	RESPIRATORY THERAPY	49	482,940	
39.00			0	PHYSICAL THERAPY	50	485,514	
40.00			0	ELECTROCARDIOLOGY	53	402,138	
41.00			0	NEURODIAGNOSTICS	54.01	84,515	
42.00			0	ASC (NON-DISTINCT PART)	58	262,843	
43.00			0	CLINIC	60	72,659	
44.00			0	EMERGENCY	61	615,522	
45.00			0	DURABLE MEDICAL EQUIP-RENTED	66	17,120	
46.00			0	HOME HEALTH AGENCY	71	14,587	
47.00			0	HOSPICE	93	162,170	
48.00			0	PHYSICIANS' PRIVATE OFFICES	98	629,170	
49.00			0	COMMUNITY HEALTH SERVICES	100	35,575	
50.00			0	MARKETING AND PUBLIC RELATIONS	100.02	58,696	
51.00			0	MH RESIDENTIAL	100.03	318,051	
52.00			0	MOB	100.05	133,027	
53.00			0	FOUNDATION	100.06	9,049	
TOTAL RECLASSIFICATIONS FOR CODE C			17,470,102				17,470,102

RECLASS CODE: D
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CRC - CT EAST	3.01	17,395			0	
2.00	NEW CRC- CT WEST	3.02	34,846			0	
3.00	NEW CRC - DIAGNOSTIC CENTER	3.07	39,949			0	
4.00	NEW CRC - EQUIPMENT	4.01	769,301			0	
5.00	NEW CRC - HEALTH PAVILION	4.02	456,559			0	
6.00			0	INTEREST EXPENSE	88	1,318,050	
TOTAL RECLASSIFICATIONS FOR CODE D			1,318,050				1,318,050

RECLASS CODE: E
EXPLANATION : RECLASS DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CRC - EQUIPMENT	4.01	6,355,429	EMPLOYEE BENEFITS	5	4,402	
2.00			0	COMMUNICATIONS	5.01	19	
3.00			0	PURCHASING & RECEIVING	5.02	3,221	
4.00			0	REGISTRATION	5.03	5,452	
5.00			0	PATIENT ACCOUNTS	5.04	7,217	
6.00			0	ADMINISTRATIVE & GENERAL	6	1,704,967	
7.00			0	OPERATION OF PLANT	8	103,478	
8.00			0	LAUNDRY & LINEN SERVICE	9	43,692	
9.00			0	HOUSEKEEPING	10	24,982	
10.00			0	DIETARY	11	28,482	
11.00			0	CAFETERIA	12	51	
12.00			0	NURSING ADMINISTRATION	14	66,265	
13.00			0	CENTRAL SERVICES & SUPPLY	15	73,943	
14.00			0	PHARMACY	16	134,439	
15.00			0	MEDICAL RECORDS & LIBRARY	17	25,604	
16.00			0	MENTAL HEALTH OVERHEAD	18.01	218,740	
17.00			0	PARAMED PRGM	24	269	
18.00			0	PARAMED PRGM-LAB	24.01	1,903	
19.00			0	ADULTS & PEDIATRICS	25	171,023	
20.00			0	INTENSIVE CARE UNIT	26	32,446	
21.00			0	REHAB UNIT	31.01	19,489	
22.00			0	NURSERY	33	9,038	
23.00			0	OPERATING ROOM	37	458,657	
24.00			0	RECOVERY ROOM	38	4,300	
25.00			0	ENDOSCOPY	38.01	89,273	
26.00			0	DELIVERY ROOM & LABOR ROOM	39	22,043	
27.00			0	ANESTHESIOLOGY	40	52,305	
28.00			0	RADIOLOGY-DIAGNOSTIC	41	1,238,805	
29.00			0	RADIOLOGY-BICKNELL	41.03	1,709	
30.00			0	RADIOLOGY-MRI	41.04	29,749	
31.00			0				

RECLASSIFICATIONS

PROVIDER NO:
150042

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION: RECLASS DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
32.00			0	RADIOLOGY-ULTRASOUND	41.05	39,055	
33.00			0	RADIOLOGY-GSH BREAST CENTER	41.08	103,055	
34.00			0	LABORATORY	44	222,953	
35.00			0	LABORATORY-SATELLITE	44.01	5,372	
36.00			0	RESPIRATORY THERAPY	49	81,523	
37.00			0	PHYSICAL THERAPY	50	12,586	
38.00			0	ELECTROCARDIOLOGY	53	519,278	
39.00			0	NEURODIAGNOSTICS	54.01	27,682	
40.00			0	INPATIENT RENAL DIALYSIS	59.01	69,354	
41.00			0	ASC (NON-DISTINCT PART)	58	391,923	
42.00			0	CLINIC	60	716	
43.00			0	EMERGENCY	61	74,463	
44.00			0	HOME HEALTH AGENCY	71	9,952	
45.00			0	HOSPICE	93	6,884	
46.00			0	PHYSICIANS' PRIVATE OFFICES	98	89,704	
47.00			0	COMMUNITY HEALTH SERVICES	100	835	
49.00			0	MARKETING AND PUBLIC RELATIONS	100.02	7,586	
50.00			0	MH RESIDENTIAL	100.03	21,522	
51.00			0	MOB	100.05	94,277	
52.00	NEW CRC - CT EAST	3.01	793,632			0	
53.00	NEW CRC- CT WEST	3.02	932,762			0	
54.00	NEW CRC- MEMORIAL	3.03	292,958			0	
55.00	NEW CRC - OUTPATIENT	3.04	401,715			0	
56.00	NEW CRD - HEALTH PAVILION	3.05	1,225,954			0	
57.00	NEW CRC - STORAGE	3.06	980			0	
58.00	NEW CRC - DIAGNOSTIC CENTER	3.07	329,210			0	
59.00			0			0	
60.00	NEW CRC - HEALTH PAVILION	4.02	853,399	NEW CRC - EQUIPMENT	4.01	4,831,356	
TOTAL RECLASSIFICATIONS FOR CODE E			11,186,039			11,186,039	

RECLASS CODE: F
EXPLANATION: RECLASS BOND ISSUANCE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CRC - CT EAST	3.01	3,645			0	
2.00	NEW CRC- CT WEST	3.02	7,310			0	
3.00	NEW CRC - HEALTH PAVILION	4.02	95,820			0	
4.00			0	ADMINISTRATIVE & GENERAL	6	2,951	
5.00			0	NEW CRC - EQUIPMENT	4.01	103,824	
TOTAL RECLASSIFICATIONS FOR CODE F			106,775			106,775	

RECLASS CODE: G
EXPLANATION: RECLASS INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CRC - EQUIPMENT	4.01	255,588			0	
2.00			0	ADMINISTRATIVE & GENERAL	6	255,588	
TOTAL RECLASSIFICATIONS FOR CODE G			255,588			255,588	

RECLASS CODE: H
EXPLANATION: RECLASS MH OVERHEAD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,198,825			0	
2.00	OPERATION OF PLANT	8	239,765			0	
3.00	NURSING ADMINISTRATION	14	79,922			0	
4.00	SUBPROVIDER	31	879,138			0	
5.00	NRCC	100.09	2,877,178			0	
6.00			0	MENTAL HEALTH OVERHEAD	18.01	5,274,828	
TOTAL RECLASSIFICATIONS FOR CODE H			5,274,828			5,274,828	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	5,462,638	249,091		249,091		5,711,729	
2 LAND IMPROVEMENTS	2,832,130	1,858,642		1,858,642	355	4,690,417	
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT	76,479,944				803,090	75,676,854	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	118,069,343	6,344,753		6,344,753	1,135,052	123,279,044	
7 SUBTOTAL	202,844,055	8,452,486		8,452,486	1,938,497	209,358,044	
8 RECONCILING ITEMS							
9 TOTAL	202,844,055	8,452,486		8,452,486	1,938,497	209,358,044	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL								
3 01	NEW CRC - CT EAST								
3 02	NEW CRC- CT WEST								
3 03	NEW CRC- MEMORIAL								
3 04	NEW CRC - OUTPATIENT								
3 05	NEW CRD - HEALTH PAV								
3 06	NEW CRC - STORAGE								
3 07	NEW CRC - DIAGNOSTIC								
4	NEW CAP REL COSTS-MV								
4 01	NEW CRC - EQUIPMENT								
4 02	NEW CRC - HEALTH PAV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
3 01	NEW CRC - CT EAST	793,632		-430			3,645	796,847
3 02	NEW CRC- CT WEST	932,762		-861			7,310	939,211
3 03	NEW CRC- MEMORIAL	292,958						292,958
3 04	NEW CRC - OUTPATIENT	401,715						401,715
3 05	NEW CRD - HEALTH PAV	1,225,954						1,225,954
3 06	NEW CRC - STORAGE	980						980
3 07	NEW CRC - DIAGNOSTIC	329,210		-987				328,223
4	NEW CAP REL COSTS-MV							
4 01	NEW CRC - EQUIPMENT	4,952,341		-19,014	255,588		77,850	5,266,765
4 02	NEW CRC - HEALTH PAV	827,355		-11,285			95,820	911,890
5	TOTAL	9,756,907		-32,577	255,588		184,625	10,164,543

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
3 01	NEW CRC - CT EAST							
3 02	NEW CRC- CT WEST							
3 03	NEW CRC- MEMORIAL							
3 04	NEW CRC - OUTPATIENT							
3 05	NEW CRD - HEALTH PAV							
3 06	NEW CRC - STORAGE							
3 07	NEW CRC - DIAGNOSTIC							
4	NEW CAP REL COSTS-MV							
4 01	NEW CRC - EQUIPMENT	3,441,837					181,674	3,623,511
4 02	NEW CRC - HEALTH PAV							
5	TOTAL	3,441,837					181,674	3,623,511

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-30,762	PURCHASING & RECEIVING	5.02	
7 REFUNDS AND REBATES OF EXPENSES	B	-124,812	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-9,807	COMMUNICATIONS	5.01	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-700,913			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-391,685	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-136,339	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-81,033	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-6,658	NURSING ADMINISTRATION	14	
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 COMMUNICATIONS REVENUE	B	-1,065	COMMUNICATIONS	5.01	
37.01 CLEANING SERVICE REVENUE	B	-35,070	HOUSEKEEPING	10	
37.02 OTHER MISC FEES	B	-54,600	ADMINISTRATIVE & GENERAL	6	
37.03 RADIOLOGY - SILVER, ETC	B	-28,397	RADIOLOGY-DIAGNOSTIC	41	
37.04 PT MASSAGE THERAPY	B	-7,333	PHYSICAL THERAPY	50	
37.05 FOOD SERVICE	B	-7,800	CAFETERIA	12	
37.06 RADIOLOGY SCHOOL REVENUE	B	-62,110	PARAMED ED PRGM	24	
37.07 MH VENDING REVENUE	B	-102	MENTAL HEALTH OVERHEAD	18.01	
37.08 RENTAL INCOME	B	-11,355	NEW CRC - EQUIPMENT	4.01	9
37.09 AHA USEFUL LIVES CARRYFORWARD	A	-95	NEW CRC - EQUIPMENT	4.01	9
37.10 HEALTH PAVILION AHA CARRYFORWARD	A	-26,044	NEW CRC - HEALTH PAVILION	4.02	9
37.11 EE DISCOUNTS	A	-37,952	MENTAL HEALTH OVERHEAD	18.01	
37.12 ADVANCE EMT TRAINING	A	-14,015	RESPIRATORY THERAPY	49	
37.13 1990 ASSETS - AHA LIVES CARRYFORWARD	A	-2,119	NEW CRC - EQUIPMENT	4.01	9
37.14 INTEREST INCOME	B	-17,825	NEW CRC - CT EAST	3.01	11
37.15 INTEREST INCOME	B	-35,707	NEW CRC- CT WEST	3.02	11
37.16 INTEREST INCOME	B	-40,936	NEW CRC - DIAGNOSTIC CENT	3.07	11
37.17 INTEREST INCOME	B	-788,315	NEW CRC - EQUIPMENT	4.01	11
37.18 INTEREST INCOME	B	-467,844	NEW CRC - HEALTH PAVILION	4.02	11
37.19 NEPHROLOGY RENTAL INCOME	B	-175,809	INPATIENT RENAL DIALYSIS	59.01	
37.20 PHYSICIAN BILLING COSTS	A	-93,809	PATIENT ACCOUNTS	5.04	
37.21 ANESTHESIOLOGIST SALARY	A	-942,340	ANESTHESIOLOGY	40	
37.22 ANESTHESIOLOGIST BENEFITS	A	-148,949	EMPLOYEE BENEFITS	5	
37.23 CONTRACTED ANESTHESIOLOGISTS	A	-744,019	ANESTHESIOLOGY	40	
37.24 2004 SURETY BOND EXPENSE	A	-2,024	ADMINISTRATIVE & GENERAL	6	
37.25					
38 HHA OFFSET	A	-94,972	HOME HEALTH AGENCY	71	
39 DONATIONS EXPENSE	A	-24,074	ADMINISTRATIVE & GENERAL	6	
40					
41					
42					
43					
44					
45					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,346,689			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/28/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	18 1 MH - ADAMS	201,091	183,278	17,813	138,700	184	12,270	614
2	18 1 MH - DEMINA	57,774	43,980	13,794	138,700	497	33,141	1,657
3	18 1 MH - HELFENBEIN	181,272	114,491	66,781	138,700	766	51,079	2,554
4	18 1 MH - HENDERSON	201,561	176,240	25,321	138,700	261	17,404	870
5	18 1 MH - JOHNSON	98,039		98,039	138,700	2,080	138,700	6,935
6	18 1 MH - KOONTZ	212,109	122,884	89,225	138,700	875	58,347	2,917
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	951,846	640,873	310,973		4,663	310,941	15,547

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/28/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	18 1 MH - ADAMS					12,270	5,543	188,821
2	18 1 MH - DEMINA					33,141		43,980
3	18 1 MH - HELFENBEIN					51,079	15,702	130,193
4	18 1 MH - HENDERSON					17,404	7,917	184,157
5	18 1 MH - JOHNSON					138,700		
6	18 1 MH - KOONTZ					58,347	30,878	153,762
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					310,941	60,040	700,913

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
3.01	NEW CRC - CT EAST	2	SQUARE FEET	ENTERED
3.02	NEW CRC- CT WEST	3	SQUARE FEET	ENTERED
3.03	NEW CRC- MEMORIAL	4	SQUARE FEET	ENTERED
3.04	NEW CRC - OUTPATIENT	5	SQUARE FEET	ENTERED
3.05	NEW CRD - HEALTH PAVILION	6	SQUARE FEET	ENTERED
3.06	NEW CRC - STORAGE	7	SQUARE FEET	ENTERED
3.07	NEW CRC - DIAGNOSTIC CENTER	8	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
4.01	NEW CRC - EQUIPMENT	9	SQUARE FEET	ENTERED
4.02	NEW CRC - HEALTH PAVILION	6	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	10	GROSS SALARIES	ENTERED
5.01	COMMUNICATIONS	11	NUMBER OF PHONES	ENTERED
5.02	PURCHASING & RECEIVING	12	SUPPLIES COST	ENTERED
5.03	REGISTRATION	13	GROSS CHARGES	ENTERED
5.04	PATIENT ACCOUNTS	13	GROSS CHARGES	ENTERED
6	ADMINISTRATIVE & GENERAL	-14	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	15	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	16	LBS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	17	TIME SPENT	ENTERED
11	DIETARY	18	PATIENT DAYS	ENTERED
12	CAFETERIA	19	MAN HOURS	ENTERED
14	NURSING ADMINISTRATION	20	DIRECT NURSING HO	ENTERED
15	CENTRAL SERVICES & SUPPLY	21	SUPPLIES COST	ENTERED
16	PHARMACY	22	COSTED RECQUI SITI	ENTERED
17	MEDICAL RECORDS & LIBRARY	23	TIME SPENT	ENTERED
18	SOCIAL SERVICE	24	TIME SPENT	NOT ENTERED
18.01	MENTAL HEALTH OVERHEAD	25	CHARGES	ENTERED
24	PARAMED ED PRGM	26	ASSIGNED TIME	ENTERED
24.01	PARAMED ED PRGM-LAB	27	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG & EQUIPMENT	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC- MEMORIAL	MEMO PATIENT	NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION
	0	3	3.01	3.02	3.03		3.04	3.05
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG & EQUIPMENT			796,847					
003 02 NEW CRC- CT WEST	796,847			796,847				
003 03 NEW CRC- MEMORIAL	939,211				939,211			
003 04 NEW CRC - OUTPATIENT	292,958					292,958		
003 05 NEW CRD - HEALTH PAVILION	401,715						401,715	
003 06 NEW CRC - STORAGE	1,225,954							1,225,954
003 07 NEW CRC - DIAGNOSTIC CENT	980							
004 NEW CAP REL COSTS-MVBLE E								
004 01 NEW CRC - EQUIPMENT	5,266,765							
004 02 NEW CRC - HEALTH PAVILION	911,890							
005 EMPLOYEE BENEFITS	19,133,359					13,683		45,399
005 01 COMMUNICATIONS	245,212							
005 02 PURCHASING & RECEIVING	565,238		66,162			479	1,051	
005 03 REGISTRATION	522,762			3,961				12,687
005 04 PATIENT ACCOUNTS	1,608,860					18,281		
006 ADMINSTRATIVE & GENERAL	10,940,348		9,218	71,689		50,944	15,395	56,523
008 OPERATION OF PLANT	5,490,705		73,142	112,447		92,383	173,208	226,735
009 LAUNDRY & LINEN SERVICE	284,350					17,802		
010 HOUSEKEEPING	1,869,564		4,736	19,511		9,783	1,323	4,855
011 DIETARY	2,431,353							
012 CAFETERIA			59,271					2,716
014 NURSING ADMINISTRATION	1,543,922		5,998					2,140
015 CENTRAL SERVICES & SUPPLY	600,211			2,337				1,234
016 PHARMACY	2,623,608		28,366					
017 MEDICAL RECORDS & LIBRARY	3,017,974			840			3,300	82,267
018 SOCIAL SERVICE								
018 01 MENTAL HEALTH OVERHEAD	853,439		17,875					
024 PARAMED ED PRGM	120,677							
024 01 PARAMED ED PRGM-LAB	20,618							
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	8,409,821		248,729	207,232			4,959	220,700
026 INTENSIVE CARE UNIT	1,946,981			133,497				
031 SUBPROVIDER	879,138		65,482					
031 01 REHAB UNIT	2,462,012					43,883		
033 NURSERY	318,235							
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	3,465,558		94,024					
038 RECOVERY ROOM	535,018		4,155					
038 01 ENDOSCOPY	1,333,786							159,034
039 DELIVERY ROOM & LABOR ROO	525,791							
040 ANESTHESIOLOGY	701,341							
041 RADIOLOGY-DIAGNOSTIC	5,371,381		53,589	2,687			9,371	60,994
041 01 RADIOLOGY-MONROE CITY	67,991						298	
041 02 RADIOLOGY-PETERSBURG	41						781	
041 03 RADIOLOGY-BICKNELL	64,137						1,445	
041 04 RADIOLOGY-MRI	369,296							1,920
041 05 RADIOLOGY-ULTRASOUND	234,430		2,316					
041 06 RADIOLOGY-PETERSBURG AMBE	77,632							
041 07 RADIOLOGY-ORTHOPEDIC ASSO	206							
041 08 RADIOLOGY-GSH BREAST CENT	245,960							
044 LABORATORY	5,705,236		36,384				5,700	5,623
044 01 LABORATORY-SATELLITE	506,839							
049 RESPIRATORY THERAPY	1,937,713		1,049	57,721				
050 PHYSICAL THERAPY	2,197,188		2,929	90,234				13,825
053 ELECTROCARDIOLOGY	2,447,533							141,766
054 ELECTROENCEPHALOGRAPHY								
054 01 NEURODIAGNOSTICS	272,813		8,050	27,013				
055 MEDICAL SUPPLIES CHARGED	7,808,623							
056 DRUGS CHARGED TO PATIENTS	6,802,766							
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)	1,263,167							
059 MH ANCILLARY OUTPATIENT								
059 01 INPATIENT RENAL DIALYSIS	296,475			6,144			19,534	
059 02 ACUPUNCTURE								
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	258,376						5,071	
061 EMERGENCY	6,561,031			197,740				137,432
062 OBSERVATION BEDS (NON-DIS)								
062 OTHER REIMBURS COST CNTRS								
066 DURABLE MEDICAL EQUIP-REN	521,732							
071 HOME HEALTH AGENCY								
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE	1,019,851						9,430	
095 SUBTOTALS	126,644,841		781,475	933,053	247,238		250,866	1,175,850
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				6,158				
098 PHYSICIANS' PRIVATE OFFIC	4,527,215				1,557		37,113	
100 COMMUNITY HEALTH SERVICES	179,975						6,638	
100 01 WORK FITNESS	444							
100 02 MARKETING AND PUBLIC RELA	939,359		800		3,493			
100 03 MH RESIDENTIAL	980,775						45,900	
100 04 UNUSED SPACE			14,572		28,863		2,414	50,104
100 05 MOB	581,226							
100 06 FOUNDATION	200,954				1,732			

COST CENTER DESCRIPTION	NEW CRC - STOR	NEW CRC - DIAGNOSTIC CENT	NEW CAP REL C OSTS-MVBLE E	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	EMPLOYEE BENEFITS	COMMUNICATIONS
	3.06	3.07	4	4.01	4.02	5	5.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC - CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRD - HEALTH PAVILION							
003 06 NEW CRC - STORAGE	980						
003 07 NEW CRC - DIAGNOSTIC CENT		328,223					
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - EQUIPMENT				5,266,765			
004 02 NEW CRC - HEALTH PAVILION					911,890		
005 EMPLOYEE BENEFITS	389			95,416	33,769	19,322,015	
005 01 COMMUNICATIONS						68,404	313,616
005 02 PURCHASING & RECEIVING				113,278		155,845	3,863
005 03 REGISTRATION				10,202	9,437	153,575	3,863
005 04 PATIENT ACCOUNTS				38,680		338,369	17,106
006 ADMINSTRATIVE & GENERAL	204			289,490	42,043	1,613,025	24,648
008 OPERATION OF PLANT	243	102,117		1,380,278	168,648	621,693	27,223
009 LAUNDRY & LINEN SERVICE				37,666		57,243	
010 HOUSEKEEPING	3			50,241	3,612	537,261	2,207
011 DIETARY						328,429	3,311
012 CAFETERIA				98,059	2,020	17,866	
014 NURSING ADMINISTRATION				11,072	1,592	415,594	4,415
015 CENTRAL SERVICES & SUPPLY				2,170	918	139,417	1,104
016 PHARMACY				46,129		729,341	5,150
017 MEDICAL RECORDS & LIBRARY	14			67,242	61,192	814,912	11,772
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD				29,069		601,219	21,705
024 PARAMED ED PRGM						52,522	
024 01 PARAMED ED PRGM-LAB						6,830	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				687,461	164,161	2,508,155	76,701
026 INTENSIVE CARE UNIT				80,552		586,116	6,070
031 SUBPROVIDER				106,488		192,443	
031 01 REHAB UNIT				92,848		510,402	12,692
033 NURSERY						96,851	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				152,903		604,598	12,140
038 RECOVERY ROOM				6,756		166,707	
038 01 ENDOSCOPY				97,924	118,293	272,418	4,231
039 DELIVERY ROOM & LABOR ROO						139,646	
040 ANESTHESIOLOGY						435,280	
041 RADIOLOGY-DIAGNOSTIC	55	158,347		230,744	45,369	1,119,034	15,267
041 01 RADIOLOGY-MONROE CITY				1,326		16,277	
041 02 RADIOLOGY-PETERSBURG				3,471			
041 03 RADIOLOGY-BICKNELL				6,418		14,533	
041 04 RADIOLOGY-MRI		67,759		25,699	1,428	103,207	
041 05 RADIOLOGY-ULTRASOUND				3,767		69,383	
041 06 RADIOLOGY-PETERSBURG AMBE						21,506	
041 07 RADIOLOGY-ORTHOPEDIC ASSO						66	
041 08 RADIOLOGY-GSH BREAST CENT						74,159	
044 LABORATORY				87,950	4,183	676,126	7,174
044 01 LABORATORY-SATELLITE						93,950	
049 RESPIRATORY THERAPY	44			40,926		551,094	4,231
050 PHYSICAL THERAPY				67,723	10,284	570,959	
053 ELECTROCARDIOLOGY	28			90,028	105,448	434,762	7,909
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS				29,390		73,160	3,863
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)						249,715	11,588
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS				90,501			
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				22,532		75,042	1,655
061 EMERGENCY				203,939	102,225	717,293	8,093
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN						13,088	
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				41,897		181,074	
095 SUBTOTALS	980	328,223		4,440,235	874,622	17,218,589	297,981
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				3,716			
098 PHYSICIANS' PRIVATE OFFIC				168,189		951,931	5,702
100 COMMUNITY HEALTH SERVICES				29,491		38,955	6,806
100 01 WORK FITNESS							
100 02 MARKETING AND PUBLIC RELA				8,690		45,648	
100 03 MH RESIDENTIAL				203,939		257,174	
100 04 UNUSED SPACE				126,343	37,268		
100 05 MOB						159,718	
100 06 FOUNDATION				3,665		20,189	552

COST CENTER DESCRIPTION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENT	NEW CAP REL C OSTS-MVBLE	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	EMPLOYEE BENEFITS	COMMUNICATIONS
NONREIMBURS COST CENTERS	3.06	3.07	4	4.01	4.02	5	5.01
100 07 KNOX COUNTY HEALTH DEPT				21,316			2,575
100 08 INDUSTRIAL HEALTH							
100 09 NRCC				261,181		629,811	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	980	328,223		5,266,765	911,890	19,322,015	313,616

Health Financial Systems		MCRI F32	FOR GOOD SAMARITAN HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO:	PERIOD:	PREPARED 5/28/2009	
					15-0042	FROM 1/ 1/2008	WORKSHEET B	
						TO 12/31/2008	PART I	
COST CENTER DESCRIPTION		PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		5.02	5.03	5.04	5a.04	6	8	9
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CRC - CT EAST							
003	03 NEW CRC- CT WEST							
003	04 NEW CRC- MEMORIAL							
003	05 NEW CRC - HEALTH PAVILION							
003	06 NEW CRC - STORAGE							
004	07 NEW CRC - DIAGNOSTIC CENT							
004	01 NEW CAP REL COSTS-MVBLE E							
004	02 NEW CRC - EQUIPMENT							
004	02 NEW CRC - HEALTH PAVILION							
005	EMPLOYEE BENEFITS							
005	01 COMMUNICATIONS							
005	02 PURCHASING & RECEIVING	905,916						
005	03 REGISTRATION	524	717,011					
005	04 PATIENT ACCOUNTS	781		2,022,077				
006	ADMINISTRATIVE & GENERAL	8,621			13,122,148	13,122,148		
008	OPERATION OF PLANT	11,632			8,480,454	898,784	9,379,238	
009	LAUNDRY & LINEN SERVICE	3,017			400,078	42,401	105,791	548,270
010	HOUSEKEEPING	7,610			2,510,706	266,092	141,110	48,813
011	DIETARY	33,254			2,796,347	296,365		3,344
012	CAFETERIA	10,182			190,114	20,149	275,413	
014	NURSING ADMINISTRATION	843			1,985,576	210,437	31,097	
015	CENTRAL SERVICES & SUPPLY	16,289			763,680	80,937	6,096	7,923
016	PHARMACY	269,315			3,701,909	392,339	129,559	
017	MEDICAL RECORDS & LIBRARY	801			4,060,314	430,324	188,859	
018	SOCIAL SERVICE							
018	01 MENTAL HEALTH OVERHEAD	13,625			1,536,932	162,889	81,644	
024	PARAMED PRGM	12			173,211	18,357		
024	01 PARAMED PRGM-LAB	19			27,467	2,911		
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	14,073	65,267	184,055	12,791,314	1,355,635	1,930,831	236,979
026	INTENSIVE CARE UNIT	3,568	14,379	40,548	2,811,711	297,994	226,241	37,807
031	SUBPROVIDER		9,203	25,953	1,278,707	135,521	299,085	7,972
031	01 REHAB UNIT	3,103	10,755	30,330	3,166,025	335,545	260,778	27,443
033	NURSERY	853	1,958	5,522	423,419	44,875		3,595
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	166,041	45,292	127,724	4,668,280	494,758	429,450	53,280
038	RECOVERY ROOM	899	3,061	8,631	725,227	76,862	18,976	1,819
038	01 ENDOSCOPY	7,592	17,752	50,060	2,061,090	218,441	275,033	15,772
039	DELIVERY ROOM & LABOR ROO	2,930	6,737	18,999	694,103	73,563		7,183
040	ANESTHESIOLOGY	4,460	5,906	16,655	1,163,642	123,326		
041	RADIOLOGY-DIAGNOSTIC	34,367	113,141	319,146	7,533,492	798,422	648,077	26,729
041	01 RADIOLOGY-MONROE CITY	145	450	1,269	87,756	9,301	3,724	
041	02 RADIOLOGY-PETERSBURG	107	35	99	4,534	481	9,749	
041	03 RADIOLOGY-BICKNELL	109	307	865	87,814	9,307	18,027	5,523
041	04 RADIOLOGY-MRI	3,050	24,727	69,731	666,817	70,671	72,180	
041	05 RADIOLOGY-ULTRASOUND	1,990	6,371	17,966	336,223	35,634	10,579	
041	06 RADIOLOGY-PETERSBURG AMBE	20	483	1,363	101,004	10,705		
041	07 RADIOLOGY-ORTHOPEDIC ASSO				272	29		
041	08 RADIOLOGY-GSH BREAST CENT	81	877	2,473	323,550	34,291		
044	LABORATORY	101,152	83,029	234,145	6,946,702	736,232	247,020	
044	01 LABORATORY-SATELLITE	3,600	13,927	39,275	657,591	69,693		
049	RESPIRATORY THERAPY	6,999	9,632	27,163	2,636,572	279,432	114,947	
050	PHYSICAL THERAPY	1,634	23,115	65,185	3,043,076	322,514	190,211	7,411
053	ELECTROCARDIOLOGY	67,373	48,913	137,935	3,481,695	369,000	252,855	11,786
054	ELECTROENCEPHALOGRAPHY							
054	01 NEURODIAGNOSTICS	888	5,925	16,709	437,811	46,401	82,546	3,559
055	MEDICAL SUPPLIES CHARGED		583	1,643	7,810,849	827,817		
056	DRUGS CHARGED TO PATIENTS		82,287	232,053	7,117,106	754,292		
057	RENAL DIALYSIS							
058	ASC (NON-DI STINCT PART)	65,741	26,745	75,421	1,692,377	179,363		548
059	MH ANCILLARY OUTPATIENT							
059	01 INPATIENT RENAL DIALYSIS	274	1,884	5,314	420,126	44,526	254,183	
059	02 ACUPUNCTURE							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	239	569	1,605	365,089	38,693	63,285	
061	EMERGENCY	8,343	35,671	100,593	8,072,360	855,533	572,790	40,665
062	OBSERVATION BEDS (NON-DIS							
066	OTHER REIMBURS COST CNTRS							
066	DURABLE MEDICAL EQUIP-REN	1,581	2,213	6,241	544,855	57,745		
071	HOME HEALTH AGENCY							
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE	887	6,369	17,961	1,277,469	135,390	117,675	
095	SUBTOTALS	878,624	667,563	1,882,632	123,177,594	11,663,977	7,057,811	548,151
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				9,874	1,046	10,437	
098	PHYSICIANS' PRIVATE OFFIC	3,651	18,262	51,499	5,765,119	611,005	472,384	
100	COMMUNITY HEALTH SERVICES	1,522			263,387	27,915	82,830	119
100	01 WORK FITNESS				444	47		
100	02 MARKETING AND PUBLIC RELA	15,961			1,013,951	107,462	24,408	
100	03 MH RESIDENTIAL	4,054	4,563	12,867	1,509,272	159,957	572,790	
100	04 UNUSED SPACE				259,564	27,509	354,851	
100	05 MOB				740,944	78,527		
100	06 FOUNDATION	2,104			229,196	24,291	10,294	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC - CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRC - OUTPATIENT							
003 06 NEW CRD - HEALTH PAVILION							
003 07 NEW CRC - STORAGE							
004 NEW CRC - DIAGNOSTIC CENT							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVILION							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 PURCHASING & RECEIVING							
005 03 REGISTRATION							
005 04 PATIENT ACCOUNTS							
006 ADMINSTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,966,721						
011 DIETARY	88,461	3,184,517					
012 CAFETERIA	20,896		506,572				
014 NURSING ADMINISTRATION			9,759	2,236,869			
015 CENTRAL SERVICES & SUPPLY	38,857		8,399		905,892		
016 PHARMACY	36,270		17,858		300,025	4,577,960	
017 MEDICAL RECORDS & LIBRARY	40,051		33,776		892		4,754,216
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD			22,308		15,179	745	
024 PARAMED ED PRGM			1,524		14		
024 01 PARAMED ED PRGM-LAB			1		21		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,059,541	1,952,274	94,567	1,093,302	15,678	21,859	1,644,923
026 INTENSIVE CARE UNIT	173,737	292,694	18,340	212,032	3,975	5,404	91,916
031 SUBPROVIDER	105,874	327,554	7,217				109,589
031 01 REHAB UNIT	111,447	519,034	21,966	253,943	3,456	4,002	95,013
033 NURSERY	13,284	92,961	2,832	32,745	950	264	25,507
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	345,783		18,790	217,227	184,978	32,908	159,874
038 RECOVERY ROOM	21,344		3,303	38,182	1,002	1,157	
038 01 ENDOSCOPY	50,549		8,231		8,458	3,186	197,861
039 DELIVERY ROOM & LABOR ROO	15,921		3,686	42,616	3,264	540	
040 ANESTHESIOLOGY			2,124		4,969		
041 RADIOLOGY-DIAGNOSTIC	173,339		36,233		38,286	22,513	1,366
041 01 RADIOLOGY-MONROE CITY			542		161		
041 02 RADIOLOGY-PETERSBURG			234		119		
041 03 RADIOLOGY-BICKNELL			457		121		
041 04 RADIOLOGY-MRI			2,869		3,398		
041 05 RADIOLOGY-ULTRASOUND	16,966		1,828		2,216		
041 06 RADIOLOGY-PETERSBURG AMBE			710		22	81	
041 07 RADIOLOGY-ORTHOPEDIC ASSO			319			112	
041 08 RADIOLOGY-GSH BREAST CENT			1,529		90		
044 LABORATORY	66,569		27,791		112,688	2,664	
044 01 LABORATORY-SATELLITE			4,614		4,010		
049 RESPIRATORY THERAPY	31,145		17,990		7,797	20,736	18,948
050 PHYSICAL THERAPY	86,471		15,399		1,820	754	
053 ELECTROCARDIOLOGY	157,170		14,559		75,056	748	438,081
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS	33,086		2,865		990	12	62,856
055 MEDICAL SUPPLIES CHARGED						374	
056 DRUGS CHARGED TO PATIENTS						4,394,745	
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)			7,908		73,239	2,646	188,660
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS					305	3,123	
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			2,585		266	62	
061 EMERGENCY	160,155		23,309	269,475	9,294	5,383	1,719,622
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN					1,761		
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			6,690	77,347	988	16	
095 SUBTOTALS	2,846,916	3,184,517	443,112	2,236,869	875,488	4,524,034	4,754,216
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	113,586		16,723		4,068	21,069	
100 COMMUNITY HEALTH SERVICES			1,723		1,695	20,029	
100 01 WORK FITNESS							
100 02 MARKETING AND PUBLIC RELA	6,219		1,722		17,781	244	
100 03 MH RESIDENTIAL			15,172		4,516		
100 04 UNUSED SPACE							
100 05 MOB			3,631				
100 06 FOUNDATION			869		2,344		

COST CENTER DESCRIPTION	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	PARAMED ED PR GM	PARAMED ED PR GM-LAB	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	18.01	24	24.01	25	26	27
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC - CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRC - OUTPATIENT							
003 06 NEW CRD - HEALTH PAVILION							
003 07 NEW CRC - STORAGE							
004 01 NEW CRC - DIAGNOSTIC CENT							
004 02 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVILION							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 PURCHASING & RECEIVING							
005 03 REGISTRATION							
005 04 PATIENT ACCOUNTS							
006 ADMINSTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD		1,819,697					
024 PARAMED ED PRGM			193,106				
024 01 PARAMED ED PRGM-LAB				30,400			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		929,043			23,125,946		23,125,946
026 INTENSIVE CARE UNIT					4,171,851		4,171,851
031 SUBPROVIDER		130,997			2,402,516		2,402,516
031 01 REHAB UNIT					4,798,652		4,798,652
033 NURSERY					640,432		640,432
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					6,605,328		6,605,328
038 RECOVERY ROOM					887,872		887,872
038 01 ENDOSCOPY					2,838,621		2,838,621
039 DELIVERY ROOM & LABOR ROO					840,876		840,876
040 ANESTHESIOLOGY					1,294,061		1,294,061
041 RADIOLOGY-DIAGNOSTIC			193,106		9,471,563		9,471,563
041 01 RADIOLOGY-MONROE CITY					101,484		101,484
041 02 RADIOLOGY-PETERSBURG					15,117		15,117
041 03 RADIOLOGY-BICKNELL					121,249		121,249
041 04 RADIOLOGY-MRI					815,935		815,935
041 05 RADIOLOGY-ULTRASOUND					403,527		403,527
041 06 RADIOLOGY-PETERSBURG AMBE					112,553		112,553
041 07 RADIOLOGY-ORTHOPEDIC ASSO					620		620
041 08 RADIOLOGY-GSH BREAST CENT					359,460		359,460
044 LABORATORY				30,400	8,170,066		8,170,066
044 01 LABORATORY-SATELLITE					735,908		735,908
049 RESPIRATORY THERAPY					3,127,567		3,127,567
050 PHYSICAL THERAPY					3,667,656		3,667,656
053 ELECTROCARDIOLOGY					4,800,950		4,800,950
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS					670,126		670,126
055 MEDICAL SUPPLIES CHARGED					8,639,040		8,639,040
056 DRUGS CHARGED TO PATIENTS					12,266,143		12,266,143
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)		380,693			2,525,434		2,525,434
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS					722,263		722,263
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					469,980		469,980
061 EMERGENCY					11,728,586		11,728,586
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN					604,361		604,361
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE					1,615,575		1,615,575
095 SUBTOTALS		1,440,733	193,106	30,400	118,751,318		118,751,318
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					21,357		21,357
098 PHYSICIANS' PRIVATE OFFIC					7,003,954		7,003,954
100 COMMUNITY HEALTH SERVICES					397,698		397,698
100 01 WORK FITNESS					491		491
100 02 MARKETING AND PUBLIC RELA					1,171,787		1,171,787
100 03 MH RESIDENTIAL					2,261,707		2,261,707
100 04 UNUSED SPACE					641,924		641,924
100 05 MOB					823,102		823,102
100 06 FOUNDATION					266,994		266,994

COST CENTER DESCRIPTION	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	PARAMED ED PR GM	PARAMED ED PR GM-LAB	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
NONREIMBURS COST CENTERS	18	18.01	24	24.01	25		27
100 07 KNOX COUNTY HEALTH DEPT					110,019		110,019
100 08 INDUSTRIAL HEALTH					4,601		4,601
100 09 NRCC		378,964			5,481,175		5,481,175
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		1,819,697	193,106	30,400	136,936,127		136,936,127

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & EAST	NEW CRC - CT EAST	NEW CRC- CT W EST	NEW CRC- MEMO RIAL	NEW CRC - PATIENT	OUT NEW CRD - LTH PAVILION	HEA PAVILION
	0	3	3.01	3.02	3.03	3.04	3.05	
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CRC - CT EAST								
003 03 NEW CRC- CT WEST								
003 04 NEW CRC- MEMORIAL								
003 05 NEW CRC - OUTPATIENT								
003 06 NEW CRD - HEALTH PAVILION								
003 07 NEW CRC - STORAGE								
004 01 NEW CAP REL COSTS-MVBLE E								
004 02 NEW CRC - EQUIPMENT								
004 03 NEW CRC - HEALTH PAVILION								
005 EMPLOYEE BENEFITS					13,683			45,399
005 01 COMMUNICATIONS								
005 02 PURCHASING & RECEIVING			66,162		479	1,051		
005 03 REGISTRATION				3,961				12,687
005 04 PATIENT ACCOUNTS					18,281			
006 ADMINISTRATIVE & GENERAL			9,218	71,689	50,944	15,395		56,523
008 OPERATION OF PLANT			73,142	112,447	92,383	173,208		226,735
009 LAUNDRY & LINEN SERVICE					17,802			
010 HOUSEKEEPING			4,736	19,511	9,783	1,323		4,855
011 DIETARY								
012 CAFETERIA			59,271					2,716
014 NURSING ADMINISTRATION			5,998					2,140
015 CENTRAL SERVICES & SUPPLY				2,337				1,234
016 PHARMACY			28,366					
017 MEDICAL RECORDS & LIBRARY				840			3,300	82,267
018 SOCIAL SERVICE								
018 01 MENTAL HEALTH OVERHEAD			17,875					
024 PARAMED ED PRGM								
024 01 PARAMED ED PRGM-LAB								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS			248,729	207,232		4,959		220,700
031 INTENSIVE CARE UNIT				133,497				
031 01 SUBPROVIDER			65,482					
033 REHAB UNIT					43,883			
033 NURSERY								
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM			94,024					
038 01 RECOVERY ROOM			4,155					
039 ENDOSCOPY								159,034
040 DELIVERY ROOM & LABOR ROO								
041 ANESTHESIOLOGY								
041 01 RADIOLOGY-DIAGNOSTIC			53,589	2,687		9,371		60,994
041 02 RADIOLOGY-MONROE CITY						298		
041 03 RADIOLOGY-PETERSBURG						781		
041 04 RADIOLOGY-BICKNELL						1,445		
041 05 RADIOLOGY-MRI								1,920
041 06 RADIOLOGY-ULTRASOUND			2,316					
041 07 RADIOLOGY-PETERSBURG AMBE								
041 08 RADIOLOGY-ORTHOPEDIC ASSO								
044 LABORATORY			36,384			5,700		5,623
044 01 LABORATORY-SATELLITE								
049 RESPIRATORY THERAPY			1,049	57,721				
050 PHYSICAL THERAPY			2,929	90,234				13,825
053 ELECTROCARDIOLOGY								141,766
054 ELECTROENCEPHALOGRAPHY								
054 01 NEURODIAGNOSTICS			8,050	27,013				
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
059 MH ANCILLARY OUTPATIENT								
059 01 INPATIENT RENAL DIALYSIS				6,144		19,534		
059 02 ACUPUNCTURE								
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC							5,071	
062 EMERGENCY				197,740				137,432
062 OBSERVATION BEDS (NON-DIS								
066 OTHER REIMBURS COST CNTRS								
071 DURABLE MEDICAL EQUIP-REN								
071 HOME HEALTH AGENCY								
093 SPEC PURPOSE COST CENTERS								
095 HOSPICE						9,430		
095 SUBTOTALS			781,475	933,053	247,238	250,866	1,175,850	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP				6,158				
100 PHYSICIANS' PRIVATE OFFIC					1,557	37,113		
100 COMMUNITY HEALTH SERVICES						6,638		
100 01 WORK FITNESS								
100 02 MARKETING AND PUBLIC RELA			800		3,493			
100 03 MH RESIDENTIAL						45,900		
100 04 UNUSED SPACE			14,572		28,863	2,414		50,104
100 05 MOB								
100 06 FOUNDATION					1,732			

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CRC - CT EAST	NEW CRC- CT W EST	NEW CRC- MEMO RIAL	NEW CRC - PATIENT	OUT NEW CRC - LTH	NEW CRD - HEA PAVILION
	0	3	3.01	3.02	3.03	3.04	3.05	
NONREIMBURS COST CENTERS								
100 07 KNOX COUNTY HEALTH DEPT					10,075			
100 08 INDUSTRIAL HEALTH								
100 09 NRCC						58,784		
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL			796,847	939,211	292,958	401,715	1,225,954	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	NEW CRC - STOR	NEW CRC - DIAGNOSTIC CENT	NEW CAP REL COSTS-MVBLE E	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	SUBTOTAL	EMPLOYEE BENEFITS
	3.06	3.07	4	4.01	4.02	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC - CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRD - HEALTH PAVILION							
003 06 NEW CRC - STORAGE							
003 07 NEW CRC - DIAGNOSTIC CENT							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVILION							
005 EMPLOYEE BENEFITS	389			95,416	33,769	188,656	188,656
005 01 COMMUNICATIONS							668
005 02 PURCHASING & RECEIVING				113,278		180,970	1,522
005 03 REGISTRATION				10,202	9,437	36,287	1,500
005 04 PATIENT ACCOUNTS				38,680		56,961	3,304
006 ADMINSTRATIVE & GENERAL	204			289,490	42,043	535,506	15,751
008 OPERATION OF PLANT	243	102,117		1,380,278	168,648	2,329,201	6,071
009 LAUNDRY & LINEN SERVICE				37,666		55,468	559
010 HOUSEKEEPING	3			50,241	3,612	94,064	5,246
011 DIETARY							3,207
012 CAFETERIA				98,059	2,020	162,066	174
014 NURSING ADMINISTRATION				11,072	1,592	20,802	4,058
015 CENTRAL SERVICES & SUPPLY				2,170	918	6,659	1,361
016 PHARMACY				46,129		74,495	7,122
017 MEDICAL RECORDS & LIBRARY	14			67,242	61,192	214,855	7,957
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD				29,069		46,944	5,871
024 PARAMED ED PRGM							513
024 01 PARAMED ED PRGM-LAB							67
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				687,461	164,161	1,533,242	24,474
026 INTENSIVE CARE UNIT				80,552		214,049	5,723
031 SUBPROVIDER				106,488		171,970	1,879
031 01 REHAB UNIT				92,848		136,731	4,984
033 NURSERY							946
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				152,903		246,927	5,904
038 RECOVERY ROOM				6,756		10,911	1,628
038 01 ENDOSCOPY				97,924	118,293	375,251	2,660
039 DELIVERY ROOM & LABOR ROO							1,364
040 ANESTHESIOLOGY							4,250
041 RADIOLOGY-DIAGNOSTIC	55	158,347		230,744	45,369	561,156	10,927
041 01 RADIOLOGY-MONROE CITY				1,326		1,624	159
041 02 RADIOLOGY-PETERSBURG				3,471		4,252	
041 03 RADIOLOGY-BICKNELL				6,418		7,863	142
041 04 RADIOLOGY-MRI		67,759		25,699	1,428	96,806	1,008
041 05 RADIOLOGY-ULTRASOUND				3,767		6,083	678
041 06 RADIOLOGY-PETERSBURG AMBE							210
041 07 RADIOLOGY-ORTHOPEDIC ASSO							1
041 08 RADIOLOGY-GSH BREAST CENT							724
044 LABORATORY				87,950	4,183	139,840	6,602
044 01 LABORATORY-SATELLITE							917
049 RESPIRATORY THERAPY	44			40,926		99,740	5,381
050 PHYSICAL THERAPY				67,723	10,284	184,995	5,575
053 ELECTROCARDIOLOGY	28			90,028	105,448	337,270	4,245
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS				29,390		64,453	714
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							2,438
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS				90,501		116,179	
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				22,532		27,603	733
061 EMERGENCY				203,939	102,225	641,336	7,004
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							128
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				41,897		51,327	1,768
095 SUBTOTALS	980	328,223		4,440,235	874,622	9,032,542	168,117
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				3,716		9,874	
098 PHYSICIANS' PRIVATE OFFIC				168,189		206,859	9,295
100 COMMUNITY HEALTH SERVICES				29,491		36,129	380
100 01 WORK FITNESS							
100 02 MARKETING AND PUBLIC RELA				8,690		12,983	446
100 03 MH RESIDENTIAL				203,939		249,839	2,511
100 04 UNUSED SPACE				126,343	37,268	259,564	
100 05 MOB							1,560
100 06 FOUNDATION				3,665		5,397	197

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5.01	5.02	5.03	5.04	6	8	9
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC- CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRC- OUTPATIENT							
003 06 NEW CRD - HEALTH PAVILION							
003 07 NEW CRC - STORAGE							
004 NEW CRC - DIAGNOSTIC CENT							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVILION							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS	668						
005 02 PURCHASING & RECEIVING	8	182,500					
005 03 REGISTRATION	8	106	37,901				
005 04 PATIENT ACCOUNTS	36	157		60,458			
006 ADMINSTRATIVE & GENERAL	52	1,737			553,046		
008 OPERATION OF PLANT	58	2,343			37,882	2,375,555	
009 LAUNDRY & LINEN SERVICE		608			1,787	26,795	85,217
010 HOUSEKEEPING	5	1,533			11,215	35,740	7,587
011 DIETARY	7	6,699			12,491		520
012 CAFETERIA		2,051			849	69,756	
014 NURSING ADMINISTRATION	9	170			8,870	7,876	
015 CENTRAL SERVICES & SUPPLY	2	3,281			3,411	1,544	1,231
016 PHARMACY	11	54,256			16,536	32,814	
017 MEDICAL RECORDS & LIBRARY	25	161			18,137	47,834	
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD	46	2,745			6,865	20,679	
024 PARAMED ED PRGM		2			774		
024 01 PARAMED ED PRGM-LAB		4			123		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	166	2,835	3,449	5,499	57,109	489,037	36,835
026 INTENSIVE CARE UNIT	13	719	760	1,212	12,560	57,302	5,876
031 SUBPROVIDER			486	775	5,712	75,752	1,239
031 01 REHAB UNIT	27	625	568	906	14,143	66,049	4,265
033 NURSERY		172	103	165	1,891		559
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	26	33,450	2,393	3,816	20,853	108,770	8,281
038 RECOVERY ROOM		181	162	258	3,240	4,806	283
038 01 ENDOSCOPY	9	1,529	938	1,496	9,207	69,660	2,451
039 DELIVERY ROOM & LABOR ROO		590	356	568	3,101		1,116
040 ANESTHESIOLOGY		899	312	498	5,198		
041 RADIOLOGY-DIAGNOSTIC	33	6,923	5,988	9,577	33,652	164,144	4,154
041 01 RADIOLOGY-MONROE CITY		29	24	38	392	943	
041 02 RADIOLOGY-PETERSBURG		22	2	3	20	2,469	
041 03 RADIOLOGY-BICKNELL		22	16	26	392	4,566	858
041 04 RADIOLOGY-MRI		614	1,307	2,083	2,979	18,282	
041 05 RADIOLOGY-ULTRASOUND		401	337	537	1,502	2,679	
041 06 RADIOLOGY-PETERSBURG AMBE		4	26	41	451		
041 07 RADIOLOGY-ORTHOPEDIC ASSO					1		
041 08 RADIOLOGY-GSH BREAST CENT		16	46	74	1,445		
044 LABORATORY	15	20,377	4,388	6,996	31,031	62,565	
044 01 LABORATORY-SATELLITE		725	736	1,173	2,937		
049 RESPIRATORY THERAPY	9	1,410	509	812	11,778	29,114	
050 PHYSICAL THERAPY		329	1,222	1,948	13,593	48,176	1,152
053 ELECTROCARDIOLOGY	17	13,572	2,585	4,121	15,553	64,043	1,832
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS	8	179	313	499	1,956	20,907	553
055 MEDICAL SUPPLIES CHARGED			31	49	34,891		
056 DRUGS CHARGED TO PATIENTS			4,349	6,933	31,792		
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)	25	13,244	1,413	2,253	7,560		85
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS		55	100	159	1,877	64,379	
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	4	48	30	48	1,631	16,029	
061 EMERGENCY	17	1,681	1,885	3,006	36,059	145,075	6,321
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN		318	117	186	2,434		
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		179	337	537	5,706	29,804	
095 SUBTOTALS	636	177,001	35,288	56,292	491,586	1,787,589	85,198
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					44	2,643	
098 PHYSICIANS' PRIVATE OFFIC	12	736	965	1,539	25,753	119,644	
100 COMMUNITY HEALTH SERVICES	14	307			1,177	20,979	19
100 01 WORK FITNESS					2		
100 02 MARKETING AND PUBLIC RELA		3,215			4,529	6,182	
100 03 MH RESIDENTIAL		817	241	384	6,742	145,075	
100 04 UNUSED SPACE					1,159	89,876	
100 05 MOB					3,310		
100 06 FOUNDATION	1	424			1,024	2,607	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	COMMUNICATIONS	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5.01	5.02	5.03	5.04	6	8	9
NONREIMBURS COST CENTERS							
100 07 KNOX COUNTY HEALTH DEPT	5				152	15,164	
100 08 INDUSTRIAL HEALTH					19		
100 09 NRCC			1,407	2,243	17,549	185,796	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	668	182,500	37,901	60,458	553,046	2,375,555	85,217

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC - CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRC - OUTPATIENT							
003 06 NEW CRD - HEALTH PAVILION							
003 07 NEW CRC - STORAGE							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CRC - EQUIPMENT							
004 03 NEW CRC - HEALTH PAVILION							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 PURCHASING & RECEIVING							
005 03 REGISTRATION							
005 04 PATIENT ACCOUNTS							
006 ADMINSTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	155,390						
011 DIETARY	4,633	27,557					
012 CAFETERIA	1,094		235,990				
014 NURSING ADMINISTRATION			4,546	46,331			
015 CENTRAL SERVICES & SUPPLY	2,035		3,913		23,437		
016 PHARMACY	1,900		8,319		7,756	203,209	
017 MEDICAL RECORDS & LIBRARY	2,098		15,734		23		306,824
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD			10,392		393	33	
024 PARAMED ED PRGM			710				
024 01 PARAMED ED PRGM-LAB					1		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	55,497	16,895	44,057	22,644	406	970	106,159
026 INTENSIVE CARE UNIT	9,100	2,533	8,544	4,392	103	240	5,932
031 SUBPROVIDER	5,545	2,834	3,362				7,073
031 01 REHAB UNIT	5,837	4,491	10,233	5,260	89	178	6,132
033 NURSERY	696	804	1,319	678	25	12	1,646
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	18,111		8,753	4,499	4,787	1,461	10,318
038 RECOVERY ROOM	1,118		1,539	791	26	51	
038 01 ENDOSCOPY	2,648		3,834		219	141	12,769
039 DELIVERY ROOM & LABOR ROO	834		1,717	883	84	24	
040 ANESTHESIOLOGY			990		129		
041 RADIOLOGY-DIAGNOSTIC	9,079		16,879		991	999	88
041 01 RADIOLOGY-MONROE CITY			252		4		
041 02 RADIOLOGY-PETERSBURG			109		3		
041 03 RADIOLOGY-BICKNELL			213		3		
041 04 RADIOLOGY-MRI			1,336		88		
041 05 RADIOLOGY-ULTRASOUND	889		852		57	4	
041 06 RADIOLOGY-PETERSBURG AMBE			331		1	5	
041 07 RADIOLOGY-ORTHOPEDIC ASSO			149				
041 08 RADIOLOGY-GSH BREAST CENT			712		2		
044 LABORATORY	3,487		12,946		2,916	118	
044 01 LABORATORY-SATELLITE			2,150		104		
049 RESPIRATORY THERAPY	1,631		8,381		202	920	1,223
050 PHYSICAL THERAPY	4,529		7,174		47	33	
053 ELECTROCARDIOLOGY	8,232		6,782		1,942	33	28,273
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS	1,733		1,335		26	1	4,057
055 MEDICAL SUPPLIES CHARGED						17	
056 DRUGS CHARGED TO PATIENTS						195,076	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)			3,684		1,895	117	12,176
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS					8	139	
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			1,204		7	3	
061 EMERGENCY	8,389		10,859	5,582	241	239	110,978
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN					46		
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			3,117	1,602	26	1	
095 SUBTOTALS	149,115	27,557	206,427	46,331	22,650	200,815	306,824
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	5,949		7,790		105	935	
100 COMMUNITY HEALTH SERVICES			803		44	889	
100 01 WORK FITNESS							
100 02 MARKETING AND PUBLIC RELA	326		802		460	11	
100 03 MH RESIDENTIAL			7,068		117		
100 04 UNUSED SPACE							
100 05 MOB			1,692				
100 06 FOUNDATION			405		61		

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COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		10	11	12	14	15	16	17
NONREIMBURS COST CENTERS								
100	07 KNOX COUNTY HEALTH DEPT						559	
100	08 INDUSTRIAL HEALTH							
100	09 NRCC			11,003				
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	155,390	27,557	235,990	46,331	23,437	203,209	306,824

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	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	PARAMED ED PR GM	PARAMED ED PR GM-LAB	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	18.01	24	24.01	25	26	27
003	GENERAL SERVICE COST CNTR						
003	NEW CAP REL COSTS-BLDG &						
003 01	NEW CRC - CT EAST						
003 02	NEW CRC- CT WEST						
003 03	NEW CRC- MEMORIAL						
003 04	NEW CRC - OUTPATIENT						
003 05	NEW CRD - HEALTH PAVILION						
003 06	NEW CRC - STORAGE						
003 07	NEW CRC - DIAGNOSTIC CENT						
004	NEW CAP REL COSTS-MVBLE E						
004 01	NEW CRC - EQUIPMENT						
004 02	NEW CRC - HEALTH PAVILION						
005	EMPLOYEE BENEFITS						
005 01	COMMUNICATIONS						
005 02	PURCHASING & RECEIVING						
005 03	REGISTRATION						
005 04	PATIENT ACCOUNTS						
006	ADMINISTRATIVE & GENERAL						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
018 01		93,968					
024			1,999				
024 01				195			
025		47,977			2,447,251		2,447,251
026					329,058		329,058
031		6,764			283,391		283,391
031 01					260,518		260,518
033					9,016		9,016
037					478,349		478,349
038					24,994		24,994
038 01					482,812		482,812
039					10,637		10,637
040					12,276		12,276
041					824,590		824,590
041 01					3,465		3,465
041 02					6,880		6,880
041 03					14,101		14,101
041 04					124,503		124,503
041 05					14,019		14,019
041 06					1,069		1,069
041 07					151		151
041 08					3,019		3,019
044					291,281		291,281
044 01					8,742		8,742
049					161,110		161,110
050					268,773		268,773
053					488,500		488,500
054							
054 01					96,734		96,734
055					34,988		34,988
056					238,150		238,150
057							
058		19,658			64,548		64,548
059							
059 01					182,896		182,896
059 02							
060					47,340		47,340
061					978,672		978,672
062							
066					3,229		3,229
071							
093					94,404		94,404
095		74,399			8,289,466		8,289,466
096					12,561		12,561
098					379,582		379,582
100					60,741		60,741
100 01					2		2
100 02					28,954		28,954
100 03					412,794		412,794
100 04					350,599		350,599
100 05					6,562		6,562
100 06					10,116		10,116

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC- MEMORIAL	NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	3.05
003 NEW CAP REL COSTS-BLD						
003 01 NEW CRC - CT EAST		153,439				
003 02 NEW CRC- CT WEST			67,104			
003 03 NEW CRC- MEMORIAL				73,395		
003 04 NEW CRC - OUTPATIENT					211,341	
003 05 NEW CRD - HEALTH PAVILION						89,383
003 06 NEW CRC - STORAGE						
003 07 NEW CRC - DIAGNOSTIC						
004 NEW CAP REL COSTS-MVB						
004 01 NEW CRC - EQUIPMENT						
004 02 NEW CRC - HEALTH PAVILION						
005 EMPLOYEE BENEFITS				3,428		3,310
005 01 COMMUNICATIONS						
005 02 PURCHASING & RECEIVING		12,740		120	553	
005 03 REGISTRATION			283			925
005 04 PATIENT ACCOUNTS				4,580		
006 ADMINISTRATIVE & GENERAL		1,775	5,122	12,763	8,099	4,121
008 OPERATION OF PLANT		14,084	8,034	23,145	91,124	16,531
009 LAUNDRY & LINEN SERVICE				4,460		
010 HOUSEKEEPING		912	1,394	2,451	696	354
011 DIETARY						
012 CAFETERIA		11,413				198
014 NURSING ADMINISTRATIVE		1,155				156
015 CENTRAL SERVICES & SUPPLY			167			90
016 PHARMACY		5,462				
017 MEDICAL RECORDS & LIBRARY			60		1,736	5,998
018 SOCIAL SERVICE						
018 01 MENTAL HEALTH OVERHEAD		3,442				
024 PARAMEDICAL PROGRAM						
024 01 PARAMEDICAL PROGRAM-LAB						
025 INPATIENT ROUTINE SERVICE CENTER		47,895	14,806		2,609	16,091
026 ADULTS & PEDIATRICS			9,538			
031 INTENSIVE CARE UNIT						
031 SUBPROVIDER		12,609				
031 01 REHAB UNIT				10,994		
033 NURSERY						
037 ANCILLARY SERVICE COST CENTER						
037 OPERATING ROOM		18,105				
038 RECOVERY ROOM		800				
038 01 ENDOSCOPY						11,595
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC		10,319	192		4,930	4,447
041 01 RADIOLOGY-MONROE CITY					157	
041 02 RADIOLOGY-PETERSBURG					411	
041 03 RADIOLOGY-BICKNELL					760	
041 04 RADIOLOGY-MRI						140
041 05 RADIOLOGY-ULTRASOUND		446				
041 06 RADIOLOGY-PETERSBURG						
041 07 RADIOLOGY-ORTHOPEDIC						
041 08 RADIOLOGY-GSH BREAST						
044 LABORATORY		7,006			2,999	410
044 01 LABORATORY-SATELLITE						
049 RESPIRATORY THERAPY		202	4,124			
050 PHYSICAL THERAPY		564	6,447			
053 ELECTROCARDIOLOGY						1,008
054 ELECTROENCEPHALOGRAPH						10,336
054 01 NEURODIAGNOSTICS		1,550	1,930			
055 MEDICAL SUPPLIES CHARGED						
056 DRUGS CHARGED TO PATIENT						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR)						
059 MH ANCILLARY OUTPATIENT						
059 01 INPATIENT RENAL DIALYSIS			439		10,277	
059 02 ACUPUNCTURE						
060 OUTPATIENT SERVICE COST CENTER						
061 CLINIC					2,668	
061 EMERGENCY			14,128			10,020
062 OBSERVATION BEDS (NON-OTHER REIMBURS COST CENTER)						
066 DURABLE MEDICAL EQUIPMENT						
071 HOME HEALTH AGENCY						
093 SPEC PURPOSE COST CENTER						
093 HOSPICE						
095 SUBTOTALS		150,479	66,664	61,941	131,980	85,730
096 NONREIMBURS COST CENTER						
096 GIFT, FLOWER, COFFEE			440			
098 PHYSICIANS' PRIVATE OFFICE				390	19,525	
100 COMMUNITY HEALTH SERVICE					3,492	
100 01 WORK FITNESS						
100 02 MARKETING AND PUBLIC		154		875		

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CRC - CT EAST (SQUARE FEET)	NEW CRC- CT W EST (SQUARE FEET)	NEW CRC- MEMO RIAL (SQUARE FEET)	NEW CRC - OUT PATIENT (SQUARE FEET)	NEW CRD - HEA LTH PAVILION (SQUARE FEET)
NONREIMBURS COST CENT	3	3.01	3.02	3.03	3.04	3.05
100 03 MH RESIDENTIAL					24,148	
100 04 UNUSED SPACE		2,806		7,231	1,270	3,653
100 05 MOB						
100 06 FOUNDATION				434		
100 07 KNOX COUNTY HEALTH DE				2,524		
100 08 INDUSTRIAL HEALTH						
100 09 NRCC					30,926	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		796,847	939,211	292,958	401,715	1,225,954
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		5.193249	13.996349	3.991525	1.900791	13.715740
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0042

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CRC - STORAGE (SQUARE FEET)	NEW CRC - DIAGNOSTIC CENT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CRC - EQUIPMENT (SQUARE FEET)	NEW CRC - HEALTH PAVILION (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)
GENERAL SERVICE COST	3.06	3.07	4	4.01	4.02	5	5.01
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC - CT EAST							
003 02 NEW CRC- CT WEST							
003 03 NEW CRC- MEMORIAL							
003 04 NEW CRC - OUTPATIENT							
003 05 NEW CRD - HEALTH PAVI							
003 06 NEW CRC - STORAGE	11,507						
003 07 NEW CRC - DIAGNOSTIC		14,062					
004 NEW CAP REL COSTS-MVB			153,439				
004 01 NEW CRC - EQUIPMENT				623,628			
004 02 NEW CRC - HEALTH PAVI					89,383		
005 EMPLOYEE BENEFITS	4,560			11,298	3,310	59,915,645	
005 01 COMMUNICATIONS						212,113	1,705
005 02 PURCHASING & RECEIVIN			12,740	13,413		483,260	21
005 03 REGISTRATION				1,208	925	476,222	21
005 04 PATIENT ACCOUNTS				4,580		1,049,249	93
006 ADMINISTRATIVE & GENE	2,398		1,775	34,278	4,121	5,001,828	134
008 OPERATION OF PLANT	2,851	4,375	14,084	163,436	16,531	1,927,808	148
009 LAUNDRY & LINEN SERVI				4,460		177,504	
010 HOUSEKEEPING	36		912	5,949	354	1,665,994	12
011 DIETARY						1,018,426	18
012 CAFETERIA			11,413	11,611	198	55,401	
014 NURSING ADMINISTRATIO			1,155	1,311	156	1,288,717	24
015 CENTRAL SERVICES & SU				257	90	432,318	6
016 PHARMACY			5,462	5,462		2,261,614	28
017 MEDICAL RECORDS & LIB	168			7,962	5,998	2,526,960	64
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEA			3,442	3,442		1,864,320	118
024 PARAMED ED PRGM						162,867	
024 01 PARAMED ED PRGM-LAB						21,179	
025 INPAT ROUTINE SRVC CN			47,895	81,401	16,091	7,777,538	417
026 ADULTS & PEDIATRICS				9,538		1,817,486	33
031 INTENSIVE CARE UNIT			12,609	12,609		596,745	
031 01 SUBPROVIDER				10,994		1,582,705	69
033 REHAB UNIT						300,324	
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM			18,105	18,105		1,874,797	66
038 RECOVERY ROOM			800	800		516,942	
038 01 ENDOSCOPY				11,595	11,595	844,740	23
039 DELIVERY ROOM & LABOR						433,029	
040 ANESTHESIOLOGY						1,349,760	
041 RADIOLOGY-DIAGNOSTIC	650	6,784	10,319	27,322	4,447	3,470,012	83
041 01 RADIOLOGY-MONROE CITY				157		50,473	
041 02 RADIOLOGY-PETERSBURG				411			
041 03 RADIOLOGY-BICKNELL				760		45,066	
041 04 RADIOLOGY-MRI		2,903		3,043	140	320,034	
041 05 RADIOLOGY-ULTRASOUND			446	446		215,149	
041 06 RADIOLOGY-PETERSBURG						66,689	
041 07 RADIOLOGY-ORTHOPEDIC						206	
041 08 RADIOLOGY-GSH BREAST						229,960	
044 LABORATORY			7,006	10,414	410	2,096,600	39
044 01 LABORATORY-SATELLITE						291,329	
049 RESPIRATORY THERAPY	520		202	4,846		1,708,887	23
050 PHYSICAL THERAPY			564	8,019	1,008	1,770,488	
053 ELECTROCARDIOLOGY	324			10,660	10,336	1,348,155	43
054 ELECTROENCEPHALOGRAPH							
054 01 NEURODIAGNOSTICS			1,550	3,480		226,862	21
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR						774,341	63
059 MH ANCILLARY OUTPATIE							
059 01 INPATIENT RENAL DIALY				10,716			
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST C							
060 CLINIC				2,668		232,698	9
061 EMERGENCY				24,148	10,020	2,224,253	44
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
066 DURABLE MEDICAL EQUIP						40,586	
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CEN							
093 HOSPICE				4,961		561,493	
095 SUBTOTALS	11,507	14,062	150,479	525,760	85,730	53,393,127	1,620
095 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				440			
098 PHYSICIANS' PRIVATE O				19,915		2,951,843	31
100 COMMUNITY HEALTH SERV				3,492		120,797	37
100 01 WORK FITNESS							
100 02 MARKETING AND PUBLIC			154	1,029		141,549	

COST CENTER DESCRIPTION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENT	NEW CAP REL C OSTS-MVBLE	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	EMPLOYEE FITS	BENE COMMUNICATIONS
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(GROSS LARIES)	SA(NUMBER OF PHONES)
NONREIMBURS COST CENT	3.06	3.07	4	4.01	4.02	5	5.01
100 03 MH RESIDENTIAL				24,148		797,472	
100 04 UNUSED SPACE			2,806	14,960	3,653		
100 05 MOB						495,271	
100 06 FOUNDATION				434		62,604	3
100 07 KNOX COUNTY HEALTH DE				2,524			14
100 08 INDUSTRIAL HEALTH							
100 09 NRCC				30,926		1,952,982	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	980	328,223		5,266,765	911,890	19,322,015	313,616
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.085166	23.341132		8.445363	10.202052	.322487	183.939003
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						188,656	668
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						.003149	.391789

COST CENTER DESCRIPTION	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	RECONCILIATION	ADMINISTRATIVE OPERATION OF PLANT			LAUNDRY & LINEN SERVICE
					(ACCUM. COST)	(SQUARE FEET)	(LBS OF LAUNDRY)	
	(SUPPLIES COST)	(GROSS CHARGES)	(GROSS CHARGES)		6	8	9	
GENERAL SERVICE COST	5.02	5.03	5.04	6a.00	6	8	9	
003 NEW CAP REL COSTS-BLD								
003 01 NEW CRC - CT EAST								
003 02 NEW CRC- CT WEST								
003 03 NEW CRC- MEMORIAL								
003 04 NEW CRC - OUTPATIENT								
003 05 NEW CRD - HEALTH PAVI								
003 06 NEW CRC - STORAGE								
003 07 NEW CRC - DIAGNOSTIC								
004 NEW CAP REL COSTS-MVB								
004 01 NEW CRC - EQUIPMENT								
004 02 NEW CRC - HEALTH PAVI								
005 EMPLOYEE BENEFITS								
005 01 COMMUNICATIONS								
005 02 PURCHASING & RECEIVING	23,849,905							
005 03 REGISTRATION	13,805	264,982,287						
005 04 PATIENT ACCOUNTS	20,550		264,982,287					
006 ADMINISTRATIVE & GENERAL	226,962			-13,122,148	123,813,979			
008 OPERATION OF PLANT	306,231				8,480,454	395,415		
009 LAUNDRY & LINEN SERVICE	79,417				400,078	4,460	1,051,330	
010 HOUSEKEEPING	200,353				2,510,706	5,949	93,601	
011 DIETARY	875,486				2,796,347		6,413	
012 CAFETERIA	268,052				190,114	11,611		
014 NURSING ADMINISTRATIVE	22,194				1,985,576	1,311		
015 CENTRAL SERVICES & SUPPLY	428,827				763,680	257	15,192	
016 PHARMACY	7,090,243				3,701,909	5,462		
017 MEDICAL RECORDS & LIBRARY	21,084				4,060,314	7,962		
018 SOCIAL SERVICE								
018 01 MENTAL HEALTH OVERHEAD	358,704				1,536,932	3,442		
024 PARAMEDICAL PROGRAM	326				173,211			
024 01 PARAMEDICAL PROGRAM-LAB	490				27,467			
025 INPATIENT ROUTINE SERVICE CENTER								
025 ADULTS & PEDIATRICS	370,496	24,119,351	24,119,351		12,791,314	81,401	454,414	
026 INTENSIVE CARE UNIT	93,936	5,313,630	5,313,630		2,811,711	9,538	72,497	
031 SUBPROVIDER		3,400,942	3,400,942		1,278,707	12,609	15,287	
031 01 REHAB UNIT	81,683	3,974,593	3,974,593		3,166,025	10,994	52,624	
033 NURSERY	22,451	723,583	723,583		423,419		6,894	
037 ANCILLARY SERVICE COST CENTER								
037 OPERATING ROOM	4,371,348	16,737,506	16,737,506		4,668,280	18,105	102,167	
038 RECOVERY ROOM	23,679	1,131,016	1,131,016		725,227	800	3,488	
038 01 ENDOSCOPY	199,876	6,560,084	6,560,084		2,061,090	11,595	30,243	
039 DELIVERY ROOM & LABOR	77,127	2,489,666	2,489,666		694,103		13,774	
040 ANESTHESIOLOGY	117,428	2,182,527	2,182,527		1,163,642			
041 RADIOLOGY-DIAGNOSTIC	904,771	41,822,772	41,822,772		7,533,492	27,322	51,254	
041 01 RADIOLOGY-MONROE CITY	3,815	166,322	166,322		87,756	157		
041 02 RADIOLOGY-PETERSBURG	2,823	12,955	12,955		4,534	411		
041 03 RADIOLOGY-BICKNELL	2,867	113,373	113,373		87,814	760	10,591	
041 04 RADIOLOGY-MRI	80,292	9,137,889	9,137,889		666,817	3,043		
041 05 RADIOLOGY-ULTRASOUND	52,378	2,354,382	2,354,382		336,223	446		
041 06 RADIOLOGY-PETERSBURG	517	178,590	178,590		101,004			
041 07 RADIOLOGY-ORTHOPEDIC					272			
041 08 RADIOLOGY-GOSH BREAST	2,132	324,129	324,129		323,550			
044 LABORATORY	2,663,023	30,683,375	30,683,375		6,946,702	10,414		
044 01 LABORATORY-SATELLITE	94,771	5,146,744	5,146,744		657,591			
049 RESPIRATORY THERAPY	184,263	3,559,620	3,559,620		2,636,572	4,846		
050 PHYSICAL THERAPY	43,018	8,542,130	8,542,130		3,043,076	8,019	14,211	
053 ELECTROCARDIOLOGY	1,773,712	18,075,612	18,075,612		3,481,695	10,660	22,600	
054 ELECTROENCEPHALOGRAPHY								
054 01 NEURODIAGNOSTICS	23,390	2,189,561	2,189,561		437,811	3,480	6,824	
055 MEDICAL SUPPLIES CHARACTER		215,305	215,305		7,810,849			
056 DRUGS CHARGED TO PATIENT		30,409,189	30,409,189		7,117,106			
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT) PAR	1,730,763	9,883,516	9,883,516		1,692,377		1,050	
059 MH ANCILLARY OUTPATIENT								
059 01 INPATIENT RENAL DIALYSIS	7,210	696,345	696,345		420,126	10,716		
059 02 ACUPUNCTURE								
060 OUTPATIENT SERVICE COST CENTER								
060 CLINIC	6,283	210,279	210,279		365,089	2,668		
061 EMERGENCY	219,642	13,182,171	13,182,171		8,072,360	24,148	77,977	
062 OBSERVATION BEDS (NON-OTHER REIMBURS COST CENTER)								
066 DURABLE MEDICAL EQUIPMENT	41,622	817,890	817,890		544,855			
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER								
093 HOSPICE	23,350	2,353,710	2,353,710		1,277,469	4,961		
095 SUBTOTALS	23,131,390	246,708,757	246,708,757	-13,122,148	110,055,446	297,547	1,051,101	
NONREIMBURS COST CENTER								
096 GIFT, FLOWER, COFFEE					9,874	440		
098 PHYSICIANS' PRIVATE OFFICE	96,131	6,748,687	6,748,687		5,765,119	19,915		
100 COMMUNITY HEALTH SERVICE	40,065				263,387	3,492	229	
100 01 WORK FITNESS					444			
100 02 MARKETING AND PUBLIC	420,202				1,013,951	1,029		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0042

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET B-1

	COST CENTER DESCRIPTION	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		(SUPPLIES COST)	(GROSS CHARGES)	(GROSS CHARGES)	()	(ACCUM. COST)	(SQUARE FEET)	(LBS OF LAUNDRY)
	NONREIMBURS COST CENT	5.02	5.03	5.04	6a.00	6	8	9
100	03 MH RESIDENTIAL	106,723	1,686,213	1,686,213		1,509,272	24,148	
100	04 UNUSED SPACE					259,564	14,960	
100	05 MOB					740,944		
100	06 FOUNDATION	55,394				229,196	434	
100	07 KNOX COUNTY HEALTH DE					33,966	2,524	
100	08 INDUSTRIAL HEALTH					4,160		
100	09 NRCC		9,838,630	9,838,630		3,928,656	30,926	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	905,916	717,011	2,022,077		13,122,148	9,379,238	548,270
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.037984	.002706	.007631		.105983	23.719985	.521501
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	182,500	37,901	60,458		553,046	2,375,555	85,217
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.007652	.000143	.000228		.004467	6.007751	.081056

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
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COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(TIME SPENT)	(PATIENT DAYS)	(MAN HOURS)	(DIRECT NURSING HOURS)	(SUPPLIES COST)	(COSTED REQUISITE)	(TIME SPENT)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC - CT EAST							
003 02 NEW CRC- CT WEST							
003 03 NEW CRC- MEMORIAL							
003 04 NEW CRC - OUTPATIENT							
003 05 NEW CRD - HEALTH PAVI							
003 06 NEW CRC - STORAGE							
003 07 NEW CRC - DIAGNOSTIC							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVI							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 PURCHASING & RECEIVING							
005 03 REGISTRATION							
005 04 PATIENT ACCOUNTS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	59,629						
011 DIETARY	1,778	37,819					
012 CAFETERIA	420		2,061,760				
014 NURSING ADMINISTRATION			39,719	787,492			
015 CENTRAL SERVICES & SUPPLY	781		34,184		21,408,028		
016 PHARMACY	729		72,684		7,090,243	6,972,605	
017 MEDICAL RECORDS & LIBRARY	805		137,467		21,084		52,189
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD			90,792		358,704	1,134	
024 PARAMEDICAL PRGM			6,201		326		
024 01 PARAMEDICAL PRGM-LAB			4		490		
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	21,296	23,185	384,898	384,898	370,496	33,293	18,057
026 INTENSIVE CARE UNIT	3,492	3,476	74,646	74,646	93,936	8,231	1,009
031 SUBPROVIDER	2,128	3,890	29,374				1,203
031 01 REHAB UNIT	2,240	6,164	89,401	89,401	81,683	6,095	1,043
033 NURSERY	267	1,104	11,528	11,528	22,451	402	280
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	6,950		76,475	76,475	4,371,348	50,122	1,755
038 RECOVERY ROOM	429		13,442	13,442	23,679	1,762	
038 01 ENDOSCOPY	1,016		33,500		199,876	4,853	2,172
039 DELIVERY ROOM & LABOR	320		15,003	15,003	77,127	823	
040 ANESTHESIOLOGY			8,645		117,428		
041 RADIOLOGY-DIAGNOSTIC	3,484		147,468		904,771	34,289	15
041 01 RADIOLOGY-MONROE CITY			2,204		3,815		
041 02 RADIOLOGY-PETERSBURG			951		2,823		
041 03 RADIOLOGY-BICKNELL			1,858		2,867		
041 04 RADIOLOGY-MRI			11,676		80,292		
041 05 RADIOLOGY-ULTRASOUND	341		7,441		52,378	123	
041 06 RADIOLOGY-PETERSBURG			2,890		517	171	
041 07 RADIOLOGY-ORTHOPEDIC			1,298				
041 08 RADIOLOGY-GSH BREAST			6,224		2,132		
044 LABORATORY	1,338		113,108		2,663,023	4,057	
044 01 LABORATORY-SATELLITE			18,781		94,771		
049 RESPIRATORY THERAPY	626		73,220		184,263	31,583	208
050 PHYSICAL THERAPY	1,738		62,674		43,018	1,148	
053 ELECTROCARDIOLOGY	3,159		59,256		1,773,712	1,139	4,809
054 ELECTROENCEPHALOGRAPH							
054 01 NEURODIAGNOSTICS	665		11,662		23,390	18	690
055 MEDICAL SUPPLIES CHARACTERIZED						570	
056 DRUGS CHARGED TO PATIENT						6,693,553	
057 RENAL DIALYSIS							
058 ASC (NON-DIESTINCT PAR)			32,186		1,730,763	4,030	2,071
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS					7,210	4,756	
059 02 ACUPUNCTURE							
060 OUTPATIENT SERVICE COST CENTER							
061 CLINIC			10,521		6,283	95	
061 EMERGENCY	3,219		94,869	94,869	219,642	8,199	18,877
062 OBSERVATION BEDS (NON-OTHER REIMBURS COST CENTER)							
066 DURABLE MEDICAL EQUIPMENT					41,622		
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER							
093 HOSPICE			27,230	27,230	23,350	25	
095 SUBTOTALS	57,221	37,819	1,803,480	787,492	20,689,513	6,890,471	52,189
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE	2,283		68,061		96,131	32,090	
100 COMMUNITY HEALTH SERVICE			7,012		40,065	30,506	
100 01 WORK FITNESS							
100 02 MARKETING AND PUBLIC	125		7,008		420,202	372	

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(TIME SPENT)	(PATIENT DAYS)	(MAN HOURS)	(DIRECT NURSING HOURS)	(SUPPLIES COST)	(COSTED REQUISITE)	(TIME SPENT)
NONREIMBURS COST CENT	10	11	12	14	15	16	17
100 03 MH RESIDENTIAL			61,751		106,723		
100 04 UNUSED SPACE							
100 05 MOB			14,779				
100 06 FOUNDATION			3,537		55,394		
100 07 KNOX COUNTY HEALTH DE						19,166	
100 08 INDUSTRIAL HEALTH							
100 09 NRCC			96,132				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,966,721	3,184,517	506,572	2,236,869	905,892	4,577,960	4,754,216
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	49.752989	84.204157	.245699	2.840497	.042316	.656564	91.096131
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	155,390	27,557	235,990	46,331	23,437	203,209	306,824
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	2.605947	.728655	.114460	.058834	.001095	.029144	5.879093

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0042

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)	MENTAL HEALTH OVERHEAD (CHARGES)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM-LAB (ASSIGNED TIME)
GENERAL SERVICE COST	18	18.01	24	24.01
003 NEW CAP REL COSTS-BLD				
003 01 NEW CRC - CT EAST				
003 02 NEW CRC- CT WEST				
003 03 NEW CRC- MEMORIAL				
003 04 NEW CRC - OUTPATIENT				
003 05 NEW CRD - HEALTH PAVI				
003 06 NEW CRC - STORAGE				
003 07 NEW CRC - DIAGNOSTIC				
004 NEW CAP REL COSTS-MVB				
004 01 NEW CRC - EQUIPMENT				
004 02 NEW CRC - HEALTH PAVI				
005 EMPLOYEE BENEFITS				
005 01 COMMUNICATIONS				
005 02 PURCHASING & RECEIVING				
005 03 REGISTRATION				
005 04 PATIENT ACCOUNTS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
018 01 MENTAL HEALTH OVERHEAD		47,242,439		
024 PARAMED ED PRGM			100	
024 01 PARAMED ED PRGM-LAB				100
025 INPAT ROUTINE SRVC CNTR				
025 ADULTS & PEDIATRICS		24,119,351		
026 INTENSIVE CARE UNIT				
031 SUBPROVIDER		3,400,942		
031 01 REHAB UNIT				
033 NURSERY				
037 ANCILLARY SRVC COST CENTER				
037 OPERATING ROOM				
038 RECOVERY ROOM				
038 01 ENDOSCOPY				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC			100	
041 01 RADIOLOGY-MONROE CITY				
041 02 RADIOLOGY-PETERSBURG				
041 03 RADIOLOGY-BICKNELL				
041 04 RADIOLOGY-MRI				
041 05 RADIOLOGY-ULTRASOUND				
041 06 RADIOLOGY-PETERSBURG				
041 07 RADIOLOGY-ORTHOPEDIC				
041 08 RADIOLOGY-GSH BREAST LABORATORY				100
044 LABORATORY-SATELLITE				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPH				
054 01 NEURODIAGNOSTICS				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATIENT				
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PAR)		9,883,516		
059 MH ANCILLARY OUTPATIENT				
059 01 INPATIENT RENAL DIALYSIS				
059 02 ACUPUNCTURE				
060 OUTPAT SERVICE COST CENTER				
061 CLINIC				
061 EMERGENCY				
062 OBSERVATION BEDS (NON-OTHER REIMBURS COST CENTER)				
066 DURABLE MEDICAL EQUIPMENT				
071 HOME HEALTH AGENCY				
093 SPEC PURPOSE COST CENTER				
093 HOSPICE				
095 SUBTOTALS		37,403,809	100	100
096 NONREIMBURS COST CENTER				
096 GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE OFFICE				
100 COMMUNITY HEALTH SERVICE				
100 01 WORK FITNESS				
100 02 MARKETING AND PUBLIC				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0042

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)	MENTAL HEALTH OVERHEAD (CHARGES)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED PR GM-LAB (ASSIGNED TIME)
NONREIMBURS COST CENT	18	18.01	24	24.01
100 03 MH RESIDENTIAL				
100 04 UNUSED SPACE				
100 05 MOB				
100 06 FOUNDATION				
100 07 KNOX COUNTY HEALTH DE				
100 08 INDUSTRIAL HEALTH				
100 09 NRCC		9,838,630		
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WRKSHT B, PART		1,819,697	193,106	30,400
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.038518	1,931.060000	304.000000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)				
107 COST TO BE ALLOCATED (PER WRKSHT B, PART		93,968	1,999	195
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.001989	19.990000	1.950000

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-0042

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	23,125,946		23,125,946		23,125,946
26	INTENSIVE CARE UNIT	4,171,851		4,171,851		4,171,851
31	SUBPROVIDER	2,402,516		2,402,516		2,402,516
31	01 REHAB UNIT	4,798,652		4,798,652		4,798,652
33	NURSERY	640,432		640,432		640,432
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,605,328		6,605,328		6,605,328
38	RECOVERY ROOM	887,872		887,872		887,872
38	01 ENDOSCOPY	2,838,621		2,838,621		2,838,621
39	DELIVERY ROOM & LABOR ROO	840,876		840,876		840,876
40	ANESTHESIOLOGY	1,294,061		1,294,061		1,294,061
41	RADIOLOGY-DIAGNOSTIC	9,471,563		9,471,563		9,471,563
41	01 RADIOLOGY-MONROE CITY	101,484		101,484		101,484
41	02 RADIOLOGY-PETERSBURG	15,117		15,117		15,117
41	03 RADIOLOGY-BICKNELL	121,249		121,249		121,249
41	04 RADIOLOGY-MRI	815,935		815,935		815,935
41	05 RADIOLOGY-ULTRASOUND	403,527		403,527		403,527
41	06 RADIOLOGY-PETERSBURG AMBE	112,553		112,553		112,553
41	07 RADIOLOGY-ORTHOPEDIC ASSO	620		620		620
41	08 RADIOLOGY-GSH BREAST CENT	359,460		359,460		359,460
44	LABORATORY	8,170,066		8,170,066		8,170,066
44	01 LABORATORY-SATELLITE	735,908		735,908		735,908
49	RESPIRATORY THERAPY	3,127,567		3,127,567		3,127,567
50	PHYSICAL THERAPY	3,667,656		3,667,656		3,667,656
53	ELECTROCARDIOLOGY	4,800,950		4,800,950		4,800,950
54	ELECTROENCEPHALOGRAPHY					
54	01 NEURODIAGNOSTICS	670,126		670,126		670,126
55	MEDICAL SUPPLIES CHARGED	8,639,040		8,639,040		8,639,040
56	DRUGS CHARGED TO PATIENTS	12,266,143		12,266,143		12,266,143
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)	2,525,434		2,525,434		2,525,434
59	MH ANCILLARY OUTPATIENT					
59	01 INPATIENT RENAL DIALYSIS	722,263		722,263		722,263
59	02 ACUPUNCTURE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	469,980		469,980		469,980
61	EMERGENCY	11,728,586		11,728,586		11,728,586
62	OBSERVATION BEDS (NON-DIS	3,226,575		3,226,575		3,226,575
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	604,361		604,361		604,361
101	SUBTOTAL	120,362,318		120,362,318		120,362,318
102	LESS OBSERVATION BEDS	3,226,575		3,226,575		3,226,575
103	TOTAL	117,135,743		117,135,743		117,135,743

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,008,411		20,008,411			
26	INTENSIVE CARE UNIT	5,313,630		5,313,630			
31	SUBPROVIDER	3,400,942		3,400,942			
31	01 REHAB UNIT	3,974,593		3,974,593			
33	NURSERY	723,583		723,583			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,625,846	5,111,660	16,737,506	.394642	.394642	.394642
38	RECOVERY ROOM	821,770	309,246	1,131,016	.785022	.785022	.785022
38	01 ENDOSCOPY	1,226,017	5,334,067	6,560,084	.432711	.432711	.432711
39	DELIVERY ROOM & LABOR ROO	2,098,794	390,872	2,489,666	.337747	.337747	.337747
40	ANESTHESIOLOGY	1,570,973	611,554	2,182,527	.592919	.592919	.592919
41	RADIOLOGY-DIAGNOSTIC	8,366,035	33,456,737	41,822,772	.226469	.226469	.226469
41	01 RADIOLOGY-MONROE CITY	1,544	164,778	166,322	.610166	.610166	.610166
41	02 RADIOLOGY-PETERSBURG		12,955	12,955	1.166885	1.166885	1.166885
41	03 RADIOLOGY-BICKNELL	1,330	112,043	113,373	1.069470	1.069470	1.069470
41	04 RADIOLOGY-MRI	1,368,165	7,769,724	9,137,889	.089291	.089291	.089291
41	05 RADIOLOGY-ULTRASOUND	383,765	1,970,617	2,354,382	.171394	.171394	.171394
41	06 RADIOLOGY-PETERSBURG AMBE		178,590	178,590	.630231	.630231	.630231
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT	40,466	283,663	324,129	1.109003	1.109003	1.109003
44	LABORATORY	12,467,823	18,215,552	30,683,375	.266270	.266270	.266270
44	01 LABORATORY-SATELLITE	17,155	5,129,589	5,146,744	.142985	.142985	.142985
49	RESPIRATORY THERAPY	2,791,158	768,462	3,559,620	.878624	.878624	.878624
50	PHYSICAL THERAPY	6,142,048	2,400,082	8,542,130	.429361	.429361	.429361
53	ELECTROCARDIOLOGY	8,204,993	9,870,619	18,075,612	.265604	.265604	.265604
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS	207,711	1,981,850	2,189,561	.306055	.306055	.306055
55	MEDICAL SUPPLIES CHARGED	10,939,732	6,007,639	16,947,371	.509757	.509757	.509757
56	DRUGS CHARGED TO PATIENTS	12,936,926	17,472,263	30,409,189	.403370	.403370	.403370
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	24,651	9,858,865	9,883,516	.255520	.255520	.255520
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS	688,785	7,560	696,345	1.037220	1.037220	1.037220
59	02 ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,096	207,183	210,279	2.235031	2.235031	2.235031
61	EMERGENCY	1,806,979	8,705,552	10,512,531	1.115677	1.115677	1.115677
62	OBSERVATION BEDS (NON-DIS	1,351,556	2,759,384	4,110,940	.784875	.784875	.784875
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	31,643	786,247	817,890	.738927	.738927	.738927
101	SUBTOTAL	118,540,120	139,877,353	258,417,473			
102	LESS OBSERVATION BEDS						
103	TOTAL	118,540,120	139,877,353	258,417,473			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
15-0042

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,008,411		20,008,411			
26	INTENSIVE CARE UNIT	5,313,630		5,313,630			
31	SUBPROVIDER	3,400,942		3,400,942			
31	01 REHAB UNIT	3,974,593		3,974,593			
33	NURSERY	723,583		723,583			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,625,846	5,111,660	16,737,506	.394642	.394642	.394642
38	RECOVERY ROOM	821,770	309,246	1,131,016	.785022	.785022	.785022
38	01 ENDOSCOPY	1,226,017	5,334,067	6,560,084	.432711	.432711	.432711
39	DELIVERY ROOM & LABOR ROO	2,098,794	390,872	2,489,666	.337747	.337747	.337747
40	ANESTHESIOLOGY	1,570,973	611,554	2,182,527	.592919	.592919	.592919
41	RADIOLOGY-DIAGNOSTIC	8,366,035	33,456,737	41,822,772	.226469	.226469	.226469
41	01 RADIOLOGY-MONROE CITY	1,544	164,778	166,322	.610166	.610166	.610166
41	02 RADIOLOGY-PETERSBURG		12,955	12,955	1.166885	1.166885	1.166885
41	03 RADIOLOGY-BICKNELL	1,330	112,043	113,373	1.069470	1.069470	1.069470
41	04 RADIOLOGY-MRI	1,368,165	7,769,724	9,137,889	.089291	.089291	.089291
41	05 RADIOLOGY-ULTRASOUND	383,765	1,970,617	2,354,382	.171394	.171394	.171394
41	06 RADIOLOGY-PETERSBURG AMBE		178,590	178,590	.630231	.630231	.630231
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT	40,466	283,663	324,129	1.109003	1.109003	1.109003
44	LABORATORY	12,467,823	18,215,552	30,683,375	.266270	.266270	.266270
44	01 LABORATORY-SATELLITE	17,155	5,129,589	5,146,744	.142985	.142985	.142985
49	RESPIRATORY THERAPY	2,791,158	768,462	3,559,620	.878624	.878624	.878624
50	PHYSICAL THERAPY	6,142,048	2,400,082	8,542,130	.429361	.429361	.429361
53	ELECTROCARDIOLOGY	8,204,993	9,870,619	18,075,612	.265604	.265604	.265604
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS	207,711	1,981,850	2,189,561	.306055	.306055	.306055
55	MEDICAL SUPPLIES CHARGED	10,939,732	6,007,639	16,947,371	.509757	.509757	.509757
56	DRUGS CHARGED TO PATIENTS	12,936,926	17,472,263	30,409,189	.403370	.403370	.403370
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	24,651	9,858,865	9,883,516	.255520	.255520	.255520
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS	688,785	7,560	696,345	1.037220	1.037220	1.037220
59	02 ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,096	207,183	210,279	2.235031	2.235031	2.235031
61	EMERGENCY	1,806,979	8,705,552	10,512,531	1.115677	1.115677	1.115677
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,351,556	2,759,384	4,110,940	.784875	.784875	.784875
66	DURABLE MEDICAL EQUIP-REN	31,643	786,247	817,890	.738927	.738927	.738927
101	SUBTOTAL	118,540,120	139,877,353	258,417,473			
102	LESS OBSERVATION BEDS						
103	TOTAL	118,540,120	139,877,353	258,417,473			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	6,605,328	478,349	6,126,979			6,605,328
38	RECOVERY ROOM	887,872	24,994	862,878			887,872
38	01 ENDOSCOPY	2,838,621	482,812	2,355,809			2,838,621
39	DELIVERY ROOM & LABOR ROO	840,876	10,637	830,239			840,876
40	ANESTHESIOLOGY	1,294,061	12,276	1,281,785			1,294,061
41	RADIOLOGY-DIAGNOSTIC	9,471,563	824,590	8,646,973			9,471,563
41	01 RADIOLOGY-MONROE CITY	101,484	3,465	98,019			101,484
41	02 RADIOLOGY-PETERSBURG	15,117	6,880	8,237			15,117
41	03 RADIOLOGY-BICKNELL	121,249	14,101	107,148			121,249
41	04 RADIOLOGY-MRI	815,935	124,503	691,432			815,935
41	05 RADIOLOGY-ULTRASOUND	403,527	14,019	389,508			403,527
41	06 RADIOLOGY-PETERSBURG AMBE	112,553	1,069	111,484			112,553
41	07 RADIOLOGY-ORTHOPEDIC ASSO	620	151	469			620
41	08 RADIOLOGY-GSH BREAST CENT	359,460	3,019	356,441			359,460
44	LABORATORY	8,170,066	291,281	7,878,785			8,170,066
44	01 LABORATORY-SATELLITE	735,908	8,742	727,166			735,908
49	RESPIRATORY THERAPY	3,127,567	161,110	2,966,457			3,127,567
50	PHYSICAL THERAPY	3,667,656	268,773	3,398,883			3,667,656
53	ELECTROCARDIOLOGY	4,800,950	488,500	4,312,450			4,800,950
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS	670,126	96,734	573,392			670,126
55	MEDICAL SUPPLIES CHARGED	8,639,040	34,988	8,604,052			8,639,040
56	DRUGS CHARGED TO PATIENTS	12,266,143	238,150	12,027,993			12,266,143
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	2,525,434	64,548	2,460,886			2,525,434
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS	722,263	182,896	539,367			722,263
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	469,980	47,340	422,640			469,980
61	EMERGENCY	11,728,586	978,672	10,749,914			11,728,586
62	OBSERVATION BEDS (NON-DIS	3,226,575	341,446	2,885,129			3,226,575
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	604,361	3,229	601,132			604,361
101	SUBTOTAL	85,222,921	5,207,274	80,015,647			85,222,921
102	LESS OBSERVATION BEDS	3,226,575	341,446	2,885,129			3,226,575
103	TOTAL	81,996,346	4,865,828	77,130,518			81,996,346

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	16,737,506	.394642	.394642
38	RECOVERY ROOM	1,131,016	.785022	.785022
38	01 ENDOSCOPY	6,560,084	.432711	.432711
39	DELIVERY ROOM & LABOR ROO	2,489,666	.337747	.337747
40	ANESTHESIOLOGY	2,182,527	.592919	.592919
41	RADIOLOGY-DIAGNOSTIC	41,822,772	.226469	.226469
41	01 RADIOLOGY-MONROE CITY	166,322	.610166	.610166
41	02 RADIOLOGY-PETERSBURG	12,955	1.166885	1.166885
41	03 RADIOLOGY-BICKNELL	113,373	1.069470	1.069470
41	04 RADIOLOGY-MRI	9,137,889	.089291	.089291
41	05 RADIOLOGY-ULTRASOUND	2,354,382	.171394	.171394
41	06 RADIOLOGY-PETERSBURG AMBE	178,590	.630231	.630231
41	07 RADIOLOGY-ORTHOPEDIC ASSO			
41	08 RADIOLOGY-GSH BREAST CENT	324,129	1.109003	1.109003
44	LABORATORY	30,683,375	.266270	.266270
44	01 LABORATORY-SATELLITE	5,146,744	.142985	.142985
49	RESPIRATORY THERAPY	3,559,620	.878624	.878624
50	PHYSICAL THERAPY	8,542,130	.429361	.429361
53	ELECTROCARDIOLOGY	18,075,612	.265604	.265604
54	ELECTROENCEPHALOGRAPHY			
54	01 NEURODIAGNOSTICS	2,189,561	.306055	.306055
55	MEDICAL SUPPLIES CHARGED	16,947,371	.509757	.509757
56	DRUGS CHARGED TO PATIENTS	30,409,189	.403370	.403370
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	9,883,516	.255520	.255520
59	MH ANCILLARY OUTPATIENT			
59	01 INPATIENT RENAL DIALYSIS	696,345	1.037220	1.037220
59	02 ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	210,279	2.235031	2.235031
61	EMERGENCY	10,512,531	1.115677	1.115677
62	OBSERVATION BEDS (NON-DIS	4,110,940	.784875	.784875
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	817,890	.738927	.738927
101	SUBTOTAL	224,996,314		
102	LESS OBSERVATION BEDS	4,110,940		
103	TOTAL	220,885,374		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	6,605,328	478,349	6,126,979	47,835	355,365	6,202,128
38	RECOVERY ROOM	887,872	24,994	862,878	2,499	50,047	835,326
38	01 ENDOSCOPY	2,838,621	482,812	2,355,809	48,281	136,637	2,653,703
39	DELIVERY ROOM & LABOR ROO	840,876	10,637	830,239	1,064	48,154	791,658
40	ANESTHESIOLOGY	1,294,061	12,276	1,281,785	1,228	74,344	1,218,489
41	RADIOLOGY-DIAGNOSTIC	9,471,563	824,590	8,646,973	82,459	501,524	8,887,580
41	01 RADIOLOGY-MONROE CITY	101,484	3,465	98,019	347	5,685	95,452
41	02 RADIOLOGY-PETERSBURG	15,117	6,880	8,237	688	478	13,951
41	03 RADIOLOGY-BICKNELL	121,249	14,101	107,148	1,410	6,215	113,624
41	04 RADIOLOGY-MRI	815,935	124,503	691,432	12,450	40,103	763,382
41	05 RADIOLOGY-ULTRASOUND	403,527	14,019	389,508	1,402	22,591	379,534
41	06 RADIOLOGY-PETERSBURG AMBE	112,553	1,069	111,484	107	6,466	105,980
41	07 RADIOLOGY-ORTHOPEDIC ASSO	620	151	469	15	27	578
41	08 RADIOLOGY-GSH BREAST CENT	359,460	3,019	356,441	302	20,674	338,484
44	LABORATORY	8,170,066	291,281	7,878,785	29,128	456,970	7,683,968
44	01 LABORATORY-SATELLITE	735,908	8,742	727,166	874	42,176	692,858
49	RESPIRATORY THERAPY	3,127,567	161,110	2,966,457	16,111	172,055	2,939,401
50	PHYSICAL THERAPY	3,667,656	268,773	3,398,883	26,877	197,135	3,443,644
53	ELECTROCARDIOLOGY	4,800,950	488,500	4,312,450	48,850	250,122	4,501,978
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS	670,126	96,734	573,392	9,673	33,257	627,196
55	MEDICAL SUPPLIES CHARGED	8,639,040	34,988	8,604,052	3,499	499,035	8,136,506
56	DRUGS CHARGED TO PATIENTS	12,266,143	238,150	12,027,993	23,815	697,624	11,544,704
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	2,525,434	64,548	2,460,886	6,455	142,731	2,376,248
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS	722,263	182,896	539,367	18,290	31,283	672,690
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	469,980	47,340	422,640	4,734	24,513	440,733
61	EMERGENCY	11,728,586	978,672	10,749,914	97,867	623,495	11,007,224
62	OBSERVATION BEDS (NON-DIS	3,226,575	341,446	2,885,129	34,145	167,337	3,025,093
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	604,361	3,229	601,132	323	34,866	569,172
101	SUBTOTAL	85,222,921	5,207,274	80,015,647	520,728	4,640,909	80,061,284
102	LESS OBSERVATION BEDS	3,226,575	341,446	2,885,129	34,145	167,337	3,025,093
103	TOTAL	81,996,346	4,865,828	77,130,518	486,583	4,473,572	77,036,191

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	16,737,506	.370553	.391784
38	RECOVERY ROOM	1,131,016	.738562	.782812
38	01 ENDOSCOPY	6,560,084	.404523	.425351
39	DELIVERY ROOM & LABOR ROO	2,489,666	.317978	.337319
40	ANESTHESIOLOGY	2,182,527	.558293	.592356
41	RADIOLOGY-DIAGNOSTIC	41,822,772	.212506	.224497
41	01 RADIOLOGY-MONROE CITY	166,322	.573899	.608080
41	02 RADIOLOGY-PETERSBURG	12,955	1.076882	1.113778
41	03 RADIOLOGY-BICKNELL	113,373	1.002214	1.057033
41	04 RADIOLOGY-MRI	9,137,889	.083540	.087929
41	05 RADIOLOGY-ULTRASOUND	2,354,382	.161203	.170799
41	06 RADIOLOGY-PETERSBURG AMBE	178,590	.593426	.629632
41	07 RADIOLOGY-ORTHOPEDIC ASSO			
41	08 RADIOLOGY-GSH BREAST CENT	324,129	1.044288	1.108071
44	LABORATORY	30,683,375	.250428	.265321
44	01 LABORATORY-SATELLITE	5,146,744	.134621	.142815
49	RESPIRATORY THERAPY	3,559,620	.825763	.874098
50	PHYSICAL THERAPY	8,542,130	.403136	.426214
53	ELECTROCARDIOLOGY	18,075,612	.249064	.262901
54	ELECTROENCEPHALOGRAPHY			
54	01 NEURODIAGNOSTICS	2,189,561	.286448	.301637
55	MEDICAL SUPPLIES CHARGED	16,947,371	.480104	.509550
56	DRUGS CHARGED TO PATIENTS	30,409,189	.379645	.402586
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	9,883,516	.240425	.254867
59	MH ANCILLARY OUTPATIENT			
59	01 INPATIENT RENAL DIALYSIS	696,345	.966030	1.010954
59	02 ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	210,279	2.095944	2.212518
61	EMERGENCY	10,512,531	1.047057	1.106367
62	OBSERVATION BEDS (NON-DIS	4,110,940	.735864	.776569
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	817,890	.695903	.738532
101	SUBTOTAL	224,996,314		
102	LESS OBSERVATION BEDS	4,110,940		
103	TOTAL	220,885,374		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	26,813	15,329			91.27	1,399,078
26	INTENSIVE CARE UNIT	3,476	2,065			94.67	195,494
31	SUBPROVIDER	3,890	1,659			72.85	120,858
31 01	REHAB UNIT	6,164	5,179			42.26	218,865
33	NURSERY	1,104				8.17	
101	TOTAL	41,447	24,232				1,934,295

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0042
 COMPONENT NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		478,349	16,737,506	6,778,166		
38	RECOVERY ROOM		24,994	1,131,016	310,646		
38	01 ENDOSCOPY		482,812	6,560,084	628,746		
39	DELIVERY ROOM & LABOR ROO		10,637	2,489,666	2,455		
40	ANESTHESIOLOGY		12,276	2,182,527	786,773		
41	RADIOLOGY-DIAGNOSTIC		824,590	41,822,772	5,078,807		
41	01 RADIOLOGY-MONROE CITY		3,465	166,322			
41	02 RADIOLOGY-PETERSBURG		6,880	12,955			
41	03 RADIOLOGY-BICKNELL		14,101	113,373			
41	04 RADIOLOGY-MRI		124,503	9,137,889	819,116		
41	05 RADIOLOGY-ULTRASOUND		14,019	2,354,382	185,668		
41	06 RADIOLOGY-PETERSBURG AMBE		1,069	178,590			
41	07 RADIOLOGY-ORTHOPEDIC ASSO		151				
41	08 RADIOLOGY-GSH BREAST CENT		3,019	324,129			
44	LABORATORY		291,281	30,683,375	8,099,793		
44	01 LABORATORY-SATELLITE		8,742	5,146,744			
49	RESPIRATORY THERAPY		161,110	3,559,620	1,612,791		
50	PHYSICAL THERAPY		268,773	8,542,130	1,965,120		
53	ELECTROCARDIOLOGY		488,500	18,075,612	4,820,718		
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS		96,734	2,189,561	106,060		
55	MEDICAL SUPPLIES CHARGED		34,988	16,947,371	7,055,959		
56	DRUGS CHARGED TO PATIENTS		238,150	30,409,189	7,244,455		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)		64,548	9,883,516			
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS		182,896	696,345	555,983		
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS CLINIC		47,340	210,279	2,880		
61	EMERGENCY		978,672	10,512,531	1,572,729		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		341,446	4,110,940	737,771		
66	DURABLE MEDICAL EQUIP-REN		3,229	817,890			
101	TOTAL		5,207,274	224,996,314	48,364,636		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-0042
 PREPARED 5/28/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.028579	193,713
38	RECOVERY ROOM	.022099	6,865
38	01 ENDOSCOPY	.073598	46,274
39	DELIVERY ROOM & LABOR ROO	.004272	10
40	ANESTHESIOLOGY	.005625	4,426
41	RADIOLOGY-DIAGNOSTIC	.019716	100,134
41	01 RADIOLOGY-MONROE CITY	.020833	
41	02 RADIOLOGY-PETERSBURG	.531069	
41	03 RADIOLOGY-BICKNELL	.124377	
41	04 RADIOLOGY-MRI	.013625	11,160
41	05 RADIOLOGY-ULTRASOUND	.005954	1,105
41	06 RADIOLOGY-PETERSBURG AMBE	.005986	
41	07 RADIOLOGY-ORTHOPEDIC ASSO		
41	08 RADIOLOGY-GSH BREAST CENT	.009314	
44	LABORATORY	.009493	76,891
44	01 LABORATORY-SATELLITE	.001699	
49	RESPIRATORY THERAPY	.045260	72,995
50	PHYSICAL THERAPY	.031464	61,831
53	ELECTROCARDIOLOGY	.027025	130,280
54	ELECTROENCEPHALOGRAPHY		
54	01 NEURODIAGNOSTICS	.044180	4,686
55	MEDICAL SUPPLIES CHARGED	.002065	14,571
56	DRUGS CHARGED TO PATIENTS	.007832	56,739
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)	.006531	
59	MH ANCILLARY OUTPATIENT		
59	01 INPATIENT RENAL DIALYSIS	.262651	146,029
59	02 ACUPUNCTURE		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.225129	648
61	EMERGENCY	.093096	146,415
62	OBSERVATION BEDS (NON-DIS	.083058	61,278
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.003948	
101	TOTAL		1,136,050

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	SWING BED ADJ AMOUNT	TOTAL COSTS
		1	2	2.01	2.02	3	4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
31	SUBPROVIDER						
31	01 REHAB UNIT						
33	NURSERY						
101	TOTAL						

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

PROVIDER NO: 15-0042
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	26,813		15,329	
26	INTENSIVE CARE UNIT	3,476		2,065	
31	SUBPROVIDER	3,890		1,659	
31	01 REHAB UNIT	6,164		5,179	
33	NURSERY	1,104			
101	TOTAL	41,447		24,232	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
38	01 RECOVERY ROOM						
39	01 ENDOSCOPY						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	01 RADIOLOGY-DIAGNOSTIC				193,106		
41	02 RADIOLOGY-MONROE CITY						
41	03 RADIOLOGY-PETERSBURG						
41	04 RADIOLOGY-BICKNELL						
41	04 RADIOLOGY-MRI						
41	05 RADIOLOGY-ULTRASOUND						
41	06 RADIOLOGY-PETERSBURG AMBE						
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT						
44	LABORATORY				30,400		
44	01 LABORATORY-SATELLITE						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS						
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
66	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL				223,506		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			16,737,506			6,778,166	
38	RECOVERY ROOM			1,131,016			310,646	
38	01 ENDOSCOPY			6,560,084			628,746	
39	DELIVERY ROOM & LABOR ROO			2,489,666			2,455	
40	ANESTHESIOLOGY			2,182,527			786,773	
41	RADIOLOGY-DIAGNOSTIC	193,106	193,106	41,822,772	.004617	.004617	5,078,807	23,449
41	01 RADIOLOGY-MONROE CITY			166,322				
41	02 RADIOLOGY-PETERSBURG			12,955				
41	03 RADIOLOGY-BICKNELL			113,373				
41	04 RADIOLOGY-MRI			9,137,889			819,116	
41	05 RADIOLOGY-ULTRASOUND			2,354,382			185,668	
41	06 RADIOLOGY-PETERSBURG AMBE			178,590				
41	07 RADIOLOGY-ORTHOPEDIC ASSO							
41	08 RADIOLOGY-GSH BREAST CENT			324,129				
44	LABORATORY	30,400	30,400	30,683,375	.000991	.000991	8,099,793	8,027
44	01 LABORATORY-SATELLITE			5,146,744				
49	RESPIRATORY THERAPY			3,559,620			1,612,791	
50	PHYSICAL THERAPY			8,542,130			1,965,120	
53	ELECTROCARDIOLOGY			18,075,612			4,820,718	
54	ELECTROENCEPHALOGRAPHY							
54	01 NEURODIAGNOSTICS			2,189,561			106,060	
55	MEDICAL SUPPLIES CHARGED			16,947,371			7,055,959	
56	DRUGS CHARGED TO PATIENTS			30,409,189			7,244,455	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)			9,883,516				
59	MH ANCILLARY OUTPATIENT							
59	01 INPATIENT RENAL DIALYSIS			696,345			555,983	
59	02 ACUPUNCTURE							
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			210,279			2,880	
61	EMERGENCY			10,512,531			1,572,729	
62	OBSERVATION BEDS (NON-DIS			4,110,940			737,771	
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			817,890				
101	TOTAL	223,506	223,506	224,996,314			48,364,636	31,476

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,677,647					
38	RECOVERY ROOM	207,751					
38	01 ENDOSCOPY	2,614,974					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	473,154					
41	RADIOLOGY-DIAGNOSTIC	12,454,672			57,503		
41	01 RADIOLOGY-MONROE CITY						
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL						
41	04 RADIOLOGY-MRI	2,945,086					
41	05 RADIOLOGY-ULTRASOUND	454,532					
41	06 RADIOLOGY-PETERSBURG AMBE						
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT						
44	LABORATORY	956,283			948		
44	01 LABORATORY-SATELLITE						
49	RESPIRATORY THERAPY	326,678					
50	PHYSICAL THERAPY	13,420					
53	ELECTROCARDIOLOGY	4,106,640					
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS	687,847					
55	MEDICAL SUPPLIES CHARGED	2,321,643					
56	DRUGS CHARGED TO PATIENTS	8,097,014					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS						
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	1,957,555					
62	OBSERVATION BEDS (NON-DIS	1,219,289					
66	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	43,514,185			58,451		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,845,996	
38 RECOVERY ROOM				163,089	
38 01 ENDOSCOPY				1,131,528	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				280,542	
41 RADIOLOGY-DIAGNOSTIC				2,820,597	
41 01 RADIOLOGY-MONROE CITY					
41 02 RADIOLOGY-PETERSBURG					
41 03 RADIOLOGY-BICKNELL					
41 04 RADIOLOGY-MRI				262,970	
41 05 RADIOLOGY-ULTRASOUND				77,904	
41 06 RADIOLOGY-PETERSBURG AMBER MANOR					
41 07 RADIOLOGY-ORTHOPEDIC ASSOCIATES					
41 08 RADIOLOGY-GSH BREAST CENTER					
44 LABORATORY				254,629	
44 01 LABORATORY-SATELLITE					
49 RESPIRATORY THERAPY				287,027	
50 PHYSICAL THERAPY				5,762	
53 ELECTROCARDIOLOGY				1,090,740	
54 ELECTROENCEPHALOGRAPHY					
54 01 NEURODIAGNOSTICS				210,519	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,183,474	
56 DRUGS CHARGED TO PATIENTS				3,266,093	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 MH ANCILLARY OUTPATIENT					
59 01 INPATIENT RENAL DIALYSIS					
59 02 ACUPUNCTURE					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				2,183,999	
62 OBSERVATION BEDS (NON-DISTINCT PART)				956,989	
66 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL				16,021,858	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				16,021,858	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.403370
2	PROGRAM VACCINE CHARGES		1,985
3	PROGRAM COSTS		801

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		478,349	16,737,506	1,647		
38	RECOVERY ROOM		24,994	1,131,016			
38	01 ENDOSCOPY		482,812	6,560,084			
39	DELIVERY ROOM & LABOR ROO		10,637	2,489,666			
40	ANESTHESIOLOGY		12,276	2,182,527			
41	RADIOLOGY-DIAGNOSTIC		824,590	41,822,772	44,077		
41	01 RADIOLOGY-MONROE CITY		3,465	166,322			
41	02 RADIOLOGY-PETERSBURG		6,880	12,955			
41	03 RADIOLOGY-BICKNELL		14,101	113,373			
41	04 RADIOLOGY-MRI		124,503	9,137,889	5,280		
41	05 RADIOLOGY-ULTRASOUND		14,019	2,354,382	1,026		
41	06 RADIOLOGY-PETERSBURG AMBE		1,069	178,590			
41	07 RADIOLOGY-ORTHOPEDIC ASSO		151				
41	08 RADIOLOGY-GSH BREAST CENT		3,019	324,129			
44	LABORATORY		291,281	30,683,375	103,177		
44	01 LABORATORY-SATELLITE		8,742	5,146,744			
49	RESPIRATORY THERAPY		161,110	3,559,620	18,171		
50	PHYSICAL THERAPY		268,773	8,542,130	13,172		
53	ELECTROCARDIOLOGY		488,500	18,075,612	7,650		
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS		96,734	2,189,561	4,152		
55	MEDICAL SUPPLIES CHARGED		34,988	16,947,371	5,089		
56	DRUGS CHARGED TO PATIENTS		238,150	30,409,189	81,658		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)		64,548	9,883,516			
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS		182,896	696,345			
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		47,340	210,279			
61	EMERGENCY		978,672	10,512,531	46,019		
62	OBSERVATION BEDS (NON-DIS		341,446	4,110,940			
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		3,229	817,890			
101	TOTAL		5,207,274	224,996,314	331,118		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-S042
 PREPARED 5/28/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.028579	47
38	RECOVERY ROOM	.022099	
38	01 ENDOSCOPY	.073598	
39	DELIVERY ROOM & LABOR ROO	.004272	
40	ANESTHESIOLOGY	.005625	
41	RADIOLOGY-DIAGNOSTIC	.019716	869
41	01 RADIOLOGY-MONROE CITY	.020833	
41	02 RADIOLOGY-PETERSBURG	.531069	
41	03 RADIOLOGY-BICKNELL	.124377	
41	04 RADIOLOGY-MRI	.013625	72
41	05 RADIOLOGY-ULTRASOUND	.005954	6
41	06 RADIOLOGY-PETERSBURG AMBE	.005986	
41	07 RADIOLOGY-ORTHOPEDIC ASSO		
41	08 RADIOLOGY-GSH BREAST CENT	.009314	
44	LABORATORY	.009493	979
44	01 LABORATORY-SATELLITE	.001699	
49	RESPIRATORY THERAPY	.045260	822
50	PHYSICAL THERAPY	.031464	414
53	ELECTROCARDIOLOGY	.027025	207
54	ELECTROENCEPHALOGRAPHY		
54	01 NEURODIAGNOSTICS	.044180	183
55	MEDICAL SUPPLIES CHARGED	.002065	11
56	DRUGS CHARGED TO PATIENTS	.007832	640
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)	.006531	
59	MH ANCILLARY OUTPATIENT		
59	01 INPATIENT RENAL DIALYSIS	.262651	
59	02 ACUPUNCTURE		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.225129	
61	EMERGENCY	.093096	4,284
62	OBSERVATION BEDS (NON-DIS	.083058	
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.003948	
101	TOTAL		8,534

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
38	01 RECOVERY ROOM										
39	01 ENDOSCOPY										
40	DELIVERY ROOM & LABOR ROO										
41	01 ANESTHESIOLOGY										
41	02 RADIOLOGY-DIAGNOSTIC					193,106					
41	01 RADIOLOGY-MONROE CITY										
41	02 RADIOLOGY-PETERSBURG										
41	03 RADIOLOGY-BICKNELL										
41	04 RADIOLOGY-MRI										
41	05 RADIOLOGY-ULTRASOUND										
41	06 RADIOLOGY-PETERSBURG AMBE										
41	07 RADIOLOGY-ORTHOPEDIC ASSO										
41	08 RADIOLOGY-GSH BREAST CENT										
44	LABORATORY					30,400					
44	01 LABORATORY-SATELLITE										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
54	01 NEURODIAGNOSTICS										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	MH ANCILLARY OUTPATIENT										
59	01 INPATIENT RENAL DIALYSIS										
59	02 ACUPUNCTURE										
60	OUTPAT SERVICE COST CNTRS										
61	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
66	OTHER REIMBURS COST CNTRS										
66	DURABLE MEDICAL EQUIP-REN										
101	TOTAL					223,506					

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			16,737,506			1,647	
38	RECOVERY ROOM			1,131,016				
38	01 ENDOSCOPY			6,560,084				
39	DELIVERY ROOM & LABOR ROO			2,489,666				
40	ANESTHESIOLOGY			2,182,527				
41	RADIOLOGY-DIAGNOSTIC	193,106	193,106	41,822,772	.004617	.004617	44,077	204
41	01 RADIOLOGY-MONROE CITY			166,322				
41	02 RADIOLOGY-PETERSBURG			12,955				
41	03 RADIOLOGY-BICKNELL			113,373				
41	04 RADIOLOGY-MRI			9,137,889			5,280	
41	05 RADIOLOGY-ULTRASOUND			2,354,382			1,026	
41	06 RADIOLOGY-PETERSBURG AMBE			178,590				
41	07 RADIOLOGY-ORTHOPEDIC ASSO							
41	08 RADIOLOGY-GSH BREAST CENT			324,129				
44	LABORATORY	30,400	30,400	30,683,375	.000991	.000991	103,177	102
44	01 LABORATORY-SATELLITE			5,146,744				
49	RESPIRATORY THERAPY			3,559,620			18,171	
50	PHYSICAL THERAPY			8,542,130			13,172	
53	ELECTROCARDIOLOGY			18,075,612			7,650	
54	ELECTROENCEPHALOGRAPHY							
54	01 NEURODIAGNOSTICS			2,189,561			4,152	
55	MEDICAL SUPPLIES CHARGED			16,947,371			5,089	
56	DRUGS CHARGED TO PATIENTS			30,409,189			81,658	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)			9,883,516				
59	MH ANCILLARY OUTPATIENT							
59	01 INPATIENT RENAL DIALYSIS			696,345				
59	02 ACUPUNCTURE							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			210,279				
61	EMERGENCY			10,512,531			46,019	
62	OBSERVATION BEDS (NON-DIS			4,110,940				
66	OTHER REIMBURS COST CNTRS			817,890				
101	DURABLE MEDICAL EQUIP-REN							
101	TOTAL	223,506	223,506	224,996,314			331,118	306

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
38	01 ENDOSCOPY						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 RADIOLOGY-MONROE CITY						
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL						
41	04 RADIOLOGY-MRI						
41	05 RADIOLOGY-ULTRASOUND						
41	06 RADIOLOGY-PETERSBURG AMBE						
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT						
44	LABORATORY						
44	01 LABORATORY-SATELLITE						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS						
59	02 ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		478,349	16,737,506	11,242		
38	RECOVERY ROOM		24,994	1,131,016	941		
38	01 ENDOSCOPY		482,812	6,560,084	10,676		
39	DELIVERY ROOM & LABOR ROO		10,637	2,489,666			
40	ANESTHESIOLOGY		12,276	2,182,527	1,335		
41	RADIOLOGY-DIAGNOSTIC		824,590	41,822,772	179,545		
41	01 RADIOLOGY-MONROE CITY		3,465	166,322			
41	02 RADIOLOGY-PETERSBURG		6,880	12,955			
41	03 RADIOLOGY-BICKNELL		14,101	113,373			
41	04 RADIOLOGY-MRI		124,503	9,137,889	88,261		
41	05 RADIOLOGY-ULTRASOUND		14,019	2,354,382	4,360		
41	06 RADIOLOGY-PETERSBURG AMBE		1,069	178,590			
41	07 RADIOLOGY-ORTHOPEDIC ASSO		151				
41	08 RADIOLOGY-GSH BREAST CENT		3,019	324,129			
44	LABORATORY		291,281	30,683,375	276,648		
44	01 LABORATORY-SATELLITE		8,742	5,146,744			
49	RESPIRATORY THERAPY		161,110	3,559,620	106,005		
50	PHYSICAL THERAPY		268,773	8,542,130	2,821,750		
53	ELECTROCARDIOLOGY		488,500	18,075,612	49,377		
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS		96,734	2,189,561	6,920		
55	MEDICAL SUPPLIES CHARGED		34,988	16,947,371	103,753		
56	DRUGS CHARGED TO PATIENTS		238,150	30,409,189	360,761		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)		64,548	9,883,516			
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS		182,896	696,345	40,320		
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		47,340	210,279	216		
61	EMERGENCY		978,672	10,512,531	13,888		
62	OBSERVATION BEDS (NON-DIS		341,446	4,110,940			
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		3,229	817,890			
101	TOTAL		5,207,274	224,996,314	4,075,998		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-T042
 PREPARED 5/28/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.028579	321
38	RECOVERY ROOM	.022099	21
38	01 ENDOSCOPY	.073598	786
39	DELIVERY ROOM & LABOR ROO	.004272	
40	ANESTHESIOLOGY	.005625	8
41	RADIOLOGY-DIAGNOSTIC	.019716	3,540
41	01 RADIOLOGY-MONROE CITY	.020833	
41	02 RADIOLOGY-PETERSBURG	.531069	
41	03 RADIOLOGY-BICKNELL	.124377	
41	04 RADIOLOGY-MRI	.013625	1,203
41	05 RADIOLOGY-ULTRASOUND	.005954	26
41	06 RADIOLOGY-PETERSBURG AMBE	.005986	
41	07 RADIOLOGY-ORTHOPEDIC ASSO		
41	08 RADIOLOGY-GSH BREAST CENT	.009314	
44	LABORATORY	.009493	2,626
44	01 LABORATORY-SATELLITE	.001699	
49	RESPIRATORY THERAPY	.045260	4,798
50	PHYSICAL THERAPY	.031464	88,784
53	ELECTROCARDIOLOGY	.027025	1,334
54	ELECTROENCEPHALOGRAPHY		
54	01 NEURODIAGNOSTICS	.044180	306
55	MEDICAL SUPPLIES CHARGED	.002065	214
56	DRUGS CHARGED TO PATIENTS	.007832	2,825
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)	.006531	
59	MH ANCILLARY OUTPATIENT		
59	01 INPATIENT RENAL DIALYSIS	.262651	10,590
59	02 ACUPUNCTURE		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.225129	49
61	EMERGENCY	.093096	1,293
62	OBSERVATION BEDS (NON-DIS	.083058	
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.003948	
101	TOTAL		118,724

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
38	OPERATING ROOM											
38	01 RECOVERY ROOM											
39	01 ENDOSCOPY											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
41	01 RADIOLOGY-DIAGNOSTIC						193,106					
41	02 RADIOLOGY-MONROE CITY											
41	03 RADIOLOGY-PETERSBURG											
41	04 RADIOLOGY-BICKNELL											
41	04 RADIOLOGY-MRI											
41	05 RADIOLOGY-ULTRASOUND											
41	06 RADIOLOGY-PETERSBURG AMBE											
41	07 RADIOLOGY-ORTHOPEDIC ASSO											
41	08 RADIOLOGY-GSH BREAST CENT											
44	LABORATORY						30,400					
44	01 LABORATORY-SATELLITE											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
54	01 NEURODIAGNOSTICS											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
59	MH ANCILLARY OUTPATIENT											
59	01 INPATIENT RENAL DIALYSIS											
59	02 ACUPUNCTURE											
60	OUTPAT SERVICE COST CNTRS											
61	CLINIC											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
66	OTHER REIMBURS COST CNTRS											
66	DURABLE MEDICAL EQUIP-REN											
101	TOTAL						223,506					

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			16,737,506			11,242	
38	RECOVERY ROOM			1,131,016			941	
38	01 ENDOSCOPY			6,560,084			10,676	
39	DELIVERY ROOM & LABOR ROO			2,489,666				
40	ANESTHESIOLOGY			2,182,527			1,335	
41	RADIOLOGY-DIAGNOSTIC	193,106	193,106	41,822,772	.004617	.004617	179,545	829
41	01 RADIOLOGY-MONROE CITY			166,322				
41	02 RADIOLOGY-PETERSBURG			12,955				
41	03 RADIOLOGY-BICKNELL			113,373				
41	04 RADIOLOGY-MRI			9,137,889			88,261	
41	05 RADIOLOGY-ULTRASOUND			2,354,382			4,360	
41	06 RADIOLOGY-PETERSBURG AMBE			178,590				
41	07 RADIOLOGY-ORTHOPEDIC ASSO							
41	08 RADIOLOGY-GSH BREAST CENT			324,129				
44	LABORATORY	30,400	30,400	30,683,375	.000991	.000991	276,648	274
44	01 LABORATORY-SATELLITE			5,146,744				
49	RESPIRATORY THERAPY			3,559,620			106,005	
50	PHYSICAL THERAPY			8,542,130			2,821,750	
53	ELECTROCARDIOLOGY			18,075,612			49,377	
54	ELECTROENCEPHALOGRAPHY							
54	01 NEURODIAGNOSTICS			2,189,561			6,920	
55	MEDICAL SUPPLIES CHARGED			16,947,371			103,753	
56	DRUGS CHARGED TO PATIENTS			30,409,189			360,761	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)			9,883,516				
59	MH ANCILLARY OUTPATIENT							
59	01 INPATIENT RENAL DIALYSIS			696,345			40,320	
59	02 ACUPUNCTURE							
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			210,279			216	
61	EMERGENCY			10,512,531			13,888	
62	OBSERVATION BEDS (NON-DIS			4,110,940				
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			817,890				
101	TOTAL	223,506	223,506	224,996,314			4,075,998	1,103

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
38	01 ENDOSCOPY						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 RADIOLOGY-MONROE CITY						
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL						
41	04 RADIOLOGY-MRI						
41	05 RADIOLOGY-ULTRASOUND						
41	06 RADIOLOGY-PETERSBURG AMBE						
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT						
44	LABORATORY						
44	01 LABORATORY-SATELLITE						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS						
59	02 ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

TITLE XIX - O/P HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	. 370553				434, 013
38 RECOVERY ROOM	. 738562				31, 798
38 01 ENDOSCOPY	. 404523				548, 470
39 DELIVERY ROOM & LABOR ROOM	. 317978				40, 191
40 ANESTHESIOLOGY	. 558293				62, 882
41 RADIOLOGY-DIAGNOSTIC	. 212506				3, 440, 154
41 01 RADIOLOGY-MONROE CITY	. 573899				16, 943
41 02 RADIOLOGY-PETERSBURG	1. 076882				1, 332
41 03 RADIOLOGY-BICKNELL	1. 002214				11, 521
41 04 RADIOLOGY-MRI	. 083540				798, 914
41 05 RADIOLOGY-ULTRASOUND	. 161203				202, 627
41 06 RADIOLOGY-PETERSBURG AMBER MANOR	. 593426				26, 621
41 07 RADIOLOGY-ORTHOPEDIC ASSOCIATES					
41 08 RADIOLOGY-GSH BREAST CENTER	1. 044288				29, 167
44 LABORATORY	. 250428				1, 872, 995
44 01 LABORATORY-SATELLITE	. 134621				527, 445
49 RESPIRATORY THERAPY	. 825763				79, 016
50 PHYSICAL THERAPY	. 403136				246, 786
53 ELECTROCARDIOLOGY	. 249064				1, 014, 936
54 ELECTROENCEPHALOGRAPHY					
54 01 NEURODIAGNOSTICS	. 286448				203, 782
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	. 480104				617, 729
56 DRUGS CHARGED TO PATIENTS	. 379645				1, 796, 567
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)	. 240425				1, 013, 727
59 MH ANCILLARY OUTPATIENT					
59 01 INPATIENT RENAL DIALYSIS	. 966030				777
59 02 ACUPUNCTURE					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	2. 095944				
61 EMERGENCY	1. 047057				1, 080, 519
62 OBSERVATION BEDS (NON-DISTINCT PART)	. 735864				283, 731
66 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED	. 695903				80, 845
101 SUBTOTAL					14, 463, 488
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					14, 463, 488

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center	Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		160,825			
38	RECOVERY ROOM		23,485			
38	01 ENDOSCOPY		221,869			
39	DELIVERY ROOM & LABOR ROOM		12,780			
40	ANESTHESIOLOGY		35,107			
41	RADIOLOGY-DIAGNOSTIC		731,053			
41	01 RADIOLOGY-MONROE CITY		9,724			
41	02 RADIOLOGY-PETERSBURG		1,434			
41	03 RADIOLOGY-BICKNELL		11,547			
41	04 RADIOLOGY-MRI		66,741			
41	05 RADIOLOGY-ULTRASOUND		32,664			
41	06 RADIOLOGY-PETERSBURG AMBER MANOR		15,798			
41	07 RADIOLOGY-ORTHOPEDIC ASSOCIATES					
41	08 RADIOLOGY-GSH BREAST CENTER		30,459			
44	LABORATORY		469,050			
44	01 LABORATORY-SATELLITE		71,005			
49	RESPIRATORY THERAPY		65,248			
50	PHYSICAL THERAPY		99,488			
53	ELECTROCARDIOLOGY		252,784			
54	ELECTROENCEPHALOGRAPHY					
54	01 NEURODIAGNOSTICS		58,373			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		296,574			
56	DRUGS CHARGED TO PATIENTS		682,058			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)		243,725			
59	MH ANCILLARY OUTPATIENT					
59	01 INPATIENT RENAL DIALYSIS		751			
59	02 ACUPUNCTURE					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		1,131,365			
62	OBSERVATION BEDS (NON-DISTINCT PART)		208,787			
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-RENTED		56,260			
101	SUBTOTAL		4,988,954			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		4,988,954			

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,741
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	862.49
85	OBSERVATION BED COST	3,226,575

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	23,125,946		3,226,575	
87	NEW CAPITAL-RELATED COST	2,447,251	.105823	3,226,575	341,446
88	NON PHYSICIAN ANESTHETIST	23,125,946		3,226,575	
89	MEDICAL EDUCATION	23,125,946		3,226,575	
89.01	MEDICAL EDUCATION - ALLIED HEA	23,125,946		3,226,575	
89.02	MEDICAL EDUCATION - ALL OTHER	23,125,946		3,226,575	

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	617.61
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,402,516			
87	NEW CAPITAL-RELATED COST	283,391	.117956		
88	NON PHYSICIAN ANESTHETIST	2,402,516			
89	MEDICAL EDUCATION	2,402,516			
89.01	MEDICAL EDUCATION - ALLIED HEA	2,402,516			
89.02	MEDICAL EDUCATION - ALL OTHER	2,402,516			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-4
15-T042		

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	REHAB UNIT		3,389,138	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.394642	11,242	4,437
38	RECOVERY ROOM	.785022	941	739
38 01	ENDOSCOPY	.432711	10,676	4,620
39	DELIVERY ROOM & LABOR ROOM	.337747		
40	ANESTHESIOLOGY	.592919	1,335	792
41	RADIOLOGY-DIAGNOSTIC	.226469	179,545	40,661
41 01	RADIOLOGY-MONROE CITY	.610166		
41 02	RADIOLOGY-PETERSBURG	1.166885		
41 03	RADIOLOGY-BICKNELL	1.069470		
41 04	RADIOLOGY-MRI	.089291	88,261	7,881
41 05	RADIOLOGY-ULTRASOUND	.171394	4,360	747
41 06	RADIOLOGY-PETERSBURG AMBER MANOR	.630231		
41 07	RADIOLOGY-ORTHOPEDIC ASSOCIATES			
41 08	RADIOLOGY-GSH BREAST CENTER	1.109003		
44	LABORATORY	.266270	276,648	73,663
44 01	LABORATORY-SATELLITE	.142985		
49	RESPIRATORY THERAPY	.878624	106,005	93,139
50	PHYSICAL THERAPY	.429361	2,821,750	1,211,549
53	ELECTROCARDIOLOGY	.265604	49,377	13,115
54	ELECTROENCEPHALOGRAPHY			
54 01	NEURODIAGNOSTICS	.306055	6,920	2,118
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.509757	103,753	52,889
56	DRUGS CHARGED TO PATIENTS	.403370	360,761	145,520
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	.255520		
59	MH ANCILLARY OUTPATIENT			
59 01	INPATIENT RENAL DIALYSIS	1.037220	40,320	41,821
59 02	ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.235031	216	483
61	EMERGENCY	1.115677	13,888	15,495
62	OBSERVATION BEDS (NON-DISTINCT PART)	.784875		
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.738927		
101	TOTAL		4,075,998	1,709,669
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,075,998	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,826,473	
26	INTENSIVE CARE UNIT		345,288	
31	SUBPROVIDER			
31 01	REHAB UNIT			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.394642	813,347	320,981
38	RECOVERY ROOM	.785022	53,400	41,920
38 01	ENDOSCOPY	.432711	79,669	34,474
39	DELIVERY ROOM & LABOR ROOM	.337747	136,383	46,063
40	ANESTHESIOLOGY	.592919	102,084	60,528
41	RADIOLOGY-DIAGNOSTIC	.226469	543,639	123,117
41 01	RADIOLOGY-MONROE CITY	.610166	100	61
41 02	RADIOLOGY-PETERSBURG	1.166885		
41 03	RADIOLOGY-BICKNELL	1.069470	86	92
41 04	RADIOLOGY-MRI	.089291	88,906	7,939
41 05	RADIOLOGY-ULTRASOUND	.171394	24,938	4,274
41 06	RADIOLOGY-PETERSBURG AMBER MANOR	.630231		
41 07	RADIOLOGY-ORTHOPEDIC ASSOCIATES			
41 08	RADIOLOGY-GSH BREAST CENTER	1.109003	2,630	2,917
44	LABORATORY	.266270	810,180	215,727
44 01	LABORATORY-SATELLITE	.142985	1,115	159
49	RESPIRATORY THERAPY	.878624	181,374	159,360
50	PHYSICAL THERAPY	.429361	399,120	171,367
53	ELECTROCARDIOLOGY	.265604	533,174	141,613
54	ELECTROENCEPHALOGRAPHY			
54 01	NEURODIAGNOSTICS	.306055	13,497	4,131
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.509757	710,882	362,377
56	DRUGS CHARGED TO PATIENTS	.403370	840,663	339,098
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	.255520	1,602	409
59	MH ANCILLARY OUTPATIENT			
59 01	INPATIENT RENAL DIALYSIS	1.037220	44,758	46,424
59 02	ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS CLINIC	2.235031		
61	EMERGENCY	1.115677	173,744	193,842
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.784875	87,826	68,932
66	DURABLE MEDICAL EQUIP-RENTED	.738927	2,056	1,519
101	TOTAL		5,645,173	2,347,324
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,645,173	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-4
15-S042		

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		19,778	
31 01	REHAB UNIT			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.394642		
38	RECOVERY ROOM	.785022		
38 01	ENDOSCOPY	.432711	50	22
39	DELIVERY ROOM & LABOR ROOM	.337747		
40	ANESTHESIOLOGY	.592919		
41	RADIOLOGY-DIAGNOSTIC	.226469		
41 01	RADIOLOGY-MONROE CITY	.610166	713	435
41 02	RADIOLOGY-PETERSBURG	1.166885		
41 03	RADIOLOGY-BICKNELL	1.069470		
41 04	RADIOLOGY-MRI	.089291		
41 05	RADIOLOGY-ULTRASOUND	.171394	18	3
41 06	RADIOLOGY-PETERSBURG AMBER MANOR	.630231		
41 07	RADIOLOGY-ORTHOPEDIC ASSOCIATES			
41 08	RADIOLOGY-GSH BREAST CENTER	1.109003		
44	LABORATORY	.266270	1,427	380
44 01	LABORATORY-SATELLITE	.142985		
49	RESPIRATORY THERAPY	.878624	121	106
50	PHYSICAL THERAPY	.429361	110	47
53	ELECTROCARDIOLOGY	.265604	111	29
54	ELECTROENCEPHALOGRAPHY			
54 01	NEURODIAGNOSTICS	.306055		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.509757	58	30
56	DRUGS CHARGED TO PATIENTS	.403370	1,150	464
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	.255520		
59	MH ANCILLARY OUTPATIENT			
59 01	INPATIENT RENAL DIALYSIS	1.037220		
59 02	ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS CLINIC	2.235031		
61	EMERGENCY	1.115677	599	668
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.784875		
66	DURABLE MEDICAL EQUIP-RENTED	.738927		
101	TOTAL		4,357	2,184
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,357	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0042
 COMPONENT NO: 15-T042
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 2

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	REHAB UNIT		867	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.394642	8	3
38	RECOVERY ROOM	.785022		
38 01	ENDOSCOPY	.432711	6	3
39	DELIVERY ROOM & LABOR ROOM	.337747		
40	ANESTHESIOLOGY	.592919		
41	RADIOLOGY-DIAGNOSTIC	.226469	49	11
41 01	RADIOLOGY-MONROE CITY	.610166		
41 02	RADIOLOGY-PETERSBURG	1.166885		
41 03	RADIOLOGY-BICKNELL	1.069470		
41 04	RADIOLOGY-MRI	.089291	14	1
41 05	RADIOLOGY-ULTRASOUND	.171394		
41 06	RADIOLOGY-PETERSBURG AMBER MANOR	.630231		
41 07	RADIOLOGY-ORTHOPEDIC ASSOCIATES			
41 08	RADIOLOGY-GSH BREAST CENTER	1.109003		
44	LABORATORY	.266270	69	18
44 01	LABORATORY-SATELLITE	.142985		
49	RESPIRATORY THERAPY	.878624	21	18
50	PHYSICAL THERAPY	.429361	705	303
53	ELECTROCARDIOLOGY	.265604	9	2
54	ELECTROENCEPHALOGRAPHY			
54 01	NEURODIAGNOSTICS	.306055	2	1
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.509757	17	9
56	DRUGS CHARGED TO PATIENTS	.403370	96	39
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	.255520		
59	MH ANCILLARY OUTPATIENT			
59 01	INPATIENT RENAL DIALYSIS	1.037220		
59 02	ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS CLINIC	2.235031		
61	EMERGENCY	1.115677		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.784875		
66	DURABLE MEDICAL EQUIP-RENTED	.738927		
101	TOTAL		996	408
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		996	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	17,159,899	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,274,116	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	588,516	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	184.72	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.90
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		10.72
4.02 SUM OF LINES 4 AND 4.01		16.62
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		3.55
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		796,408
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	23,818,939	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	23,818,939	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,916,697	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	31,476	
16 TOTAL	25,767,112	
17 PRIMARY PAYER PAYMENTS	30,397	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	25,736,715	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,584,494	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	40,704	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	360,567	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	252,397	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	266,778	
22 SUBTOTAL	23,363,914	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	23,363,914	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	23,531,349	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-167,435	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	192,933	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
15-0042		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	801
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	15,963,407
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,971,511
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.799
1.04	LINE 1.01 TIMES LINE 1.03.	12,754,762
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	93.86
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	58,451
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	801
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	1,985
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,985
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,985
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,184
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	801
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,029,962
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	176
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,100,571
19	SUBTOTAL (SEE INSTRUCTIONS)	8,930,016
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	8,930,016
24	PRIMARY PAYER PAYMENTS	2,501
25	SUBTOTAL	8,927,515
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	273,989
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	191,792
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	66,191
28	SUBTOTAL	9,119,307
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-76
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	9,119,383
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,018,381
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	101,002
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		23,762,271		9,078,614
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	7/24/2008	2,236	7/24/2008	3,229
ADJUSTMENTS TO PROVIDER .02			12/18/2008	4,823
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	7/24/2008	156,241	7/24/2008	68,285
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52	12/18/2008	76,917		
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-230,922		-60,233
4 TOTAL INTERIM PAYMENTS		23,531,349		9,018,381
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		167,435		101,002
7 TOTAL MEDICARE PROGRAM LIABILITY		23,363,914		9,119,383

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,229,006
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.628415
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,229,006
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,229,006
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,229,006
5	PRIMARY PAYER PAYMENTS	2,570
6	SUBTOTAL	1,226,436
7	DEDUCTIBLES	156,495
8	SUBTOTAL	1,069,941
9	COINSURANCE	
10	SUBTOTAL	1,069,941
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	80,054
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	56,038
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	80,054
12	SUBTOTAL	1,125,979
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	306
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-S042		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,126,285
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,069,941
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	56,344
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		6,047,488
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0284
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		158,892
1.05	OUTLIER PAYMENTS		12,974
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		6,219,354
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		16.841530
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		6,219,354
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		6,219,354
7	DEDUCTIBLES		116,512
8	SUBTOTAL		6,102,842
9	COINSURANCE		48,032
10	SUBTOTAL		6,054,810
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		2,880
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		2,016
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		2,880
12	SUBTOTAL		6,056,826
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		1,103
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	6,057,929
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	6,103,327
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-45,398
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	28,644,314			
2	TEMPORARY INVESTMENTS	31,778,820			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	27,911,372			
5	OTHER RECEIVABLES	1,060,927			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-6,850,000			
7	INVENTORY	1,148,375			
8	PREPAID EXPENSES	3,091,460			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	86,785,268			
FIXED ASSETS					
12	LAND	5,711,729			
12.01	LAND IMPROVEMENTS	4,690,417			
13.01	LESS ACCUMULATED DEPRECIATION	-2,594,050			
14	BUILDINGS	74,144,963			
14.01	LESS ACCUMULATED DEPRECIATION	-38,284,146			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	124,811,714			
18.01	LESS ACCUMULATED DEPRECIATION	-87,353,891			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	81,126,736			
OTHER ASSETS					
22	INVESTMENTS	7,874,778			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	10,805,614			
26	TOTAL OTHER ASSETS	18,680,392			
27	TOTAL ASSETS	186,592,396			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,497,097			
29 SALARIES, WAGES & FEES PAYABLE	9,240,399			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,430,516			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,090,297			
36 TOTAL CURRENT LIABILITIES	16,258,309			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	28,240,366			
42 TOTAL LONG-TERM LIABILITIES	28,240,366			
43 TOTAL LIABILITIES	44,498,675			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	142,093,721			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	142,093,721			
52 TOTAL LIABILITIES AND FUND BALANCES	186,592,396			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		145,324,180		
2	NET INCOME (LOSS)		-3,230,459		
3	TOTAL		142,093,721		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		142,093,721		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		142,093,721		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	20,731,994		20,731,994
2 00 SUBPROVIDER	3,400,942		3,400,942
2 01 REHAB UNIT	3,974,593		3,974,593
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	28,107,529		28,107,529
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,313,630		5,313,630
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	5,313,630		5,313,630
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	33,421,159		33,421,159
17 00 ANCILLARY SERVICES	67,981,226	148,656,646	216,637,872
18 00 OUTPATIENT SERVICES	4,056,936	14,054,066	18,111,002
19 00 HOME HEALTH AGENCY		164,740	164,740
23 00 HOSPICE	1,339	2,352,371	2,353,710
24 00 NRCC	2,730,289	5,704,611	8,434,900
24 10 DSH INCOME	1,340,464		1,340,464
24 20 EE CHARGES AND MISCELLANEOUS		161,820	161,820
25 00 TOTAL PATIENT REVENUES	109,531,413	171,094,254	280,625,667

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		142,282,816	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 REMOVE INTERCOMPANY (A-8 OFFSET)	2,532,490		
35 00 REMOVE DISTRIBUTION (A-8 OFFSET)	5,059,718		
36 00 REMOVE INTEREST EXPENSE			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		7,592,208	
40 00 TOTAL OPERATING EXPENSES		134,690,608	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	280,625,667
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	144,699,402
3	NET PATIENT REVENUES	135,926,265
4	LESS: TOTAL OPERATING EXPENSES	134,690,608
5	NET INCOME FROM SERVICE TO PATIENTS	1,235,657
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2,062,222
7	INCOME FROM INVESTMENTS	-9,097,072
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	2,568,734
25	TOTAL OTHER INCOME	-4,466,116
26	TOTAL	-3,230,459
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-3,230,459

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1526		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	147,195	16,069	4,167	
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	264,147	51,772	32,332	230,821
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	44,103	6,008	6,255	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	75,229	29,946	24,698	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	16,535	8,536	234	
31 VOLUNTEER PROGRAM COSTS	14,284	8,503	3	
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	561,493	120,834	67,689	230,821

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1526		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	182,486	349,917	-84,866	265,051
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	19,964	599,036	-53,833	545,203
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	4,162	60,528	-8,847	51,681
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	4,994	134,867	-19,712	115,155
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	1,027	26,332	-3,849	22,483
31 VOLUNTEER PROGRAM COSTS	958	23,748	-3,470	20,278
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	213,591	1,194,428	-174,577	1,019,851

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1526		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		265,051
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		545,203
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		51,681
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		115,155
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		22,483
31 VOLUNTEER PROGRAM COSTS		20,278
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		1,019,851

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1526		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	147,195			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			44,103	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				16,535
31 VOLUNTEER PROGRAM COSTS				14,284
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	147,195		44,103	30,819

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1526		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	264,147			
8 INPATIENT - RESPIRE CARE VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			75,229	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	264,147		75,229	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1526		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	147,195
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	264,147
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	44,103
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	75,229
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	16,535
31	VOLUNTEER PROGRAM COSTS	14,284
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	561,493

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
15-1526		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	16,069			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			6,008	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				8,536
31 VOLUNTEER PROGRAM COSTS				8,503
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	16,069		6,008	17,039

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	15-0042	PERIOD:	FROM 1/ 1/2008	PREPARED	5/28/2009
HOSPICE NO:	15-1526	TO	12/31/2008	WORKSHEET	K-2

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	51,772			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			29,946	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	51,772		29,946	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
15-1526		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	16,069
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	51,772
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	6,008
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	29,946
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	8,536
31	VOLUNTEER PROGRAM COSTS	8,503
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	120,834

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
15-1526		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
15-1526		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				230,821
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				230,821

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
15-1526		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	230,821
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	230,821

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1526		PART I

HOSPICE 1

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

GENERAL SERVICE COST CENTERS			
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL	265,051		
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE	545,203		
8 INPATIENT - RESPIRE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE			
10.20 NURSING CARE-CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY			
12 OCCUPATIONAL THERAPY			
13 SPEECH/LANGUAGE PATHOLOGY			
14 MEDICAL SOCIAL SERVICES	51,681		
15 SPIRITUAL COUNSELING			
16 DIETARY COUNSELING			
17 COUNSELING - OTHER			
18 HOME HEALTH AIDE AND HOMEMAKER	115,155		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
OTHER HOSPICE SERVICE COSTS			
19 OTHER			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30 ANALGESICS			
20.31 SEDATIVES / HYPNOTICS			
20.32 OTHER - SPECIFY			
21 DURABLE MEDICAL EQUIPMENT/OXYGEN			
22 PATIENT TRANSPORTATION			
23 IMAGING SERVICES			
24 LABS AND DIAGNOSTICS			
25 MEDICAL SUPPLIES			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27 RADIATION THERAPY			
28 CHEMOTHERAPY			
29 OTHER			
30 BEREAVEMENT PROGRAM COSTS	22,483		
31 VOLUNTEER PROGRAM COSTS	20,278		
32 FUNDRAISING			
33 OTHER PROGRAM COSTS			
34 TOTAL (SUM OF LINES 1 THRU 33)	1,019,851		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1526		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			265,051	265,051
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			545,203	191,450
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			51,681	18,148
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			115,155	40,437
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS			22,483	7,895
31 VOLUNTEER PROGRAM COSTS			20,278	7,121
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			754,800	265,051

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1526		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	736,653
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	69,829
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	155,592
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	30,378
40	VOLUNTEER PROGRAM COSTS	27,399
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,019,851

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1526		PART II

HOSPICE 1

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1526		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINSTRATIVE AND GENERAL INPATIENT CARE SERVICE		-265,051	754,800
8 INPATIENT - GENERAL CARE			545,203
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			
12 NURSING CARE			
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			51,681
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			115,155
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			22,483
39			20,278
40 FUNDRAISING			
41 OTHER PROGRAM COSTS			
42 COST TO BE ALLOCATED (PER WKST K-4, PART I)			265,051
43 UNIT COST MULTIPLIER	.000000		.351154

Health Financial Systems	MCRIF32	FOR GOOD SAMARITAN HOSPITAL	IN LIEU OF FORM CMS-2552-96-K-5-1 (05/2007)
ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE			PREPARED 5/28/2009
COST CENTERS			WORKSHEET K-5
		PROVIDER NO:	PERIOD:
		15-0042	FROM 1/ 1/2008
		HOSPICE NO:	TO 12/31/2008
		15-1526	PART I

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CRC - CT EAST (SQUARE FEET)	NEW CRC- CT WEST (SQUARE FEET)	NEW CRC-MEMORIAL (SQUARE FEET)
	3	3.01	3.02	3.03
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	NEW CRC - OUTPATIENT (SQUARE FEET)	NEW CRD - HEALTH PAVILION (SQUARE FEET)	NEW CRC - STORAGE (SQUARE FEET)	NEW CRC - DIAGNOSTIC CENTER (SQUARE FEET)
	3.04	3.05	3.06	3.07
1.00 ADMINISTRATIVE AND GENERAL	4,961			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER
	3.04	3.05	3.06	3.07
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,961			
30.00 TOTAL COST TO BE ALLOCATED	9,430			
31.00 UNIT COST MULTIPLIER	1.900826	.000000	.000000	.000000

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	NEW CRC - EQUIPMENT (SQUARE FEET)	NEW CRC - HEALTH PAVILION (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES) 5
	4	4.01	4.02	
1.00 ADMINISTRATIVE AND GENERAL		4,961		147,195
2.00 INPATIENT - GENERAL CARE				264,147
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				44,103
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				75,229
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				16,535
26.00 VOLUNTEER PROGRAM COSTS				14,284
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		4,961		561,493
30.00 TOTAL COST TO BE ALLOCATED		41,897		181,074
31.00 UNIT COST MULTIPLIER	.000000	8.445273	.000000	.322487

HOSPICE 1

HOSPICE COST CENTER	COMMUNICATIONS (NUMBER OF PHONES) 5.01	PURCHASING & RECEIVING (SUPPLIES COST) 5.02	REGISTRATION (GROSS CHARGES) 5.03	PATIENT ACCOUNTS (GROSS CHARGES) 5.04
1.00 ADMINISTRATIVE AND GENERAL		23,350	2,353,710	2,353,710
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		23,350	2,353,710	2,353,710
30.00 TOTAL COST TO BE ALLOCATED		887	6,369	17,961
31.00 UNIT COST MULTIPLIER	.000000	.037987	.002706	.007631

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (LBS OF LAUNDRY) 9
1.00 ADMINISTRATIVE AND GENERAL		124,012	4,961	
2.00 INPATIENT - GENERAL CARE		821,838		
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		84,052		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		155,592		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		24,260		
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		35,710		
26.00 VOLUNTEER PROGRAM COSTS		32,005		
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6A	6	8	9
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,277,469	4,961	
30.00 TOTAL COST TO BE ALLOCATED		135,390	117,675	
31.00 UNIT COST MULTIPLIER		.105983	23.720016	.000000

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(TIME SPENT)	(PATIENT DAYS)	(MAN HOURS)	(DIRECT NURSING HO)
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL			7,429	7,429
2.00 INPATIENT - GENERAL CARE			9,973	9,973
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			2,099	2,099
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			5,976	5,976
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS			875	875
26.00 VOLUNTEER PROGRAM COSTS			878	878
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			27,230	27,230
30.00 TOTAL COST TO BE ALLOCATED			6,690	77,347
31.00 UNIT COST MULTIPLIER	.000000	.000000	.245685	2.840507

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY (SUPPLIES COST)	PHARMACY (COSTED REQUISITI)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL	23,350		25	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	23,350		25	
30.00 TOTAL COST TO BE ALLOCATED	988		16	
31.00 UNIT COST MULTIPLIER	.042313	.640000	.000000	.000000

HOSPICE COST CENTER	MENTAL HEALTH OVERHEAD (CHARGES)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM-LAB (ASSIGNED TIME)
	18.01	24	24.01
1.00 ADMINISTRATIVE AND GENERAL			
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			

HOSPICE 1

	MENTAL HEALTH OVERHEAD	PARAMED ED PRGM	PARAMED ED PRGM-LAB
HOSPICE COST CENTER			
	18.01	24	24.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)			
30.00 TOTAL COST TO BE ALLOCATED			
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.429361	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.403370	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.266270	
6.01	LABORATORY-SATELLITE	44.01	.142985	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.509757	
8	EMERGENCY	61	1.115677	
9	RADIOLOGY-DIAGNOSTIC	41	.226469	
9.01	RADIOLOGY-MONROE CITY	41.01	.610166	
9.02	RADIOLOGY-PETERSBURG	41.02	1.166885	
9.03	RADIOLOGY-BICKNELL	41.03	1.069470	
9.04	RADIOLOGY-MRI	41.04	.089291	
9.05	RADIOLOGY-ULTRASOUND	41.05	.171394	
9.06	RADIOLOGY-PETERSBURG AMBER MANOR	41.06	.630231	
9.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	41.07		
9.08	RADIOLOGY-GSH BREAST CENTER	41.08	1.109003	
10	MH ANCILLARY OUTPATIENT	59		
10.01	INPATIENT RENAL DIALYSIS	59.01	1.037220	
10.02	ACUPUNCTURE	59.02		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-6
15-1526		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,615,575
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				8,660
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				186.56
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	8,660			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,615,610			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-0042		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,882,310
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	34,387
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	72.54
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,916,697
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	