

GOOD SAMARITAN REGIONAL HEALTH CENTER

MT. VERNON, ILLINOIS

MEDICARE COST ANALYSIS

YEAR ENDED DECEMBER 31, 2008

May 31, 2009

National Government Services, Inc.
Cost Report Processing Department
P.O. Box 2952
Milwaukee, WI 53201-2952

Dear Sir or Madam:

We are submitting this cost report on behalf of Good Samaritan Regional Health Center for the calendar year ended December 31, 2008, which includes three Level 2000 Errors. The 2027 errors and the explanations for those errors are as follows:

- Wkst C, Part I, Line 52, Col 11 should not be more than 100% or less than 1%.

The Hospital's speech pathology cost to charge ratio was 1.096698 as the number of visits in 2008 did not generate enough revenue to cover the expense of the speech therapists including allocated overhead.

- Wkst C, Part I, Line 59, Col 11 should not be more than 100% or less than 1%.

The Hospital's acute dialysis cost to charge ratio was 1.386762 as the number of treatments in 2008 did not generate enough revenue to cover the expense of the dialysis service provided by the only local outside contract vendor.

- Wkst C, Part I, Line 63.50 should not be more than 100% or less than 1%

The Hospital's rural health clinic cost to charge ratio was 1.162429 as the number of visits in 2008 did not generate enough revenue to cover the expense of the clinic including allocated overhead. As a rural hospital Good Samaritan Regional Health Center qualifies for cost reimbursement for these services. The reimbursement program is designed for rural hospitals with lower clinic volumes which operate in rural underserved areas.

Sincerely,

Kerber, Eck & Braeckel LLP

Protested Item Summary

1. SSI/Recalc

The FFY 2008 SSI Percentage and supporting MEDPAR data have not been made available by CMS. The Provider believes that, once this data is made available, the SSI percentage will likely differ from that required to be included in this cost report filing. The Provider has included an amount here in the protested item line to preserve its rights to address the accuracy of the SSI Percentage. In addition, once that MEDPAR data is made available, the Provider will be in a position to review it for the potential of obtaining a realignment of its SSI Percentage from the Federal Fiscal Year to its provider specific Fiscal Year. Given that it is unlikely that the MEDPAR data will be available until after the deadline to submit a request for a SSI recalculation, the Provider is including an amount in the protested item for the potential positive impact.

2. Dual Eligible Days

As the Statue and Regulations are currently being interpreted by CMS and the Fiscal Intermediary, all days deemed to be dually eligible for both Medicaid and Medicare are excluded from the Medicaid fraction. The Provider believes that all or some of these days have also been incorrectly excluded from the Medicare fraction by CMS. The Provider is including as part of its protested item claim an amount for dual eligible days which should be included in the Medicaid fraction.

3. Medicaid Eligible Days

The Provider is unable to accurately determine the precise number of Medicaid Eligible Days which should be included in the DSH calculation within the time frame allowed for submission of the as-filed cost report. This was due to several factors such as, inter alia, retroactive adjustments to Medicaid recipients and the addition of new Medicaid recipients to the Medicaid rolls. In addition, the Provider was not able to claim the proper number of Medicaid Eligible Days due to CMS policies and regulations. For instance, the Provider could not include Labor, Delivery, Recovery, and Postpartum Room Days in the Medicaid fraction. Finally, patient days associated with PPS Medicare beds when licensed by the State as non-inpatient hospital beds are excluded by CMS policy from the Medicaid fraction.

4. Budget Neutrality Adjustment

The Provider contends that if CMS had performed a proper rural floor budget neutrality computation, using a methodology that was actually budget neutral, the PPS standardized amount would not have been understated. However, the Provider asserts that CMS has violated the statutory directive for making application of the rural floor budget neutral. *See* Balanced Budget Act of 1997, Pub. L. No.105-33, §4410(b).

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 05/21/2009
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 13:42

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR 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 REGIONAL HEALTH CTR. (14-0046) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 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.

ECR Encryption: 05/21/2009 13:42
 C0s4GMHsnZFqQamAAVyHpwX.moIFS0
 :AM1U0DsoPDhz7NN7eak.2vO3t3SUM
 OADe0XEI060dxG30

(SIGNED)

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PI Encryption: 05/21/2009 13:42
 ycUw:Vy:Iof:nMITBX1A:uwzfqEBi0
 IiAJQ0N2RDCL3LsS8cPPwlquZNdxiZ
 YGgD8QtJEG0q:kBD

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL	483496	6421		1
2	SUBPROVIDER I	-5939			2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	RURAL HEALTH CLINIC I		13057		9
100	TOTAL	477557	19478		100

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 605 NORTH 12TH STREET
 1.01 CITY: MT. VERNON

STATE: IL

P.O. BOX:
 ZIP CODE: 62864

COUNTY: JEFFERSON

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	GOOD SAMARITAN REGIONAL HEALTH CTR 14-0046	07/01/1966	N	P	P	2
3	SUBPROVIDER I	GOOD SAMARITAN REHABILITATION UNIT 14-T046	01/01/1990	N	P	P	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	GOOD SAMARITAN HOME HEALTH AGENCY 14-7088	07/01/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE	GOOD SAMARITAN HOSPICE 14-1530	11/09/1989				12
14	HOSP-BASED RHC	RURAL HEALTH CLINIC 14-3402	06/15/1995	N	O	N	14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 01/01/2008 TO: 12/31/2008	1	2		17
18	TYPE OF CONTROL			1			18
19	TYPE OF HOSPITAL/SUBPROVIDER			1			19
20	HOSPITAL			5			20
20	SUBPROVIDER I						

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		2		N	00014	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		2				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		2				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		YES				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		NO				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		NO				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		NO				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.). IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?			V	XVIII
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?			1	2
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?			NO	YES
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?			NO	NO

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? YES 38
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? NO 38.01
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? NO 38.02
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? NO 38.03
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? NO 38.04
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE. YES 269020 40
 40.01 NAME: SSM HEALTHCARE FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: 477 N LINDBERGH P.O.BOX: 40.02
 40.03 CITY: ST. LOUIS STATE: MO ZIP CODE: 63141 40.03
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.01
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? NO 44
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2. NO 45
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47 HOSPITAL	N	N	N	N	N	47	
48 SUBPROVIDER I	N	N	N	N	N	48	
49 SKILLED NURSING FACILITY	N	N				49	
50 HOME HEALTH AGENCY	N	N				50	
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52	
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01	
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53	
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01	
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 767196 PAID LOSSES: AND/OR SELF INSURANCE:						54	
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01	
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55	
			DATE	Y/N	LIMIT	Y/N	FEES
			0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			/ /	NO	0.00	NO	56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO			57
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				YES			58
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)				NO	NO		58.01
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO			59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(G)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? 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.	NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	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 COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	03/31/2009			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

		-----I/P DAYS / O/P VISITS / TRIPS-----								
COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH	TITLE	TITLE	NONCOVERED	TITLE	OBS.		
			PATIENT HOURS 2.01	V 3	XVIII 4	DAYS 4.01	XIX 5	BEDS ADMITTED 5.01		
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	123	45018			17248		3930		1	
2 HMO									2	
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3	
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4	
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	123	45018			17248		3930		5	
6 INTENSIVE CARE UNIT	12	4392			2081		280		6	
7 CORONARY CARE UNIT									7	
8 BURN INTENSIVE CARE UNIT									8	
9 SURGICAL INTENSIVE CARE UNIT									9	
10 OTHER SPECIAL CARE (SPECIFY)									10	
11 NURSERY							998		11	
12 TOTAL HOSPITAL	135	49410			19329		5208		12	
13 RPCH VISITS									13	
14 SUBPROVIDER I	19	6954			1892		131		14	
15 SKILLED NURSING FACILITY									15	
16 NURSING FACILITY									16	
17 OTHER LONG TERM CARE									17	
18 HOME HEALTH AGENCY									18	
20 ASC (DISTINCT PART)									20	
21 HOSPICE (DISTINCT PART)									21	
23 O/P REHAB PROVIDER									23	
24 RHC I					3164				24	
25 TOTAL	154								25	
26 OBSERVATION BED DAYS							95	14	26	
27 AMBULANCE TRIPS									27	
28 EMPLOYEE DISCOUNT DAYS									28	
28.01 EMP. DISC. DAYS(IRF Sub)									28.01	

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS. BEDS NOT ADMITTED	TOTAL ALL PATIENTS	OBS. BEDS ADMITTED	OBS. BEDS NOT ADMITTED	TOTAL	LESS I&R REPL NON- PHYS ANES	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		26818							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		26818							5
6 INTENSIVE CARE UNIT		3093							6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		1439							11
12 TOTAL HOSPITAL		31350						797.40	12
13 RPCH VISITS									13
14 SUBPROVIDER I		2490						15.40	14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I		14650						13.10	24
25 TOTAL								825.90	25
26 OBSERVATION BED DAYS	81	440	63	377					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		204							28
28.01 EMP. DISC. DAYS(IRF Sub)		27							28.01

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	DISCHARGES				TOTAL ALL PATIENTS	
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TITLE XV 15		
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3926	1387	7624		1
2 HMO XIX						2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF						3
4 HOSPITAL ADULTS & PEDS - SWING BED NF						4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS						5
6 INTENSIVE CARE UNIT						6
7 CORONARY CARE UNIT						7
8 BURN INTENSIVE CARE UNIT						8
9 SURGICAL INTENSIVE CARE UNIT						9
10 OTHER SPECIAL CARE (SPECIFY)						10
11 NURSERY						11
12 TOTAL HOSPITAL		3926	1387	7624		12
13 RPCH VISITS						13
14 SUBPROVIDER I		154	9	196		14
15 SKILLED NURSING FACILITY						15
16 NURSING FACILITY						16
17 OTHER LONG TERM CARE						17
18 HOME HEALTH AGENCY						18
20 ASC (DISTINCT PART)						20
21 HOSPICE (DISTINCT PART)						21
23 O/P REHAB PROVIDER						23
24 RHC I						24
25 TOTAL						25
26 OBSERVATION BED DAYS						26
27 AMBULANCE TRIPS						27
28 EMPLOYEE DISCOUNT DAYS						28
28.01 EMP. DISC. DAYS(IRF Sub)						28.01

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL. 1 + COL. 2)	PAID HOURS RELATED TO SALARY IN COL. 3	AVERAGE HOURLY WAGE (COL. 3 / COL. 4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	SALARIES							
1	TOTAL SALARIES	37767698		37767698	1722373.00	21.93		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	552831		552831	3935.00	140.49		4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	360850		360850	2957.00	122.03		5
5.01	NON-PHYSICIAN - PART B	282795		282795	7287.00	38.81		5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	1250108	-219892	1030216	44018.00	23.40		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	3826781		3826781	58706.00	65.19		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	115333		115333	1136.00	101.53		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	3384457		3384457	64969.00	52.09		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	10963956		10963956			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	314318		314318			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	93632		93632			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)	85881		85881				19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	412813		412813	19018.00	21.71		21
22	ADMINISTRATIVE & GENERAL	5893164	320313	6213477	267720.00	23.21		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	796887	-364256	432631	24939.00	17.35		23
24	OPERATION OF PLANT		364256	364256	20999.00	17.35		24
25	LAUNDRY & LINEN SERVICE	71118		71118	5911.00	12.03		25
26	HOUSEKEEPING	655886		655886	57837.00	11.34		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	908001	-552118	355883	26156.00	13.61		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		552118	552118	45511.00	12.13		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	872127		872127	27125.00	32.15		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	782899		782899	49983.00	15.66		33
34	SOCIAL SERVICE	270178		270178	13766.00	19.63		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL. 1 + COL. 2)	PAID HOURS RELATED TO SALARY IN COL. 3	AVERAGE HOURLY WAGE (COL. 3 / COL. 4)	
		1	2	3	4	5	
1	NET SALARIES	37124053		37124053	1712129.00	21.68	1
2	EXCLUDED AREA SALARIES	1250108	-219892	1030216	44018.00	23.40	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	35873945	219892	36093837	1668111.00	21.64	3
4	SUBTOTAL OTHER WAGES & REL COSTS	7326571		7326571	124811.00	58.70	4
5	SUBTOTAL WAGE-RELATED COSTS	10963956		10963956		30.38	5
6	TOTAL (SUM OF LINES 3 THRU 5)	54164472	219892	54384364	1792922.00	30.33	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	10663073	320313	10983386	558965.00	19.65	13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

PROVIDER NO. 14-0046 GOOD SAMARITAN REGIONAL HEALTH
PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01
05/21/2009 13:42

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

RHC I
COMPONENT NO: 14-3402

WORKSHEET S-8

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 605 NORTH 12TH ST. 1
1.01 CITY: MT. VERNON STATE: IL ZIP CODE: 62864 COUNTY: JEFFERSON 1.01
2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE	
	1	2	
3 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT)		/ /	3
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /	4
5 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT)		/ /	5
6 APPALACHIAN REGIONAL COMMISSION		/ /	6
7 LOOK-ALIKES		/ /	7
8 OTHER		/ /	8

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT
9.01 PHYSICIAN NAME AGGREGATE BILLING NO. 143402 9
SEE CMS 339 9.01

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD
PHYSICIAN NAME HOURS 10

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11
IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2
(ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	12
			800	1700	800	1700	800	1700	800	1700	800	1700			

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

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13
14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14
IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.

15 LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.
PROVIDER NAME: PROVIDER NUMBER: - V XVIII XIX 15

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16

17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, SEE INSTRUCTIONS. NO 17

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
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?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	10401425 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	10401425 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.361424 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	42140281 28
29	TOTAL GROSS MEDICAID COST	15230509 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	16813608 30
31	UNCOMPENSATED CARE COST	6076841 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	15230509 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1281666	1281666	80456	1362122	-17919	1344203	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3467927	3467927	100364	3568291	706729	4275020	4
5	0500 EMPLOYEE BENEFITS	412813	14344669	14757482	-2644293	12113189	-3960339	8152850	5
6.04	0640 ADMITTING	803937	101681	905618	57029	962647		962647	6.04
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	688899	370606	1059505	48868	1108373	-6	1108367	6.05
6.06	0660 ADMINISTRATIVE & GENERAL	4400328	20228623	24628951	570102	25199053	-9734747	15464306	6.06
7	0700 MAINTENANCE & REPAIRS	796887	2989294	3786181	-2030067	1756114	-15	1756099	7
8	0800 OPERATION OF PLANT				2086595	2086595		2086595	8
9	0900 LAUNDRY & LINEN SERVICE	71118	501598	572716	5045	577761	-4994	572767	9
10	1000 HOUSEKEEPING	655886	293357	949243	27899	977142	-307	976835	10
11	1100 DIETARY	908001	700896	1608897	-967692	641205		641205	11
12	1200 CAFETERIA				1050730	1050730	-357777	692953	12
14	1400 NURSING ADMINISTRATION	872127	66122	938249	61865	1000114		1000114	14
17	1700 MEDICAL RECORDS & LIBRARY	782899	274323	1057222	55536	1112758	-568	1112190	17
18	1800 SOCIAL SERVICE	270178	8914	279092	19170	298262	-5000	293262	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	8433525	2871410	11304935	-656910	10648025	-45684	10602341	25
26	2600 INTENSIVE CARE UNIT	1666490	774931	2441421	118215	2559636	-15875	2543761	26
31	3100 SUBPROVIDER I	834287	60213	894500	59182	953682	-965	952717	31
33	3300 NURSERY				707410	707410		707410	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	4418938	9399841	13818779	441631	14260410		14260410	37
39	3900 DELIVERY ROOM & LABOR ROOM				546548	546548		546548	39
40	4000 ANESTHESIOLOGY	83261	890211	973472	5906	979378	-466425	512953	40
41	4100 RADIOLOGY-DIAGNOSTIC	2221219	1433714	3654933	179994	3834927	-53824	3781103	41
44	4400 LABORATORY	1385125	3025930	4411055	98256	4509311		4509311	44
48	4800 INTRAVENOUS THERAPY	210595	20503	231098	14939	246037		246037	48
49	4900 RESPIRATORY THERAPY	839739	327303	1167042	62772	1229814	-13763	1216051	49
50	5000 PHYSICAL THERAPY	708636	36982	745618	50268	795886	-10896	784990	50
51	5100 OCCUPATIONAL THERAPY	365165	12430	377595	25904	403499		403499	51
52	5200 SPEECH PATHOLOGY	150577	6959	157536	10681	168217		168217	52
53	5300 ELECTROCARDIOLOGY	643753	678085	1321838	43137	1364975	-600311	764664	53
53.01	3120 CATH LAB	610210	3217299	3827509	207498	4035007		4035007	53.01
54.01	5401 NEUROLOGY	33881	17842	51723	2403	54126	-17653	36473	54.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT	166698	247776	414474	-414474				55
56	5600 DRUGS CHARGED TO PATIENTS	1227814	4522543	5750357	87097	5837454	-2587	5834867	56
59	3950 ACUTE DIALYSIS		636497	636497		636497		636497	59
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	45243	837	46080	3209	49289		49289	60
60.05	6003 OUTPATIENT PSYCHIATRIC SERVICES								60.05
61	6100 EMERGENCY	1858939	2972628	4831567	131867	4963434	-2358729	2604705	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RURAL HEALTH CLINIC	784709	485195	1269904	55664	1325568	-93784	1231784	63.50
	OTHER REIMBURSABLE COST CENTERS								
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
90	9000 OTHER CAPITAL RELATED COSTS		83476	83476	-83476				90
93	9300 HOSPICE	4845	9318	14163	-14163				93
95	SUBTOTALS	37356722	76361599	113718321	205165	113923486	-17055439	96868047	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800 PHYSICIANS' PRIVATE OFFICES	98676	472390	571066	7000	578066		578066	98
100	7950 CHILD CARE	312300	24460	336760	-212165	124595		124595	100
101	TOTAL	37767698	76858449	114626147		114626147	-17055439	97570708	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 OBSTETRICS UNIT	A	NURSERY	33	551269	117036	1
2	A	DELIVERY ROOM & LABOR ROOM	39	425912	90423	2
3 PLANT OPERATIONS	B	OPERATION OF PLANT	8	364256	1696500	3
4 MATERIALS MANAGEMENT	C	ADMINISTRATIVE & GENERAL	6.06	88100		4
5	C	OPERATING ROOM	37	26511	99774	5
6	C	RADIOLOGY-DIAGNOSTIC	41	4639	17460	6
7	C	RESPIRATORY THERAPY	49	663	2494	7
8	C	CATH LAB	53.01	34464	127303	8
9 INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		47123	9
10	D	NEW CAP REL COSTS-MVBLE EQUIP	4		50221	10
11 SHARED DIETARY COST	E	CAFETERIA	12	552118	459447	11
12 MAILROOM COST	F	ADMINISTRATIVE & GENERAL	6.06	12321	745	12
13 CHILD CARE DIETARY	G	DIETARY	11		18627	13
14 EMPLOYEE CHILD CARE	H	ADMINISTRATIVE & GENERAL	6.06	215047	4017	14
15 FICA EXPENSE	I	EMPLOYEE BENEFITS	5		29284	15
16	I	ADMITTING	6.04		57029	16
17	I	CASHIERING/ACCOUNTS RECEIVABL	6.05		48868	17
18	I	ADMINISTRATIVE & GENERAL	6.06		333053	18
19	I	MAINTENANCE & REPAIRS	7		30689	19
20	I	OPERATION OF PLANT	8		25839	20
21	I	LAUNDRY & LINEN SERVICE	9		5045	21
22	I	HOUSEKEEPING	10		46526	22
23	I	DIETARY	11		25246	23
24	I	CAFETERIA	12		39165	24
25	I	NURSING ADMINISTRATION	14		61865	25
26	I	MEDICAL RECORDS & LIBRARY	17		55536	26
27	I	SOCIAL SERVICE	18		19170	27
28	I	ADULTS & PEDIATRICS	25		527730	28
29	I	INTENSIVE CARE UNIT	26		118215	29
30	I	SUBPROVIDER I	31		59182	30
31	I	NURSERY	33		39105	31
32	I	OPERATING ROOM	37		315346	32
33	I	DELIVERY ROOM & LABOR ROOM	39		30213	33
34	I	ANESTHESIOLOGY	40		5906	34
35	I	RADIOLOGY-DIAGNOSTIC	41		157895	35
36 SUBTOTAL				2275300	4762077	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		SALARY	OTHER	WKST A-7 REF.
			LINE #				
1	1	6	7		8	9	10
1 OBSTETRICS UNIT	A	ADULTS & PEDIATRICS	25		551269	117036	1
2	A	ADULTS & PEDIATRICS	25		425912	90423	2
3 PLANT OPERATIONS	B	MAINTENANCE & REPAIRS	7		364256	1696500	3
4 MATERIALS MANAGEMENT	C	MEDICAL SUPPLIES CHARGED TO P	55		88100		4
5	C	MEDICAL SUPPLIES CHARGED TO P	55		26511	99774	5
6	C	MEDICAL SUPPLIES CHARGED TO P	55		4639	17460	6
7	C	MEDICAL SUPPLIES CHARGED TO P	55		663	2494	7
8	C	MEDICAL SUPPLIES CHARGED TO P	55		34464	127303	8
9 INTEREST EXPENSE	D	ADMINISTRATIVE & GENERAL	6.06			97344	9
10	D						11
11 SHARED DIETARY COST	E	DIETARY	11		552118	459447	11
12 MAILROOM COST	F	MEDICAL SUPPLIES CHARGED TO P	55		12321	745	12
13 CHILD CARE DIETARY	G	HOUSEKEEPING	10			18627	13
14 EMPLOYEE CHILD CARE	H	CHILD CARE	100		215047	4017	14
15 FICA EXPENSE	I	EMPLOYEE BENEFITS	5			2673577	15
16	I						16
17	I						17
18	I						18
19	I						19
20	I						20
21	I						21
22	I						22
23	I						23
24	I						24
25	I						25
26	I						26
27	I						27
28	I						28
29	I						29
30	I						30
31	I						31
32	I						32
33	I						33
34	I						34
35	I						35
36 SUBTOTAL					2275300	5404747	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	I	LABORATORY	44		98256 1
2	I	INTRAVENOUS THERAPY	48		14939 2
3	I	RESPIRATORY THERAPY	49		59615 3
4	I	PHYSICAL THERAPY	50		50268 4
5	I	OCCUPATIONAL THERAPY	51		25904 5
6	I	SPEECH PATHOLOGY	52		10681 6
7	I	ELECTROCARDIOLOGY	53		43137 7
8	I	CATH LAB	53.01		45731 8
9	I	NEUROLOGY	54.01		2403 9
10	I	DRUGS CHARGED TO PATIENTS	56		87097 10
11	I	CLINIC	60		3209 11
12	I	EMERGENCY	61		131867 12
13	I	RURAL HEALTH CLINIC	63.50		55664 13
14	I	PHYSICIANS' PRIVATE OFFICES	98		7000 14
15	I	CHILD CARE	100		6899 15
16	J	ADMINISTRATIVE & GENERAL	6.06	4845	9318 16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		2280145	5414065 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	I					1
2	I					2
3	I					3
4	I					4
5	I					5
6	I					6
7	I					7
8	I					8
9	I					9
10	I					10
11	I					11
12	I					12
13	I					13
14	I					14
15	I					15
16 HOSPICE COST	J	HOSPICE	93	4845	9318	16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2280145	5414065	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	864622					864622		1
2 LAND IMPROVEMENTS	1477731	3760		3760		1481491		2
3 BUILDINGS AND FIXTURES	16663791	95386		95386		16759177		3
4 BUILDING IMPROVEMENTS	254101	115459		115459		369560		4
5 FIXED EQUIPMENT	10087527	5407946		5407946	11585	15483888		5
6 MOVABLE EQUIPMENT	50217735	2036669		2036669	967614	51286790		6
7 SUBTOTAL	79565507	7659220		7659220	979199	86245528		7
8 RECONCILING ITEMS								8
9 TOTAL	79565507	7659220		7659220	979199	86245528		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	34094115		34094115	.399318			33333	33333 3
4 NEW CAP REL COSTS-MVBLE EQUIP	51286791		51286791	.600682			50143	50143 4
5 TOTAL	85380906		85380906	1.000000			83476	83476 5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1310870					33333	1344203 3
4 NEW CAP REL COSTS-MVBLE EQUIP	4224877					50143	4275020 4
5 TOTAL	5535747					83476	5619223 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1281666						1281666 3
4 NEW CAP REL COSTS-MVBLE EQUIP	3467927						3467927 4
5 TOTAL	4749593						4749593 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-47123	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	-50221	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER	B	-71383	ADMINISTRATIVE & GENERAL	6.06	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-22985	ADMINISTRATIVE & GENERAL	6.06	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3720246			12
13 SALE OF SCRAP, WASTE, ETC.	B	-27428	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-2372361			14
15 LAUNDRY AND LINEN SERVICE	B	-4994	LAUNDRY & LINEN SERVICE	9	15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-345838	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-2587	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-568	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-11939	CAFETERIA	12	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY UTILIZATION REVIEW-SNF	71 89	27 28
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			OLD CAP REL COSTS-BLDG & FIXT	1	29
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-MVBLE EQUIP	2	30
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			NEW CAP REL COSTS-BLDG & FIXT	3	31
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-MVBLE EQUIP	4	32
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NONPHYSICIAN ANESTHETISTS	20	33
33 NON-PHYSICIAN ANESTHETIST					34
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 TELEPHONE COMMISSIONS	B	-51	ADMINISTRATIVE & GENERAL	6.06	37
38 EDUCATION FEES	B	-137	EMPLOYEE BENEFITS	5	38
39 MANAGEMENT FEES	B	-52872	ADMINISTRATIVE & GENERAL	6.06	39
40 RENTAL INCOME	B	-3000	ADMINISTRATIVE & GENERAL	6.06	40
41 MISCELLANEOUS REVENUE	B	-37067	ADMINISTRATIVE & GENERAL	6.06	41
42					42
43 MISC. INCOME	B	-965	SUBPROVIDER I	31	43
44 VENDING MACHINE COMMISSION	B	-307	HOUSEKEEPING	10	44
45 FIRST PHOTO	B	-798	ADULTS & PEDIATRICS	25	45
46 CARDIAC EXERCISE	B	-8188	ELECTROCARDIOLOGY	53	46
47 EMS CLASS FEES	B	-331	EMERGENCY	61	47
48 MISC. INCOME	B	-5000	SOCIAL SERVICE	18	48
49 RHC REVENUE	B	-93784	RURAL HEALTH CLINIC	63.50	49
49.01 OTHER FINANCE - NON REIMBURSABLE	A	-22636	ADMINISTRATIVE & GENERAL	6.06	49.01
49.02 MISC. GRANTS - NON REIMBURSABLE E	A	-11428	ADMINISTRATIVE & GENERAL	6.06	49.02
49.03 PENSION EXPENSE IN EXCESS OF FUND	A	-680852	EMPLOYEE BENEFITS	5	49.03
49.06 EMPLOYER FICA FOR PART B PHYSICIA	A	-4019	ELECTROCARDIOLOGY	53	49.06
49.07 NON-ALLOWABLE INTEREST INCOME	A	-20217	ADMINISTRATIVE & GENERAL	6.06	49.07
49.08 ADVERTISING	A	-337590	ADMINISTRATIVE & GENERAL	6.06	49.08
49.09 PATIENT TELEPHONE COST	A	-60345	ADMINISTRATIVE & GENERAL	6.06	49.09
49.10 PATIENT TELEPHONE DEPRECIATION	A	-7316	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.10
49.11 EMPLOYEE CHILD CARE	A	-204834	ADMINISTRATIVE & GENERAL	6.06	49.11
49.12 PHYSICIAN RECRUITMENT	A	-400020	ADMINISTRATIVE & GENERAL	6.06	49.12
49.13 GOODWILL AMORTIZATION	A	-161016	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.13
49.14 AHA LOBBY DUES	A	-3984	ADMINISTRATIVE & GENERAL	6.06	49.14
49.15 IHA LOBBY DUES	A	-25594	ADMINISTRATIVE & GENERAL	6.06	49.15
49.16 BAD DEBTS	A	-8020794	ADMINISTRATIVE & GENERAL	6.06	49.16
49.17 REAL ESTATE TAXES	A	-60	ADMINISTRATIVE & GENERAL	6.06	49.17
49.18 GIFTS AND CONTRIBUTIONS ADMINISTR	A	-162851	ADMINISTRATIVE & GENERAL	6.06	49.18
49.19 ENTERTAINMENT CASHIERS	A	-6	CASHIERING/ACCOUNTS RECEIVABLE	6.05	49.19

PROVIDER NO. 14-0046 GOOD SAMARITAN REGIONAL HEALTH
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01
 05/21/2009 13:42

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
49.20 ENTERTAINMENT ADMINISTRATION	A	-30709	ADMINISTRATIVE & GENERAL	6.06		49.20
49.24 ENTERTAINMENT - MAINT & REPAIR	A	-15	MAINTENANCE & REPAIRS	7		49.24
49.26 HOSPICE PHYSICIAN FEES	A	-4800	ADMINISTRATIVE & GENERAL	6.06		49.26
49.30 ASTHMA STUDY	B	-1280	EMERGENCY	61		49.30
49.31 SMCSI MGMT. FEE	B	-11000	NEUROLOGY	54.01		49.31
49.33 HOME HEALTH INCOME	B	-3900	ADMINISTRATIVE & GENERAL	6.06		49.33
50 TOTAL		-17055439				50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.06	ADMINISTRATIVE & GENERAL	CORPORATE FEES	1118958	1128804	-9846	1
2	6.06	ADMINISTRATIVE & GENERAL	DATA PROCESSING	4278752	4316403	-37651	2
3							3
4							4
4.01	3	NEW CAP REL COSTS-BLDG & FIXT	DEPRECIATION	29204		29204	9 4.01
4.02	4	NEW CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	925282		925282	9 4.02
4.03	5	EMPLOYEE BENEFITS	FLEX BENEFITS	4948520	8227870	-3279350	4.03
5		TOTALS		11300716	13673077	-2372361	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B					

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	2		3	4	5	6	7	8	9
1	6.06	ADMINISTRATIVE & GENERAL	345781		345781	159800	2026	155651	7783
2	25	ADULTS & PEDIATRICS	44886	44886		159800			
3	26	INTENSIVE CARE UNIT	38309		38309	159800	292	22434	1122
4	31	SUBPROVIDER I	52370		52370	159800	1272	97724	4886
5	40	ANESTHESIOLOGY	516594	433333	83261	167500	623	50169	2508
6	41	RADIOLOGY-DIAGNOSTIC	50562		50562	217600	231	24166	1208
7	44	LABORATORY	100306		100306	208000	1027	102700	5135
8	49	RESPIRATORY THERAPY	13763	13763		159800			
9	50	PHYSICAL THERAPY	20115		20115	159800	120	9219	461
10	53	ELECTROCARDIOLOGY	602907	588104	14803	159800	643	49400	2470
11	53.01	CATH LAB				159800			
12	54.01	NEUROLOGY	15027		15027	159800	109	8374	419
13	61	EMERGENCY	2357118	2357118		159800			
101		TOTAL	4157738	3437204	720534		6343	519837	25992

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6.06 ADMINISTRATIVE & GENERAL	AGGREGATE				155651	190130	190130
2	25 ADULTS & PEDIATRICS	AGGREGATE						44886
3	26 INTENSIVE CARE UNIT	AGGREGATE				22434	15875	15875
4	31 SUBPROVIDER I	AGGREGATE				97724		
5	40 ANESTHESIOLOGY	AGGREGATE				50169	33092	466425
6	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE				24166	26396	26396
7	44 LABORATORY	AGGREGATE				102700		
8	49 RESPIRATORY THERAPY	AGGREGATE						13763
9	50 PHYSICAL THERAPY	AGGREGATE				9219	10896	10896
10	53 ELECTROCARDIOLOGY	AGGREGATE				49400		588104
11	53.01 CATH LAB	AGGREGATE						
12	54.01 NEUROLOGY	AGGREGATE				8374	6653	6653
13	61 EMERGENCY	AGGREGATE						2357118
101	TOTAL					519837	283042	3720246

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	ADMITTING	CASHIERING	SUBTOTAL	ADMINISTRATIVE & GENERAL
	FOR COST ALLOCATION	BLDG & FIXTURES	MOVABLE EQUIPMENT	BENEFITS		/ACCOUNTS RECEIVABLE		6.06
	0	3	4	5	6.04	6.05	5A	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1344203	1344203						3
4 NEW CAP REL COSTS-MVBLE EQUIP	4275020		4275020					4
5 EMPLOYEE BENEFITS	8152850		7121	8194239				5
6.04 ADMITTING	962647	10890	1669	180069	1155275			6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE	1108367	55157	6722	154302		1324548		6.05
6.06 ADMINISTRATIVE & GENERAL	15464306	382571	425807	974174			17246858	6.06
7 MAINTENANCE & REPAIRS	1756099	114221	531256	96902			2498478	7
8 OPERATION OF PLANT	2086595			81588			2168183	8
9 LAUNDRY & LINEN SERVICE	572767	5395		15929			594091	9
10 HOUSEKEEPING	976835	4713	5372	146908			1133828	10
11 DIETARY	641205	16688	10092	79712			747697	11
12 CAFETERIA	692953	36140	21855	123666			874614	12
14 NURSING ADMINISTRATION	1000114	9005	57082	195342			1261543	14
17 MEDICAL RECORDS & LIBRARY	1112190	18404	18648	175357			1324599	17
18 SOCIAL SERVICE	293262	773	1844	60516			356395	18
20 NONPHYSICIAN ANESTHETISTS								20
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	10602341	196109	130858	1662531	60880	70191	12722910	25
26 INTENSIVE CARE UNIT	2543761	31266	57824	364686	13520	15588	3026645	26
31 SUBPROVIDER I	952717	34886	5228	175137	4521	5212	1177701	31
33 NURSERY	707410	4333		123475	2512	2897	840627	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	14260410	116902	664734	995709	227179	261924	16526858	37
39 DELIVERY ROOM & LABOR ROOM	546548	8204		95397	19250	22194	691593	39
40 ANESTHESIOLOGY	512953	4173	76723		29486	33996	657331	40
41 RADIOLOGY-DIAGNOSTIC	3781103	63050	742198	487231	258069	297434	5629085	41
44 LABORATORY	4509311	27066	164370	310246	131136	151193	5293322	44
48 INTRAVENOUS THERAPY	246037	5349	1875	47170	4638	5347	310416	48
49 RESPIRATORY THERAPY	1216051	9641	97478	188237	15212	17539	1544158	49
50 PHYSICAL THERAPY	784990	18184	9388	154218	12287	14166	993233	50
51 OCCUPATIONAL THERAPY	403499	7591	90	81791	6166	7109	506246	51
52 SPEECH PATHOLOGY	168217	3349	2427	33727	1095	1263	210078	52
53 ELECTROCARDIOLOGY	764664	18170	114067	124907	41267	47579	1110654	53
53.01 CATH LAB	4035007	24618	511604	144397	97490	112401	4925517	53.01
54.01 NEUROLOGY	36473		5751	7589	1150	1326	52289	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT								55
56 DRUGS CHARGED TO PATIENTS	5834867	9101	88335	275011	143498	165445	6516257	56
59 ACUTE DIALYSIS	636497	5532			2525	2912	647466	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	49289	682		10134	476	549	61130	60
60.05 OUTPATIENT PSYCHIATRIC SERVICES								60.05
61 EMERGENCY	2604705	23323	57528	416373	76572	88283	3266784	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RURAL HEALTH CLINIC	1231784		5929	167923	6346		1411982	63.50
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
93 HOSPICE								93
95 SUBTOTALS	96868047	1299754	3823875	8150354	1155275	1324548	96328568	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		2988					2988	96
98 PHYSICIANS' PRIVATE OFFICES	578066	9774	450959	22102			1060901	98
100 CHILD CARE	124595	31687	186	21783			178251	100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	97570708	1344203	4275020	8194239	1155275	1324548	97570708	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.04 ADMITTING									6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE									6.05
6.06 ADMINISTRATIVE & GENERAL									6.06
7 MAINTENANCE & REPAIRS	3034944								7
8 OPERATION OF PLANT	1918042	4551771							8
9 LAUNDRY & LINEN SERVICE	2169	32869	756690						9
10 HOUSEKEEPING	32268	28715	2270	1440533					10
11 DIETARY	31454	101673	957	12398	1054722				11
12 CAFETERIA	68196	220184	2070	26889		1379747			12
14 NURSING ADMINISTRATION	2983	54865		1007		30588	1621861		14
17 MEDICAL RECORDS & LIBRARY	5152	112127		6044		56470		1788806	17
18 SOCIAL SERVICE	2712	4711				15529			18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	271972	1194817	429042	575208	738435	392700	757383	94788	25
26 INTENSIVE CARE UNIT	30370	190493	62806	112825	53779	69411	133869	21051	26
31 SUBPROVIDER I	55316	212545	64319	37273	50882	36235	69884	7039	31
33 NURSERY		26401	22701			23294	44926	3912	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	91923	712239	63562	163193	37745	217644	419760	353709	37
39 DELIVERY ROOM & LABOR ROOM		49986				17882	34488	29971	39
40 ANESTHESIOLOGY		25425						45909	40
41 RADIOLOGY-DIAGNOSTIC	59113	384137	23079	65827		112940		401766	41
44 LABORATORY	34844	164901		56412		88705		204175	44
48 INTRAVENOUS THERAPY		32590				8235		7221	48
49 RESPIRATORY THERAPY	10304	58740	24971	3061		50588		23685	49
50 PHYSICAL THERAPY	7999	110789	12107	30221		38117		19130	50
51 OCCUPATIONAL THERAPY	2305	46250		30221		14117		9600	51
52 SPEECH PATHOLOGY	2169	20407				5647		1706	52
53 ELECTROCARDIOLOGY	15049	110705	2270	34250		33647		64251	53
53.01 CATH LAB	21828	149986	19674	32856	3178	29882		151789	53.01
54.01 NEUROLOGY	2034		3405	1007		1647		1790	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS	9897	55450		28206		41882		223421	56
59 ACUTE DIALYSIS		33705		14103				3932	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		4154						741	60
60.05 OUTPATIENT PSYCHIATRIC SERVICES									60.05
61 EMERGENCY	39047	142096	21187	151105	10449	83764	161551	119220	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RURAL HEALTH CLINIC	35386								63.50
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE									93
95 SUBTOTALS	2752532	4280960	754420	1382106	894468	1368924	1621861	1788806	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		18205							96
98 PHYSICIANS' PRIVATE OFFICES	268176	59548		28206					98
100 CHILD CARE	14236	193058	2270	30221	160254	10823			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3034944	4551771	756690	1440533	1054722	1379747	1621861	1788806	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	18	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.04 ADMITTING				6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE				6.05
6.06 ADMINISTRATIVE & GENERAL				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE	455871			18
20 NONPHYSICIAN ANESTHETISTS				20
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	246171	20155251		20155251
26 INTENSIVE CARE UNIT	27352	4378473		4378473
31 SUBPROVIDER I		1964066		1964066
33 NURSERY		1142358		1142358
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		22135193		22135193
39 DELIVERY ROOM & LABOR ROOM		972417		972417
40 ANESTHESIOLOGY		869805		869805
41 RADIOLOGY-DIAGNOSTIC		7884607		7884607
44 LABORATORY		6978925		6978925
48 INTRAVENOUS THERAPY		425114		425114
49 RESPIRATORY THERAPY		2047064		2047064
50 PHYSICAL THERAPY		1424860		1424860
51 OCCUPATIONAL THERAPY		717439		717439
52 SPEECH PATHOLOGY		285114		285114
53 ELECTROCARDIOLOGY		1609302		1609302
53.01 CATH LAB		6392302		6392302
54.01 NEUROLOGY		73399		73399
55 MEDICAL SUPPLIES CHARGED TO PAT				55
56 DRUGS CHARGED TO PATIENTS		8274264		8274264
59 ACUTE DIALYSIS		838228		838228
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		79151		79151
60.05 OUTPATIENT PSYCHIATRIC SERVICES				60
61 EMERGENCY	182348	4878985		4878985
62 OBSERVATION BEDS (NON-DISTINCT)				61
63.50 RURAL HEALTH CLINIC		1750545		1750545
62 OTHER REIMBURSABLE COST CENTERS				62
71 HOME HEALTH AGENCY				63.50
SPECIAL PURPOSE COST CENTERS				
93 HOSPICE				71
95 SUBTOTALS	455871	95276862		95276862
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		21835		21835
98 PHYSICIANS' PRIVATE OFFICES		1644624		1644624
100 CHILD CARE		627387		627387
101 CROSS FOOT ADJUSTMENTS				100
102 NEGATIVE COST CENTER				101
103 TOTAL	455871	97570708		97570708

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMITTING	CASHIERING	ADMINISTRA	
	CAP-REL	BLDG &	MOVABLE	COST TO	BENEFITS		/ACCOUNTS	TIVE & GEN	
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC			RECEIVABLE	ERAL	
	0	3	4	4A	5	6.04	6.05	6.06	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	25	34268	7121	41414	41414				5
6.04 ADMITTING	21	10890	1669	12580	910	13490			6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE		55157	6722	61879	780		62659		6.05
6.06 ADMINISTRATIVE & GENERAL	4396	382571	425807	812774	4923			817697	6.06
7 MAINTENANCE & REPAIRS	55055	114221	531256	700532	490			25435	7
8 OPERATION OF PLANT					412			22072	8
9 LAUNDRY & LINEN SERVICE		5395		5395	81			6048	9
10 HOUSEKEEPING		4713	5372	10085	742			11542	10
11 DIETARY	701	16688	10092	27481	403			7612	11
12 CAFETERIA	1517	36140	21855	59512	625			8904	12
14 NURSING ADMINISTRATION	2644	9005	57082	68731	987			12843	14
17 MEDICAL RECORDS & LIBRARY		18404	18648	37052	886			13484	17
18 SOCIAL SERVICE		773	1844	2617	306			3628	18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	72173	196109	130858	399140	8407	714	3322	129519	25
26 INTENSIVE CARE UNIT	92793	31266	57824	181883	1843	159	738	30811	26
31 SUBPROVIDER I	3670	34886	5228	43784	885	53	247	11989	31
33 NURSERY		4333		4333	624	29	137	8558	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	213517	116902	664734	995153	5032	2664	12397	168243	37
39 DELIVERY ROOM & LABOR ROOM		8204		8204	482	226	1050	7040	39
40 ANESTHESIOLOGY	4087	4173	76723	84983	346	1609		6692	40
41 RADIOLOGY-DIAGNOSTIC	56096	63050	742198	861344	2462	2969	14044	57304	41
44 LABORATORY	259	27066	164370	191695	1568	1538	7156	53886	44
48 INTRAVENOUS THERAPY		5349	1875	7224	238	54	253	3160	48
49 RESPIRATORY THERAPY	5277	9641	97478	112396	951	178	830	15720	49
50 PHYSICAL THERAPY	2161	18184	9388	29733	779	144	671	10111	50
51 OCCUPATIONAL THERAPY		7591	90	7681	413	72	336	5154	51
52 SPEECH PATHOLOGY		3349	2427	5776	170	13	60	2139	52
53 ELECTROCARDIOLOGY		18170	114067	132237	631	484	2252	11306	53
53.01 CATH LAB	110389	24618	511604	646611	730	1143	5320	50142	53.01
54.01 NEUROLOGY			5751	5751	38	13	63	532	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		9101	88335	97436	1390	1683	7831	66335	55
56 DRUGS CHARGED TO PATIENTS		5532		5532		30	138	6591	56
59 ACUTE DIALYSIS									59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		682		682	51	6	26	622	60
60.05 OUTPATIENT PSYCHIATRIC SERVICES									60.05
61 EMERGENCY		23323	57528	80851	2104	898	4179	33256	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RURAL HEALTH CLINIC	89864		5929	95793	849	74		14374	63.50
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE									93
95 SUBTOTALS	714645	1299754	3823875	5838274	41192	13490	62659	805052	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2988		2988				30	96
98 PHYSICIANS' PRIVATE OFFICES	134455	9774	450959	595188	112			10800	98
100 CHILD CARE		31687	186	31873	110			1815	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	849100	1344203	4275020	6468323	41414	13490	62659	817697	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.04 ADMITTING									6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE									6.05
6.06 ADMINISTRATIVE & GENERAL									6.06
7 MAINTENANCE & REPAIRS	726457								7
8 OPERATION OF PLANT	459112	481596							8
9 LAUNDRY & LINEN SERVICE	519	3478	15521						9
10 HOUSEKEEPING	7724	3038	47	33178					10
11 DIETARY	7529	10757	20	286	54088				11
12 CAFETERIA	16324	23296	42	619		109322			12
14 NURSING ADMINISTRATION	714	5805		23		2424	91527		14
17 MEDICAL RECORDS & LIBRARY	1233	11864		139		4474		69132	17
18 SOCIAL SERVICE	649	498				1230			18
20 NONPHYSICIAN ANESTHETISTS									20
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	65100	126420	8799	13248	37868	31113	42742	3657	25
26 INTENSIVE CARE UNIT	7269	20155	1288	2599	2758	5500	7555	812	26
31 SUBPROVIDER I	13241	22488	1319	858	2609	2871	3944	272	31
33 NURSERY		2793	466			1846	2535	151	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	22003	75358	1304	3759	1936	17245	23688	13648	37
39 DELIVERY ROOM & LABOR ROOM		5289				1417	1946	1156	39
40 ANESTHESIOLOGY		2690						1771	40
41 RADIOLOGY-DIAGNOSTIC	14149	40643	473	1516		8949		15613	41
44 LABORATORY	8340	17447		1299		7028		7878	44
48 INTRAVENOUS THERAPY		3448				653		279	48
49 RESPIRATORY THERAPY	2466	6215	512	70		4008		914	49
50 PHYSICAL THERAPY	1915	11722	248	696		3020		738	50
51 OCCUPATIONAL THERAPY	552	4893		696		1119		370	51
52 SPEECH PATHOLOGY	519	2159				447		66	52
53 ELECTROCARDIOLOGY	3602	11713	47	789		2666		2479	53
53.01 CATH LAB	5225	15869	404	757	163	2368		5857	53.01
54.01 NEUROLOGY	487		70	23		131		69	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS	2369	5867		650		3318		8621	56
59 ACUTE DIALYSIS		3566		325				152	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		439						29	60
60.05 OUTPATIENT PSYCHIATRIC SERVICES									60.05
61 EMERGENCY	9346	15034	435	3480	536	6637	9117	4600	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RURAL HEALTH CLINIC	8470								63.50
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE									93
95 SUBTOTALS	658857	452944	15474	31832	45870	108464	91527	69132	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1926							96
98 PHYSICIANS' PRIVATE OFFICES	64192	6300		650					98
100 CHILD CARE	3408	20426	47	696	8218	858			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	726457	481596	15521	33178	54088	109322	91527	69132	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.04 ADMITTING					6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE					6.05
6.06 ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE	8928				18
20 NONPHYSICIAN ANESTHETISTS					20
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	4821	874870		874870	25
26 INTENSIVE CARE UNIT	536	263906		263906	26
31 SUBPROVIDER I		104560		104560	31
33 NURSERY		21472		21472	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		1342430		1342430	37
39 DELIVERY ROOM & LABOR ROOM		26810		26810	39
40 ANESTHESIOLOGY		98091		98091	40
41 RADIOLOGY-DIAGNOSTIC		1019466		1019466	41
44 LABORATORY		297835		297835	44
48 INTRAVENOUS THERAPY		15309		15309	48
49 RESPIRATORY THERAPY		144260		144260	49
50 PHYSICAL THERAPY		59777		59777	50
51 OCCUPATIONAL THERAPY		21286		21286	51
52 SPEECH PATHOLOGY		11349		11349	52
53 ELECTROCARDIOLOGY		168206		168206	53
53.01 CATH LAB		734589		734589	53.01
54.01 NEUROLOGY		7177		7177	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS		195500		195500	56
59 ACUTE DIALYSIS		16334		16334	59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		1855		1855	60
60.05 OUTPATIENT PSYCHIATRIC SERVICES					60.05
61 EMERGENCY	3571	174044		174044	61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RURAL HEALTH CLINIC		119560		119560	63.50
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE					93
95 SUBTOTALS	8928	5718686		5718686	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		4944		4944	96
98 PHYSICIANS' PRIVATE OFFICES		677242		677242	98
100 CHILD CARE		67451		67451	100
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	8928	6468323		6468323	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	ADMITTING	CASHIERING	RECON-	ADMINISTRA
	BLDGS & FIXTURES SQ FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	ADMITTING CHARGES	/ACCOUNTS RECEIVABLE GROSS REVENUE	CILIATION	TIVE & GEN ERAL ACCUM COST
	3	4	5	6.04	6.05	6A.06	6.06
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	293764						3
4 NEW CAP REL COSTS-MVBLE EQUIP		3467929					4
5 EMPLOYEE BENEFITS	7489	5777	36584062				5
6.04 ADMITTING	2380	1354	803937	276514270			6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL	12054	5453	688899		274995348		6.05
6.06 ADMINISTRATIVE & GENERAL	83607	345418	4349300			-17246858	6.06
7 MAINTENANCE & REPAIRS	24962	430959	432631				
8 OPERATION OF PLANT			364256				8
9 LAUNDRY & LINEN SERVICE	1179		71118				9
10 HOUSEKEEPING	1030	4358	655886				10
11 DIETARY	3647	8187	355883				11
12 CAFETERIA	7898	17729	552118				12
14 NURSING ADMINISTRATION	1968	46305	872127				14
17 MEDICAL RECORDS & LIBRARY	4022	15127	782899				17
18 SOCIAL SERVICE	169	1496	270178				18
20 NONPHYSICIAN ANESTHETISTS							20
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	42858	106153	7422573	14571522	14571522		25
26 INTENSIVE CARE UNIT	6833	46907	1628180	3236057	3236057		26
31 SUBPROVIDER I	7624	4241	781917	1082089	1082089		31
33 NURSERY	947		551269	601339	601339		33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	25548	539237	4445449	54374976	54374976		37
39 DELIVERY ROOM & LABOR ROOM	1793		425912	4607365	4607365		39
40 ANESTHESIOLOGY	912	62238		7057509	7057509		40
41 RADIOLOGY-DIAGNOSTIC	13779	602077	2175296	61768797	61768797		41
44 LABORATORY	5915	133338	1385125	31387365	31387365		44
48 INTRAVENOUS THERAPY	1169	1521	210595	1110050	1110050		48
49 RESPIRATORY THERAPY	2107	79075	840402	3641047	3641047		49
50 PHYSICAL THERAPY	3974	7616	688521	2940815	2940815		50
51 OCCUPATIONAL THERAPY	1659	73	365165	1475779	1475779		51
52 SPEECH PATHOLOGY	732	1969	150577	262197	262197		52
53 ELECTROCARDIOLOGY	3971	92532	557660	9877215	9877215		53
53.01 CATH LAB	5380	415017	644674	23334179	23334179		53.01
54.01 NEUROLOGY		4665	33881	275218	275218		54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS	1989	71658	1227814	34346023	34346023		56
59 ACUTE DIALYSIS	1209			604450	604450		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	149		45243	113894	113894		60
60.05 OUTPATIENT PSYCHIATRIC SERVIC							60.05
61 EMERGENCY	5097	46667	1858939	18327462	18327462		61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RURAL HEALTH CLINIC		4810	749709	1518922			63.50
OTHER REIMBURSABLE COST CENTERS							
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
93 HOSPICE							93
95 SUBTOTALS	284050	3101957	36388133	276514270	274995348	-17246858	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	653						2988 96
98 PHYSICIANS' PRIVATE OFFICES	2136	365821	98676				1060901 98
100 CHILD CARE	6925	151	97253				178251 100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1344203	4275020	8194239	1155275	1324548		17246858 103
104 UNIT COST MULT-WS B PT I		1.232730		.004178			104
104 UNIT COST MULT-WS B PT I	4.575792		.223984		.004817		.214717 104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			41414	13490	62659		817697 107
108 UNIT COST MULT-WS B PT III				.000049			108
108 UNIT COST MULT-WS B PT III			.001132		.000228		.010180 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-TENANCE & REPAIRS TIME SPENT	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES SERVED	NURSING ADMINISTRATION HOURS OF SERVICE	MEDICAL RECORDS & LIBRARY ADMITTING CHARGES	
	7	8	9	10	11	12	14	17	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
6.04									6.04
6.05									6.05
6.06									6.06
7	22385								7
8	14147	163272							8
9	16	1179	939729						9
10	238	1030	2819	37180					10
11	232	3647	1188	320	156957				11
12	503	7898	2571	694		5864			12
14	22	1968		26		130	743392		14
17	38	4022		156		240		274995348	17
18	20	169				66			18
20									20
NONPHYSICIAN ANESTHETISTS INPATIENT ROUTINE SERV COST CENTERS									
25	2006	42858	532826	14846	109889	1669	347152	14571522	25
26	224	6833	77998	2912	8003	295	61360	3236057	26
31	408	7624	79877	962	7572	154	32032	1082089	31
33		947	28192			99	20592	601339	33
ANCILLARY SERVICE COST CENTERS									
37	678	25548	78937	4212	5617	925	192400	54374976	37
39		1793				76	15808	4607365	39
40		912						7057509	40
41	436	13779	28662	1699		480		61768797	41
44	257	5915		1456		377		31387365	44
48		1169				35		1110050	48
49	76	2107	31011	79		215		3641047	49
50	59	3974	15036	780		162		2940815	50
51	17	1659		780		60		1475779	51
52	16	732				24		262197	52
53	111	3971	2819	884		143		9877215	53
53.01	161	5380	24433	848	473	127		23334179	53.01
54.01	15		4229	26		7		275218	54.01
55									55
56	73	1989		728		178		34346023	56
59		1209		364				604450	59
OUTPATIENT SERVICE COST CENTERS									
60		149						113894	60
60.05									60.05
61	288	5097	26312	3900	1555	356	74048	18327462	61
62									62
63.50	261								63.50
OTHER REIMBURSABLE COST CENTERS									
71									71
SPECIAL PURPOSE COST CENTERS									
93									93
95	20302	153558	936910	35672	133109	5818	743392	274995348	95
NONREIMBURSABLE COST CENTERS									
96		653							96
98	1978	2136		728					98
100	105	6925	2819	780	23848	46			100
101									101
102									102
103	3034944	4551771	756690	1440533	1054722	1379747	1621861	1788806	103
104	135.579361		.805222		6.719815		2.181704		104
104		27.878454		38.744836		235.291098		.006505	104
105									105
106									106
106									106
107	726457	481596	15521	33178	54088	109322	91527	69132	107
108	32.452848		.016516		.344604		.123121		108
108		2.949655		.892361		18.642906		.000251	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	TIME SPENT	
		18	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.04	ADMITTING		6.04
6.05	CASHIERING/ACCOUNTS RECEIVABL		6.05
6.06	ADMINISTRATIVE & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE	100	18
20	NONPHYSICIAN ANESTHETISTS		20
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	54	25
26	INTENSIVE CARE UNIT	6	26
31	SUBPROVIDER I		31
33	NURSERY		33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		37
39	DELIVERY ROOM & LABOR ROOM		39
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC		41
44	LABORATORY		44
48	INTRAVENOUS THERAPY		48
49	RESPIRATORY THERAPY		49
50	PHYSICAL THERAPY		50
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY		52
53	ELECTROCARDIOLOGY		53
53.01	CATH LAB		53.01
54.01	NEUROLOGY		54.01
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
59	ACUTE DIALYSIS		59
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC		60
60.05	OUTPATIENT PSYCHIATRIC SERVIC		60.05
61	EMERGENCY	40	61
62	OBSERVATION BEDS (NON-DISTINC		62
63.50	RURAL HEALTH CLINIC		63.50
OTHER REIMBURSABLE COST CENTERS			
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
93	HOSPICE		93
95	SUBTOTALS	100	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C		96
98	PHYSICIANS' PRIVATE OFFICES		98
100	CHILD CARE		100
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	COST TO BE ALLOC PER B PT I	455871	103
104	UNIT COST MULT-WS B PT I	4558.710000	104
104	UNIT COST MULT-WS B PT I		104
105	COST TO BE ALLOC PER B PT II		105
106	UNIT COST MULT-WS B PT II		106
106	UNIT COST MULT-WS B PT II		106
107	COST TO BE ALLOC PER B PT III	8928	107
108	UNIT COST MULT WS B PT III	89.280000	108
108	UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	20155251		20155251		20155251	25
26 INTENSIVE CARE UNIT	4378473		4378473	15875	4394348	26
31 SUBPROVIDER I	1964066		1964066		1964066	31
33 NURSERY	1142358		1142358		1142358	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	22135193		22135193		22135193	37
39 DELIVERY ROOM & LABOR ROOM	972417		972417		972417	39
40 ANESTHESIOLOGY	869805		869805	33092	902897	40
41 RADIOLOGY-DIAGNOSTIC	7884607		7884607	26396	7911003	41
44 LABORATORY	6978925		6978925		6978925	44
48 INTRAVENOUS THERAPY	425114		425114		425114	48
49 RESPIRATORY THERAPY	2047064		2047064		2047064	49
50 PHYSICAL THERAPY	1424860		1424860	10896	1435756	50
51 OCCUPATIONAL THERAPY	717439		717439		717439	51
52 SPEECH PATHOLOGY	285114		285114		285114	52
53 ELECTROCARDIOLOGY	1609302		1609302		1609302	53
53.01 CATH LAB	6392302		6392302		6392302	53.01
54.01 NEUROLOGY	73399		73399	6653	80052	54.01
55 MEDICAL SUPPLIES CHARGED TO						55
56 DRUGS CHARGED TO PATIENTS	8274264		8274264		8274264	56
59 ACUTE DIALYSIS	838228		838228		838228	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	79151		79151		79151	60
60.05 OUTPATIENT PSYCHIATRIC SERV						60.05
61 EMERGENCY	4878985		4878985		4878985	61
62 OBSERVATION BEDS (NON-DISTI	325349		325349		325349	62
63.50 RURAL HEALTH CLINIC	1750545		1750545		1750545	63.50
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	95602211		95602211	92912	95695123	101
102 LESS OBSERVATION BEDS	325349		325349		325349	102
103 TOTAL	95276862		95276862	92912	95369774	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	13983588		13983588			25
26 INTENSIVE CARE UNIT	3229721		3229721			26
31 SUBPROVIDER I	1070476		1070476			31
33 NURSERY	594975		594975			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	28564359	24745053	53309412	.415221	.415221	.415221 37
39 DELIVERY ROOM & LABOR ROOM	3530186	1028836	4559022	.213295	.213295	.213295 39
40 ANESTHESIOLOGY	2865858	4032319	6898177	.126092	.126092	.130889 40
41 RADIOLOGY-DIAGNOSTIC	15940320	44222688	60163008	.131054	.131054	.131493 41
44 LABORATORY	16665364	13940521	30605885	.228026	.228026	.228026 44
48 INTRAVENOUS THERAPY	22537	1054338	1076875	.394766	.394766	.394766 48
49 RESPIRATORY THERAPY	3248227	341649	3589876	.570233	.570233	.570233 49
50 PHYSICAL THERAPY	2142528	733952	2876480	.495348	.495348	.499136 50
51 OCCUPATIONAL THERAPY	1216505	245439	1461944	.490743	.490743	.490743 51
52 SPEECH PATHOLOGY	168664	91311	259975	1.096698	1.096698	1.096698 52
53 ELECTROCARDIOLOGY	4634586	3248331	7882917	.204151	.204151	.204151 53
53.01 CATH LAB	19865017	3182332	23047349	.277355	.277355	.277355 53.01
54.01 NEUROLOGY	172930	98918	271848	.270000	.270000	.294473 54.01
55 MEDICAL SUPPLIES CHARGED TO						55
56 DRUGS CHARGED TO PATIENTS	24128030	9877134	34005164	.243324	.243324	.243324 56
59 ACUTE DIALYSIS	604450		604450	1.386762	1.386762	1.386762 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	450	112905	113355	.698258	.698258	.698258 60
60.05 OUTPATIENT PSYCHIATRIC SERV						60.05
61 EMERGENCY	3190126	8861534	12051660	.404839	.404839	.404839 61
62 OBSERVATION BEDS (NON-DISTI	64827	387984	452811	.718509	.718509	.718509 62
63.50 RURAL HEALTH CLINIC		1505937	1505937	1.162429	1.162429	1.162429 63.50
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	145903724	117711181	263614905			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	145903724	117711181	263614905			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6	
25 INPAT ROUTINE SERV COST CTRS				874870		874870	25
26 ADULTS & PEDIATRICS				263906		263906	26
27 INTENSIVE CARE UNIT							27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
33 SUBPROVIDER I				104560		104560	33
33 NURSERY				21472		21472	33
101 TOTAL				1264808		1264808	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12	
25 INPAT ROUTINE SERV COST CTRS	27258	17248			32.10	553661	25
26 ADULTS & PEDIATRICS	3093	2081			85.32	177551	26
27 INTENSIVE CARE UNIT							27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
33 SUBPROVIDER I	2490	1892			41.99	79445	33
33 NURSERY	1439				14.92		33
101 TOTAL	34280	21221				810657	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0046) [] SUB III [XX] PFS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL		
	CAPITAL RELATED COST	CAPITAL RELATED COST		TOTAL CHARGES	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1342430	53309412	12832916			.025182	323158 37
39 DELIVERY ROOM & LABOR ROOM		26810	4559022	13017			.005881	77 39
40 ANESTHESIOLOGY		98091	6898177	1346920			.014220	19153 40
41 RADIOLOGY-DIAGNOSTIC		1019466	60163008	10174399			.016945	172405 41
44 LABORATORY		297835	30605885	11225255			.009731	109233 44
48 INTRAVENOUS THERAPY		15309	1076875	11980			.014216	170 48
49 RESPIRATORY THERAPY		144260	3589876	2301866			.040185	92500 49
50 PHYSICAL THERAPY		59777	2876480	1312349			.020781	27272 50
51 OCCUPATIONAL THERAPY		21286	1461944	313253			.014560	4561 51
52 SPEECH PATHOLOGY		11349	259975	82685			.043654	3610 52
53 ELECTROCARDIOLOGY		168206	7882917	2847149			.021338	60752 53
53.01 CATH LAB		734589	23047349	13818423			.031873	440435 53.01
54.01 NEUROLOGY		7177	271848	125267			.026401	3307 54.01
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS		195500	34005164	14515603			.005749	83450 56
59 ACUTE DIALYSIS		16334	604450	86981			.027023	2350 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1855	113355				.016365	60
60.05 OUTPATIENT PSYCHIATRIC SERVIC								60.05
61 EMERGENCY		174044	12051660	1793627			.014441	25902 61
62 OBSERVATION BEDS (NON-DISTINC		14122	452811	4805			.031187	150 62
63.50 RURAL HEALTH CLINIC			1505937					63.50
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4348440	243230208	72806495				1368485 101

PROVIDER NO. 14-0046 GOOD SAMARITAN REGIONAL HEALTH
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01
 05/21/2009 13:42

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT					COSTS
	COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					27258		17248	25
26 INTENSIVE CARE UNIT					3093		2081	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					2490		1892	31
33 NURSERY					1439			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					34280		21221	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0046) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
37 OPERATING ROOM				2.01	2.02	2.03	37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54.01 NEUROLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 ACUTE DIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.05 OUTPATIENT PSYCHIATRIC SERVIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RURAL HEALTH CLINIC							63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0046) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8		
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		53309412			12832916		7868761	37	
39 DELIVERY ROOM & LABOR ROOM		4559022			13017		3874	39	
40 ANESTHESIOLOGY		6898177			1346920		1147889	40	
41 RADIOLOGY-DIAGNOSTIC		60163008			10174399		16569497	41	
44 LABORATORY		30605885			11225255		694264	44	
48 INTRAVENOUS THERAPY		1076875			11980		429340	48	
49 RESPIRATORY THERAPY		3589876			2301866		152798	49	
50 PHYSICAL THERAPY		2876480			1312349		1550	50	
51 OCCUPATIONAL THERAPY		1461944			313253			51	
52 SPEECH PATHOLOGY		259975			82685			52	
53 ELECTROCARDIOLOGY		7882917			2847149		1376648	53	
53.01 CATH LAB		23047349			13818423		1784290	53.01	
54.01 NEUROLOGY		271848			125267		39028	54.01	
55 MEDICAL SUPPLIES CHARGED TO P								55	
56 DRUGS CHARGED TO PATIENTS		34005164			14515603		3297309	56	
59 ACUTE DIALYSIS		604450			86981			59	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		113355					330	60	
60.05 OUTPATIENT PSYCHIATRIC SERVIC								60.05	
61 EMERGENCY		12051660			1793627		1923579	61	
62 OBSERVATION BEDS (NON-DISTINC		452811			4805		154254	62	
63.50 RURAL HEALTH CLINIC		1505937						63.50	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		243230208			72806495		35443411	101	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0046)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54.01 NEUROLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 ACUTE DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.05 OUTPATIENT PSYCHIATRIC SERVIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RURAL HEALTH CLINIC					63.50
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0046) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.415221	.415221	.415221			37
39 DELIVERY ROOM & LABOR ROOM	.213295	.213295	.213295			39
40 ANESTHESIOLOGY	.126092	.126092	.126092			40
41 RADIOLOGY-DIAGNOSTIC	.131054	.131054	.131054			41
44 LABORATORY	.228026	.228026	.228026			44
48 INTRAVENOUS THERAPY	.394766	.394766	.394766			48
49 RESPIRATORY THERAPY	.570233	.570233	.570233			49
50 PHYSICAL THERAPY	.495348	.495348	.495348			50
51 OCCUPATIONAL THERAPY	.490743	.490743	.490743			51
52 SPEECH PATHOLOGY	1.096698	1.096698	1.096698			52
53 ELECTROCARDIOLOGY	.204151	.204151	.204151			53
53.01 CATH LAB	.277355	.277355	.277355			53.01
54.01 NEUROLOGY	.270000	.270000	.270000			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						55
56 DRUGS CHARGED TO PATIENTS	.243324	.243324	.243324			56
59 ACUTE DIALYSIS	1.386762	1.386762	1.386762			59
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.698258	.698258	.698258			60
60.05 OUTPATIENT PSYCHIATRIC SERVICES						60.05
61 EMERGENCY	.404839	.404839	.404839			61
62 OBSERVATION BEDS (NON-DISTINCT	.718509	.718509	.718509			62
63.50 RURAL HEALTH CLINIC	1.162429	1.162429	1.162429			63.50
65 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS BPB CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.243324	1
2 PROGRAM VACCINE CHARGES	2	38128	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	9277	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0046) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		7868761						37
39 DELIVERY ROOM & LABOR ROOM		3874						39
40 ANESTHESIOLOGY		1147889						40
41 RADIOLOGY-DIAGNOSTIC		16569497						41
44 LABORATORY		694264						44
48 INTRAVENOUS THERAPY		429340						48
49 RESPIRATORY THERAPY		152798						49
50 PHYSICAL THERAPY		1550						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1376648						53
53.01 CATH LAB		1784290						53.01
54.01 NEUROLOGY		39028						54.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS		3297309						56
59 ACUTE DIALYSIS								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		330						60
60.05 OUTPATIENT PSYCHIATRIC SERVICE								60.05
61 EMERGENCY		1923579						61
62 OBSERVATION BEDS (NON-DISTINCT		154254						62
63.50 RURAL HEALTH CLINIC								63.50
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		35443411						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		35443411						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0046) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3267275					37
39 DELIVERY ROOM & LABOR ROOM		826					39
40 ANESTHESIOLOGY		144740					40
41 RADIOLOGY-DIAGNOSTIC		2171499					41
44 LABORATORY		158310					44
48 INTRAVENOUS THERAPY		169489					48
49 RESPIRATORY THERAPY		87130					49
50 PHYSICAL THERAPY		768					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		281044					53
53.01 CATH LAB		494882					53.01
54.01 NEUROLOGY		10538					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS		802314					56
59 ACUTE DIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		230					60
60.05 OUTPATIENT PSYCHIATRIC SERVICES							60.05
61 EMERGENCY		778740					61
62 OBSERVATION BEDS (NON-DISTINCT		110833					62
63.50 RURAL HEALTH CLINIC							63.50
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		8478618					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8478618					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T046) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL RATIO OF COST TO CHARGES	----	NEW CAPITAL RATIO OF COST TO CHARGES	----
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1342430	53309412	3983				.025182	100 37
39 DELIVERY ROOM & LABOR ROOM		26810	4559022					.005881	39
40 ANESTHESIOLOGY		98091	6898177	1251				.014220	18 40
41 RADIOLOGY-DIAGNOSTIC		1019466	60163008	65080				.016945	1103 41
44 LABORATORY		297835	30605885	168535				.009731	1640 44
48 INTRAVENOUS THERAPY		15309	1076875					.014216	48
49 RESPIRATORY THERAPY		144260	3589876	103778				.040185	4170 49
50 PHYSICAL THERAPY		59777	2876480	584194				.020781	12140 50
51 OCCUPATIONAL THERAPY		21286	1461944	604808				.014560	8806 51
52 SPEECH PATHOLOGY		11349	259975	54099				.043654	2362 52
53 ELECTROCARDIOLOGY		168206	7882917	4196				.021338	90 53
53.01 CATH LAB		734589	23047349					.031873	53.01
54.01 NEUROLOGY		7177	271848	495				.026401	13 54.01
55 MEDICAL SUPPLIES CHARGED TO P									55
56 DRUGS CHARGED TO PATIENTS		195500	34005164	236898				.005749	1362 56
59 ACUTE DIALYSIS		16334	604450	2096				.027023	57 59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		1855	113355					.016365	60
60.05 OUTPATIENT PSYCHIATRIC SERVIC									60.05
61 EMERGENCY		174044	12051660	28917				.014441	418 61
62 OBSERVATION BEDS (NON-DISTINC		14122	452811					.031187	62
63.50 RURAL HEALTH CLINIC			1505937						63.50
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		4348440	243230208	1858330					32279 101

PROVIDER NO. 14-0046 GOOD SAMARITAN REGIONAL HEALTH
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01
 05/21/2009 13:42

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PFS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T046) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
37 ANCILLARY SERVICE COST CENTERS							37
37 OPERATING ROOM							39
39 DELIVERY ROOM & LABOR ROOM							40
40 ANESTHESIOLOGY							41
41 RADIOLOGY-DIAGNOSTIC							44
44 LABORATORY							48
48 INTRAVENOUS THERAPY							49
49 RESPIRATORY THERAPY							50
50 PHYSICAL THERAPY							51
51 OCCUPATIONAL THERAPY							52
52 SPEECH PATHOLOGY							53
53 ELECTROCARDIOLOGY							53.01
53.01 CATH LAB							54.01
54.01 NEUROLOGY							55
55 MEDICAL SUPPLIES CHARGED TO P							56
56 DRUGS CHARGED TO PATIENTS							59
59 ACUTE DIALYSIS							
OUTPATIENT SERVICE COST CENTERS							60
60 CLINIC							60.05
60.05 OUTPATIENT PSYCHIATRIC SERVIC							61
61 EMERGENCY							62
62 OBSERVATION BEDS (NON-DISTINC							63.50
63.50 RURAL HEALTH CLINIC							
OTHER REIMBURSABLE COST CENTERS							101
101 TOTAL							

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T046) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		53309412			3983		37
39 DELIVERY ROOM & LABOR ROOM		4559022					39
40 ANESTHESIOLOGY		6898177			1251		40
41 RADIOLOGY-DIAGNOSTIC		60163008			65080		41
44 LABORATORY		30605885			168535		44
48 INTRAVENOUS THERAPY		1076875					48
49 RESPIRATORY THERAPY		3589876			103778		49
50 PHYSICAL THERAPY		2876480			584194		50
51 OCCUPATIONAL THERAPY		1461944			604808		51
52 SPEECH PATHOLOGY		259975			54099		52
53 ELECTROCARDIOLOGY		7882917			4196		53
53.01 CATH LAB		23047349					53.01
54.01 NEUROLOGY		271848			495		54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS		34005164			236898		56
59 ACUTE DIALYSIS		604450			2096		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		113355					60
60.05 OUTPATIENT PSYCHIATRIC SERVIC							60.05
61 EMERGENCY		12051660			28917		61
62 OBSERVATION BEDS (NON-DISTINC		452811					62
63.50 RURAL HEALTH CLINIC		1505937					63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		243230208			1858330		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T046) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54.01 NEUROLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 ACUTE DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.05 OUTPATIENT PSYCHIATRIC SERVIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RURAL HEALTH CLINIC					63.50
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6	
25 INPAT ROUTINE SERV COST CTRS				874870		874870	25
26 ADULTS & PEDIATRICS				263906		263906	26
27 INTENSIVE CARE UNIT							27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)				104560		104560	31
33 SUBPROVIDER I				21472		21472	33
101 NURSERY				1264808		1264808	101
101 TOTAL							

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12	
25 INPAT ROUTINE SERV COST CTRS	27258	3930			32.10	126153	25
26 ADULTS & PEDIATRICS	3093	280			85.32	23890	26
27 INTENSIVE CARE UNIT							27
28 CORONARY CARE UNIT							28
29 BURN INTENSIVE CARE UNIT							29
30 SURGICAL INTENSIVE CARE UNIT							30
31 OTHER SPECIAL CARE (SPECIFY)							31
33 SUBPROVIDER I	2490	131			41.99	5501	33
101 NURSERY	1439	998			14.92	14890	101
101 TOTAL	34280	5339				170434	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0046)			[] SUB III [] SUB IV [] OTHER	[XX] PFS [] TEFRA			
		[] SUB I	[] SUB II						
COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES			
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1342430	53309412	3020481		.025182	76062	37	
39	DELIVERY ROOM & LABOR ROOM	26810	4559022	2300974		.005881	13532	39	
40	ANESTHESIOLOGY	98091	6898177	492404		.014220	7002	40	
41	RADIOLOGY-DIAGNOSTIC	1019466	60163008	1676185		.016945	28403	41	
44	LABORATORY	297835	30605885	1977147		.009731	19240	44	
48	INTRAVENOUS THERAPY	15309	1076875	1977		.014216	28	48	
49	RESPIRATORY THERAPY	144260	3589876	264834		.040185	10642	49	
50	PHYSICAL THERAPY	59777	2876480	58718		.020781	1220	50	
51	OCCUPATIONAL THERAPY	21286	1461944	15126		.014560	220	51	
52	SPEECH PATHOLOGY	11349	259975	2964		.043654	129	52	
53	ELECTROCARDIOLOGY	168206	7882917	343378		.021338	7327	53	
53.01	CATH LAB	734589	23047349	1362428		.031873	43425	53.01	
54.01	NEUROLOGY	7177	271848	12739		.026401	336	54.01	
55	MEDICAL SUPPLIES CHARGED TO P							55	
56	DRUGS CHARGED TO PATIENTS	195500	34005164	3147257		.005749	18094	56	
59	ACUTE DIALYSIS	16334	604450	28669		.027023	775	59	
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	1855	113355			.016365		60	
60.05	OUTPATIENT PSYCHIATRIC SERVIC							60.05	
61	EMERGENCY	174044	12051660	388626		.014441	5612	61	
62	OBSERVATION BEDS (NON-DISTINC	14122	452811			.031187		62	
63.50	RURAL HEALTH CLINIC		1505937					63.50	
OTHER REIMBURSABLE COST CENTERS									
101	TOTAL	4348440	243230208	15093907			232047	101	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT					
	COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					27258		3930	25
26 INTENSIVE CARE UNIT					3093		280	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					2490		131	31
33 NURSERY					1439		998	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					34280		5339	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0046) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEPRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54.01 NEUROLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 ACUTE DIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.05 OUTPATIENT PSYCHIATRIC SERVIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RURAL HEALTH CLINIC							63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0046) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		53309412			3020481		37
39 DELIVERY ROOM & LABOR ROOM		4559022			2300974		39
40 ANESTHESIOLOGY		6898177			492404		40
41 RADIOLOGY-DIAGNOSTIC		60163008			1676185		41
44 LABORATORY		30605885			1977147		44
48 INTRAVENOUS THERAPY		1076875			1977		48
49 RESPIRATORY THERAPY		3589876			264834		49
50 PHYSICAL THERAPY		2876480			58718		50
51 OCCUPATIONAL THERAPY		1461944			15126		51
52 SPEECH PATHOLOGY		259975			2964		52
53 ELECTROCARDIOLOGY		7882917			343378		53
53.01 CATH LAB		23047349			1362428		53.01
54.01 NEUROLOGY		271848			12739		54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS		34005164			3147257		56
59 ACUTE DIALYSIS		604450			28669		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		113355					60
60.05 OUTPATIENT PSYCHIATRIC SERVIC							60.05
61 EMERGENCY		12051660			388626		61
62 OBSERVATION BEDS (NON-DISTINC		452811					62
63.50 RURAL HEALTH CLINIC		1505937					63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		243230208			15093907		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0046) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54.01 NEUROLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 ACUTE DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.05 OUTPATIENT PSYCHIATRIC SERVIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RURAL HEALTH CLINIC					63.50
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] SUB I (14-T046) [] SUB II	[] SUB III [] SUB IV [] OTHER	[XX] PPS [] TEFRA	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
					RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
COST CENTER DESCRIPTION	1	2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	1342430	53309412	44232			.025182	1114 37
39	DELIVERY ROOM & LABOR ROOM	26810	4559022				.005881	39
40	ANESTHESIOLOGY	98091	6898177				.014220	40
41	RADIOLOGY-DIAGNOSTIC	1019466	60163008				.016945	41
44	LABORATORY	297835	30605885	6971			.009731	68 44
48	INTRAVENOUS THERAPY	15309	1076875				.014216	48
49	RESPIRATORY THERAPY	144260	3589876				.040185	49
50	PHYSICAL THERAPY	59777	2876480				.020781	50
51	OCCUPATIONAL THERAPY	21286	1461944				.014560	51
52	SPEECH PATHOLOGY	11349	259975				.043654	52
53	ELECTROCARDIOLOGY	168206	7882917				.021338	53
53.01	CATH LAB	734589	23047349				.031873	53.01
54.01	NEUROLOGY	7177	271848				.026401	54.01
55	MEDICAL SUPPLIES CHARGED TO P							55
56	DRUGS CHARGED TO PATIENTS	195500	34005164				.005749	56
59	ACUTE DIALYSIS	16334	604450	31702			.027023	857 59
OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	1855	113355				.016365	60
60.05	OUTPATIENT PSYCHIATRIC SERVIC							60.05
61	EMERGENCY	174044	12051660	318			.014441	5 61
62	OBSERVATION BEDS (NON-DISTINC	14122	452811				.031187	62
63.50	RURAL HEALTH CLINIC		1505937					63.50
101	OTHER REIMBURSABLE COST CENTERS	4348440	243230208	83223				2044 101
101	TOTAL							

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T046) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54.01 NEUROLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
59 ACUTE DIALYSIS							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.05 OUTPATIENT PSYCHIATRIC SERVIC							60.05
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RURAL HEALTH CLINIC							63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T046) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		53309412			44232		37
39 DELIVERY ROOM & LABOR ROOM		4559022					39
40 ANESTHESIOLOGY		6898177					40
41 RADIOLOGY-DIAGNOSTIC		60163008					41
44 LABORATORY		30605885			6971		44
48 INTRAVENOUS THERAPY		1076875					48
49 RESPIRATORY THERAPY		3589876					49
50 PHYSICAL THERAPY		2876480					50
51 OCCUPATIONAL THERAPY		1461944					51
52 SPEECH PATHOLOGY		259975					52
53 ELECTROCARDIOLOGY		7882917					53
53.01 CATH LAB		23047349					53.01
54.01 NEUROLOGY		271848					54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS		34005164					56
59 ACUTE DIALYSIS		604450			31702		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		113355					60
60.05 OUTPATIENT PSYCHIATRIC SERVIC						318	60.05
61 EMERGENCY		12051660					61
62 OBSERVATION BEDS (NON-DISTINC		452811					62
63.50 RURAL HEALTH CLINIC		1505937					63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		243230208			83223		101

PROVIDER NO. 14-0046 GOOD SAMARITAN REGIONAL HEALTH
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.01
 05/21/2009 13:42

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T046) [] SNF [] TEPRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54.01 NEUROLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
59 ACUTE DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.05 OUTPATIENT PSYCHIATRIC SERVIC					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RURAL HEALTH CLINIC					63.50
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0046)	SUB I (PPS) (14-T046)	SUB II	SUB III	SUB IV	SNF	
	1	1	1	1	1	1	
INPATIENT DAYS							
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	27258	2490					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	27258	2490					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		423					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26835	2490					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	17248	1892					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0046)	SUB I (PPS) (14-T046)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	20155251	1964066					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	20155251	1964066					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13983588	1070476					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	216027						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13767561	1070476					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.441350	1.834759					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	510.70						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	513.04	429.91					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	20155251	1964066					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0046)	SUB I (PPS) (14-T046)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	739.43	788.78				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12753689	1492372				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12753689	1492372				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4394348	3093	1420.74	2081	2956560	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0046)	SUB I (PPS) (14-T046)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	20454802	828971				48
49 TOTAL PROGRAM INPATIENT COSTS	36165051	2321343				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	731212	79445				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1368485	32279				51
52 TOTAL PROGRAM EXCLUDABLE COST	2099697	111724				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	34065354	2209619				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0046)	SUB I (PPS) (14-T046)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL (PPS) (14-0046)	SUB I (PPS) (14-T046)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	440	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	739.43	84
85 OBSERVATION BED COST	325349	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL
 ROUTINE COST
 COST (FROM LINE 27)

COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4
3	4	5

86 OLD CAPITAL-RELATED COST	20155251	325349	86
87 NEW CAPITAL-RELATED COST	874870 20155251	.043407 325349	14122 87
88 NON PHYSICIAN ANESTHETIST	20155251	325349	88
89 MEDICAL EDUCATION	20155251	325349	89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0046)	SUB I (PPS) (14-T046)	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	27258	2490					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	27258	2490					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		423					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26835	2490					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3930	131					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS		1439					15
16 TITLE V OR XIX NURSERY DAYS		998					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0046)	SUB I (PPS) (14-T046)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	20155251	1964066					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	20155251	1964066					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13983588	1070476					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	216027						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13767561	1070476					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.441350	1.834759					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	510.70						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	513.04	429.91					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	20155251	1964066					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0046)	SUB I (PPS) (14-T046)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	739.43	788.78				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2905960	103330				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2905960	103330				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	1142358	1439	793.86	998	792272	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4394348	3093	1420.74	280	397807	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0046)	SUB I (PPS) (14-T046)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	4087049	64048				48
49 TOTAL PROGRAM INPATIENT COSTS	8183088	167378				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	164933	5501				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	232047	2044				51
52 TOTAL PROGRAM EXCLUDABLE COST	396980	7545				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	7786108	159833				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0046)	SUB I (PPS) (14-T046)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	9	1	1	54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)	(PPS)			
(14-0046)	(14-T046)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	440	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	739.43	84
85 OBSERVATION BED COST	325349	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL
 ROUTINE COST

	COST	(FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		20155251		325349		86
87 NEW CAPITAL-RELATED COST	874870	20155251	.043407	325349	14122	87
88 NON PHYSICIAN ANESTHETIST		20155251		325349		88
89 MEDICAL EDUCATION		20155251		325349		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-0046)	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		9043226		25
26 INTENSIVE CARE UNIT		2198729		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.415221	12832916	5328496	37
39 DELIVERY ROOM & LABOR ROOM	.213295	13017	2776	39
40 ANESTHESIOLOGY	.130889	1346920	176297	40
41 RADIOLOGY-DIAGNOSTIC	.131493	10174399	1337862	41
44 LABORATORY	.228026	11225255	2559650	44
48 INTRAVENOUS THERAPY	.394766	11980	4729	48
49 RESPIRATORY THERAPY	.570233	2301866	1312600	49
50 PHYSICAL THERAPY	.499136	1312349	655041	50
51 OCCUPATIONAL THERAPY	.490743	313253	153727	51
52 SPEECH PATHOLOGY	1.096698	82685	90680	52
53 ELECTROCARDIOLOGY	.204151	2847149	581248	53
53.01 CATH LAB	.277355	13818423	3832609	53.01
54.01 NEUROLOGY	.294473	125267	36888	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT				55
56 DRUGS CHARGED TO PATIENTS	.243324	14515603	3531995	56
59 ACUTE DIALYSIS	1.386752	86981	120622	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.698258			60
60.05 OUTPATIENT PSYCHIATRIC SERVICES				60.05
61 EMERGENCY	.404839	1793627	726130	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.718509	4805	3452	62
63.50 RURAL HEALTH CLINIC	1.162429			63.50
101 TOTAL		72806495	20454802	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		72806495		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [XX] SUB I (14-T046) [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		812908		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.415221	3983	1654	37
39 DELIVERY ROOM & LABOR ROOM	.213295			39
40 ANESTHESIOLOGY	.130889	1251	164	40
41 RADIOLOGY-DIAGNOSTIC	.131493	65080	8558	41
44 LABORATORY	.228026	168535	38430	44
48 INTRAVENOUS THERAPY	.394766			48
49 RESPIRATORY THERAPY	.570233	103778	59178	49
50 PHYSICAL THERAPY	.499136	584194	291592	50
51 OCCUPATIONAL THERAPY	.490743	604808	296805	51
52 SPEECH PATHOLOGY	1.096698	54099	59330	52
53 ELECTROCARDIOLOGY	.204151	4196	857	53
53.01 CATH LAB	.277355			53.01
54.01 NEUROLOGY	.294473	495	146	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT				55
56 DRUGS CHARGED TO PATIENTS	.243324	236898	57643	56
59 ACUTE DIALYSIS	1.386762	2096	2907	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.698258			60
60.05 OUTPATIENT PSYCHIATRIC SERVICES				60.05
61 EMERGENCY	.404839	28917	11707	61
62 OBSERVATION BEDS (NON-DISTINCT	.718509			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RURAL HEALTH CLINIC	1.162429			63.50
101 TOTAL		1858330	828971	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1858330		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0046)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		1824445		25
26 INTENSIVE CARE UNIT		288303		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.415221	3020481	1254167	37
39 DELIVERY ROOM & LABOR ROOM	.213295	2300974	490786	39
40 ANESTHESIOLOGY	.130889	492404	64450	40
41 RADIOLOGY-DIAGNOSTIC	.131493	1676185	220407	41
44 LABORATORY	.228026	1977147	450841	44
48 INTRAVENOUS THERAPY	.394766	1977	780	48
49 RESPIRATORY THERAPY	.570233	264834	151017	49
50 PHYSICAL THERAPY	.499136	58718	29308	50
51 OCCUPATIONAL THERAPY	.490743	15126	7423	51
52 SPEECH PATHOLOGY	1.096698	2964	3251	52
53 ELECTROCARDIOLOGY	.204151	343378	70101	53
53.01 CATH LAB	.277355	1362428	377876	53.01
54.01 NEUROLOGY	.294473	12739	3751	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT				55
56 DRUGS CHARGED TO PATIENTS	.243324	3147257	765803	56
59 ACUTE DIALYSIS	1.386762	28669	39757	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.698258			60
60.05 OUTPATIENT PSYCHIATRIC SERVICES				60.05
61 EMERGENCY	.404839	388626	157331	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.718509			62
63.50 RURAL HEALTH CLINIC	1.162429			63.50
101 TOTAL		15093907	4087049	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		15093907		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T046)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		71630		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.415221	44232	18366	37
39 DELIVERY ROOM & LABOR ROOM	.213295			39
40 ANESTHESIOLOGY	.130889			40
41 RADIOLOGY-DIAGNOSTIC	.131493			41
44 LABORATORY	.228026	6971	1590	44
48 INTRAVENOUS THERAPY	.394766			48
49 RESPIRATORY THERAPY	.570233			49
50 PHYSICAL THERAPY	.499136			50
51 OCCUPATIONAL THERAPY	.490743			51
52 SPEECH PATHOLOGY	1.096698			52
53 ELECTROCARDIOLOGY	.204151			53
53.01 CATH LAB	.277355			53.01
54.01 NEUROLOGY	.294473			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT				55
56 DRUGS CHARGED TO PATIENTS	.243324			56
59 ACUTE DIALYSIS	1.386762	31702	43963	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.698258			60
60.05 OUTPATIENT PSYCHIATRIC SERVICES				60.05
61 EMERGENCY	.404839	318	129	61
62 OBSERVATION BEDS (NON-DISTINCT	.718509			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RURAL HEALTH CLINIC	1.162429			63.50
101 TOTAL		83223	64048	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		83223		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0046)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	20495349					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6662237					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997	392792					2.01
3 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3
3.01 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I	133.97					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.06
		[FOR CR PERIODS ENDING]				
		[ON OR AFTER 7/1/2005]				
		[E-3, PT.VI, LN.15][PLUS LN.3.06]				
3.07 SUM OF LINES 3.04-3.06		0.00		0.00		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
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 YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
		RES. IN				
		INIT YRS				
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO		0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0046)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	29511156					6
7						7
7.01						7.01
8	29511156					8
9	2301830					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	31812986					16
17	15521					17
18	31797465					18
19	2658465					19
20	70632					20
21	719684					21
21.01	503779					21.01
21.02	532124					21.02
22	29572147					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0046) 1	HOSPITAL (14-0046) 1.01	HOSPITAL (14-0046) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1940394		18.01
19 SUBTOTAL	5428316		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	5428316		23
24 PRIMARY PAYER PAYMENTS	1531		24
25 SUBTOTAL	5426785		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	517875		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	362513		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	455466		27.02
28 SUBTOTAL	5789298		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-40		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	5789338		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	5782917		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	6421		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T046)	SUB I (14-T046)	SUB I (14-T046)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T046)	SUB I (14-T046)	SUB I (14-T046)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0046)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 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)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
 (14-0046)
 OCTOBER 1, 1997
 PRIOR TO ON OR AFTER
 1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
 (14-0046)
 OCTOBER 1, 1997
 PRIOR TO ON OR AFTER
 1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0046)

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		29062116		5771832	1
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	2
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.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	08/14/2008 26535	08/14/2008	11085	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	26535		11085	3.99
4 TOTAL INTERIM PAYMENTS		29088651		5782917	4
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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99		NONE	NONE	5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	483496		6421	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		29572147		5789338	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T046)

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2299119		1
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	2
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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 PROGRAM .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2299119		4
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.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	-5939		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2293180		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEPRA

	HOSPITAL	SUB I (14-T046)	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16						1.16
1.17						1.17
1.18						1.18
1.19						1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23						1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T046)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		2293180				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		2299119				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-5939				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (14-0046) (PPS)	SUB I (14-T046) (PPS)	SUB II	SUB III	
	1	1	1	1	
			SUB IV	NF I	
			1	1	
1	COMPUTATION OF NET COST OF COVERED SERVICES				1
2	INPATIENT HOSPITAL/SNF/NF SERVICES				2
3	MEDICAL AND OTHER SERVICES				3
4	INTERNS AND RESIDENTS				4
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				5
6	COST OF TEACHING PHYSICIANS				6
7	SUBTOTAL				7
8	INPATIENT PRIMARY PAYER PAYMENTS				8
9	OUTPATIENT PRIMARY PAYER PAYMENTS				9
	SUBTOTAL				
	COMPUTATION OF LESSER OF COST OR CHARGES				
10	ROUTINE SERVICE CHARGES				10
11	15093907	83223			11
12	ANCILLARY SERVICE CHARGES				12
13	INTERNS AND RESIDENTS SERVICE CHARGES				13
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE				14
15	TEACHING PHYSICIANS				15
16	15093907	83223			16
	TOTAL REASONABLE CHARGES				
	CUSTOMARY CHARGES				
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				18
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
	ACCORDANCE WITH 42 CFR 413.13(E)				
19	RATIO OF LINE 17 TO LINE 18				19
20	15093907	83223			20
21	15093907	83223			21
22	TOTAL CUSTOMARY CHARGES				22
23	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				23
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				
	COST OF COVERED SERVICES				
	PROSPECTIVE PAYMENT AMOUNT				
24	OTHER THAN OUTLIER PAYMENTS				24
25	OUTLIER PAYMENTS				25
26	PROGRAM CAPITAL PAYMENTS				26
27	CAPITAL EXCEPTION PAYMENTS				27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS				28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				29
30	SUBTOTAL				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED				31
32	LESSER OF LINES 30 OR 31				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				33

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (14-0046) (PPS)	SUB I (14-T046) (PPS)	SUB II	SUB III	
	1	1	1	1	
				SUB IV	
				1	
				NF I	
				1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT				34
35	EXCESS OF REASONABLE COST				35
36	SUBTOTAL				36
37	COINSURANCE				37
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,				38
38.01	REIMBURSABLE BAD DEBTS				38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE				38.02
	BENEFICIARIES (SEE INSTRUCTIONS)				
39	UTILIZATION REVIEW				39
40	SUBTOTAL				40
41	INPATIENT ROUTINE SERVICE COST				41
42	MEDICARE INPATIENT ROUTINE CHARGES				42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
	ACCORDANCE WITH 42 CFR 413.13(E)				
45	RATIO OF LINE 43 TO LINE 44				45
46	TOTAL CUSTOMARY CHARGES				46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM				49
	UTILIZATION				
50	OTHER ADJUSTMENTS				50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING				51
	DEPRECIABLE ASSETS				
52	SUBTOTAL				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT				53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER				55
56	SEQUESTRATION ADJUSTMENT				56
57	INTERIM PAYMENTS				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				57.01
58	BALANCE DUE PROVIDER/PROGRAM				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT				59
	SECTION 115.2				

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	10405461			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	18276626			4
5	OTHER RECEIVABLES	944478			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1511000			6
7	INVENTORY	3101573			7
8	PREPAID EXPENSES	563491			8
9	OTHER CURRENT ASSETS	2152124			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	33932753			11
FIXED ASSETS					
12	LAND	864622			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1481491			13
13.01	ACCUMULATED DEPRECIATION	-740334			13.01
14	BUILDINGS	16941971			14
14.01	ACCUMULATED DEPRECIATION	-6608064			14.01
15	LEASEHOLD IMPROVEMENTS	369560			15
15.01	ACCUMULATED AMORTIZATION	-229589			15.01
16	FIXED EQUIPMENT	3655635			16
16.01	ACCUMULATED DEPRECIATION	-2801370			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	62872695			18
18.01	ACCUMULATED DEPRECIATION	-39922836			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	35883781			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	3973724			25
26	TOTAL OTHER ASSETS	3973724			26
27	TOTAL ASSETS	73790258			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	347781			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	432888			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	3791153			35
36	TOTAL CURRENT LIABILITIES	4571822			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	12921110			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	5577388			41
42	TOTAL LONG TERM LIABILITIES	18498498			42
43	TOTAL LIABILITIES	23070320			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	50719938			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	50719938			51
52	TOTAL LIABILITIES AND FUND BALANCES	73790258			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	44879064			1
2 NET INCOME (LOSS)	11344831			2
3 TOTAL	56223895			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	56223895			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS	5503957			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	5503957			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	50719938			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	14109810		14109810	1
4 SUBPROVIDER I	1082089		1082089	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	15191899		15191899	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	3236057		3236057	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	3236057		3236057	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	18427956		18427956	16
19 ANCILLARY SERVICES	126799087	110865237	237664324	17
20 OUTPATIENT SERVICES	4468979	14455952	18924931	18
21 RURAL HEALTH CLINIC		1518922	1518922	18.50
22 HOME HEALTH AGENCY				19
23 AMBULANCE				20
24 CORF				21
25 ASC				22
26 HOSPICE				23
27 TOTAL PATIENT REVENUES	149696022	126840111	276536133	24
				25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		114626147	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		114626147	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	276536133	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	153148445	2
3	NET PATIENT REVENUES	123387688	3
4	LESS - TOTAL OPERATING EXPENSES	114626147	4
5	NET INCOME FROM SERVICE TO PATIENTS	8761541	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	80028	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER	2503262	24
25	TOTAL OTHER INCOME	2583290	25
26	TOTAL	11344831	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	11344831	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0046)	HOSPITAL (14-0046)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	2281973				2
3					3
3.01	19857				3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	2301830				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0046)	HOSPITAL (14-0046)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.04 ADMITTING					6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE					6.05
6.06 ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54.01 NEUROLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
59 ACUTE DIALYSIS					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.05 OUTPATIENT PSYCHIATRIC SERVICES					60.05
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RURAL HEALTH CLINIC					63.50
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
00 CHILD CARE					00
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

RHC I
 COMPONENT NO: 14-3402

WORKSHEET M-1

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

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN	308319	68919	377238		377238		377238	1
2 PHYSICIAN ASSISTANT	106588		106588	12454	119042	-24365	94677	2
3 NURSE PRACTITIONER	176209		176209	20589	196798		196798	3
4 VISITING NURSE								4
5 OTHER NURSE	116712		116712	13637	130349		130349	5
6 CLINICAL PSYCHOLOGIST								6
7 CLINICAL SOCIAL WORKER								7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS								9
10 SUBTOTAL (SUM OF LINES 1-9)	707828	68919	776747	46680	823427	-24365	799062	10
COSTS UNDER AGREEMENT								11
11 PHYSICIAN SERVICES UNDER AGREEMENT								12
12 PHYSICIAN SUPERVISION UNDER AGREEMENT					24336		24336	13
13 OTHER COSTS UNDER AGREEMENT		24336	24336		24336		24336	14
14 SUBTOTAL (SUM OF LINES 11-13)		24336	24336		24336		24336	14
OTHER HEALTH CARE COSTS								15
15 MEDICAL SUPPLIES		9794	9794		9794		9794	15
16 TRANSPORTATION (HEALTH CARE STAFF)								16
17 DEPRECIATION-MEDICAL EQUIPMENT								17
18 PROFESSIONAL LIABILITY INSURANCE								18
19 OTHER HEALTH CARE COSTS								19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		9794	9794		9794		9794	21
22 TOTAL COSTS OF HEALTH CARE SERVICES	707828	103049	810877	46680	857557	-24365	833192	22
COSTS OTHER THAN RHC/FQHC SERVICES								23
23 PHARMACY								24
24 DENTAL								25
25 OPTOMETRY								26
26 ALL OTHER NONREIMBURSABLE COSTS		85979	85979		85979		85979	27
27 NONALLOWABLE GME COSTS								28
28 TOTAL NONREIMBURSABLE COSTS		85979	85979		85979		85979	28
FACILITY OVERHEAD								29
29 FACILITY COSTS		15328	15328		15328		15328	29
30 ADMINISTRATIVE COSTS	76882	280838	357720	8984	366704	-69419	297285	30
31 TOTAL FACILITY OVERHEAD	76882	296166	373048	8984	382032	-69419	312613	31
32 TOTAL FACILITY COSTS	784710	485194	1269904	55664	1325568	-93784	1231784	32

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

RHC I
 COMPONENT NO: 14-3402

WORKSHEET M-2

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	1.42	5342	4200	5964		1
2 PHYSICIAN ASSISTANTS	1.31	3102	2100	2751		2
3 NURSE PRACTITIONERS	2.19	6206	2100	4599		3
4 SUBTOTAL	4.92	14650		13314	14650	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST						6
7 CLINICAL SOCIAL WORKER						7
8 TOTAL FTEs AND VISITS	4.92	14650			14650	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					833192	10
11 TOTAL NONREIMBURSABLE COSTS					85979	11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					919171	12
13 RATIO OF RHC/FQHC SERVICES					0.906460	13
14 TOTAL FACILITY OVERHEAD					312613	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					518761	15
16 TOTAL OVERHEAD					831374	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					831374	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					753607	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					1586799	20

RHC I
 COMPONENT NO: 14-3402

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

CHECK [XX] RHC [] TITLE V
 APPLICABLE BOX: [] FQHC [XX] TITLE XVIII
 [] TITLE XIX

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	1586799	1
2	COST OF VACCINES AND THEIR ADMINISTRATION	429	2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	1586370	3
4	TOTAL VISITS	14650	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	14650	6
7	ADJUSTED COST PER VISIT	108.28	7

CALCULATION OF LIMIT(1)
 PRIOR TO ON OR AFTER
 JANUARY 1 JANUARY 1 (SEE INSTR.)
 1 2 3

8	PER VISIT PAYMENT LIMIT	75.63	8
9	RATE FOR PROGRAM COVERED VISITS	75.63	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	1627	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	123050	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES	1537	12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES	116243	13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES	72652	14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST		15
16	TOTAL PROGRAM COST	195702	16
16.01	PRIMARY PAYOR PAYMENTS	1046	16.01
17	LESS: BENEFICIARY DEDUCTIBLE	43666	17
18	NET PROGRAM COST EXCLUDING VACCINES	150990	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE	120792	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION	179	20
21	TOTAL REIMBURSABLE PROGRAM COST	120971	21
22	REIMBURSABLE BAD DEBTS		22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22.01
23	OTHER ADJUSTMENTS		23
24	NET REIMBURSABLE AMOUNT	120971	24
25	INTERIM PAYMENTS	107914	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		25.01
26	BALANCE DUE COMPONENT/PROGRAM	13057	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2		27

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

RHC I
 COMPONENT NO: 14-3402

WORKSHEET M-4

CHECK [XX] RHC [] TITLE V
 APPLICABLE BOX: [] PQHC [XX] TITLE XVIII
 [] TITLE XIX

	PNEUMOCOCCAL 1	INFLUENZA 2	
1 HEALTH CARE STAFF COSTS	799062	799062	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		0.000033	2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST		26	3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE		189	4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE		215	5
6 TOTAL DIRECT COST OF THE FACILITY	833192	833192	6
7 TOTAL OVERHEAD	831374	831374	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DRECT COST		0.000258	8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE		214	9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION		429	10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS		12	11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION		35.75	12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES		5	13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		179	14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		429	15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION		179	16

PROVIDER NO. 14-0046 GOOD SAMARITAN REGIONAL HEALTH
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01
 05/21/2009 13:42

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

RHC I
 COMPONENT NO: 14-3402

WORKSHEET M-5

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B		1 MM/DD/YYYY	2 AMOUNT	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				107914	1
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	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM	.01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO	.02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	.03		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER	.04			3.04
		.05			3.05
		.50			3.50
	PROVIDER	.51			3.51
	TO	.52		NONE	3.52
	PROGRAM	.53			3.53
		.54			3.54
SUBTOTAL		.99			3.99
4 TOTAL INTERIM PAYMENTS				107914	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			5.01
	TO	.02		NONE	5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51		NONE	5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER	.01		13057	6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY				120971	7
NAME OF INTERMEDIARY:	INTERMEDIARY NUMBER:				
SIGNATURE OF AUTHORIZED PERSON:	DATE (MO/DAY/YR):				

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	63.28		14.42				77.70	25
26 INTENSIVE CARE UNIT	67.28		9.05				76.33	26
33 NURSERY			69.35				69.35	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	24.07	14.76	5.67				44.50	37
39 DELIVERY ROOM & LABOR ROOM	0.29	0.08	50.47				50.84	39
40 ANESTHESIOLOGY	19.53	16.64	7.14				43.31	40
41 RADIOLOGY-DIAGNOSTIC	16.91	27.54	2.79				47.24	41
44 LABORATORY	36.68	2.27	6.46				45.41	44
48 INTRAVENOUS THERAPY	1.11	39.87	0.18				41.16	48
49 RESPIRATORY THERAPY	64.12	4.26	7.38				75.76	49
50 PHYSICAL THERAPY	45.62	0.05	2.04				47.71	50
51 OCCUPATIONAL THERAPY	21.43		1.03				22.46	51
52 SPEECH PATHOLOGY	31.80		1.14				32.94	52
53 ELECTROCARDIOLOGY	36.12	17.46	4.36				57.94	53
53.01 CATH LAB	59.96	7.74	5.91				73.61	53.01
54.01 NEUROLOGY	46.08	14.36	4.69				65.13	54.01
56 DRUGS CHARGED TO PATIENTS	42.69	9.70	9.26				61.65	56
59 ACUTE DIALYSIS	14.39		4.74				19.13	59
60 CLINIC		0.29					0.29	60
61 EMERGENCY	14.88	15.96	3.22				34.06	61
62 OBSERVATION BEDS (NON-DISTINCT)	1.06	34.07					35.13	62
101 TOTAL CHARGES	27.62	13.45	5.73				46.80	101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	75.98		5.26				81.24 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01		0.08				0.09 37
40 ANESTHESIOLOGY	0.02						0.02 40
41 RADIOLOGY-DIAGNOSTIC	0.11						0.11 41
44 LABORATORY	0.55		0.02				0.57 44
49 RESPIRATORY THERAPY	2.89						2.89 49
50 PHYSICAL THERAPY	20.31						20.31 50
51 OCCUPATIONAL THERAPY	41.37						41.37 51
52 SPEECH PATHOLOGY	20.81						20.81 52
53 ELECTROCARDIOLOGY	0.05						0.05 53
54.01 NEUROLOGY	0.18						0.18 54.01
56 DRUGS CHARGED TO PATIENTS	0.70						0.70 56
59 ACUTE DIALYSIS	0.35		5.24				5.59 59
61 EMERGENCY	0.24						0.24 61
101 TOTAL CHARGES	0.70		0.03				0.73 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	1344203	1.38	-1344203	-3.32		3
4	NEW CAP REL COSTS-MVBLE EQUIP	4275020	4.38	-4275020	-10.57		4
5	EMPLOYEE BENEFITS	8152850	8.36	-8152850	-20.16		5
6.04	ADMITTING	962647	.99	-962647	-2.38		6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	1108367	1.14	-1108367	-2.74		6.05
6.06	ADMINISTRATIVE & GENERAL	15464306	15.85	-15464306	-38.24		6.06
7	MAINTENANCE & REPAIRS	1756099	1.80	-1756099	-4.34		7
8	OPERATION OF PLANT	2086595	2.14	-2086595	-5.16		8
9	LAUNDRY & LINEN SERVICE	572767	.59	-572767	-1.42		9
10	HOUSEKEEPING	976835	1.00	-976835	-2.42		10
11	DIETARY	641205	.66	-641205	-1.59		11
12	CAFETERIA	692953	.71	-692953	-1.71		12
14	NURSING ADMINISTRATION	1000114	1.03	-1000114	-2.47		14
17	MEDICAL RECORDS & LIBRARY	1112190	1.14	-1112190	-2.75		17
18	SOCIAL SERVICE	293262	.30	-293262	-.73		18
20	NONPHYSICIAN ANESTHETISTS						20
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	10602341	10.87	9552910	23.62	20155251	20.66
26	INTENSIVE CARE UNIT	2543761	2.61	1834712	4.54	4378473	4.49
31	SUBPROVIDER I	952717	.98	1011349	2.50	1964066	2.01
33	NURSERY	707410	.73	434948	1.08	1142358	1.17
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	14260410	14.62	7874783	19.47	22135193	22.69
39	DELIVERY ROOM & LABOR ROOM	546548	.56	425869	1.05	972417	1.00
40	ANESTHESIOLOGY	512953	.53	356852	.88	869805	.89
41	RADIOLOGY-DIAGNOSTIC	3781103	3.88	4103504	10.15	7884607	8.08
44	LABORATORY	4509311	4.62	2469614	6.11	6978925	7.15
48	INTRAVENOUS THERAPY	246037	.25	179077	.44	425114	.44
49	RESPIRATORY THERAPY	1216051	1.25	831013	2.05	2047064	2.10
50	PHYSICAL THERAPY	784990	.80	639870	1.58	1424860	1.46
51	OCCUPATIONAL THERAPY	403499	.41	313940	.78	717439	.74
52	SPEECH PATHOLOGY	168217	.17	116897	.29	285114	.29
53	ELECTROCARDIOLOGY	764664	.78	844638	2.09	1609302	1.65
53.01	CATH LAB	4035007	4.14	2357295	5.83	6392302	6.55
54.01	NEUROLOGY	36473	.04	36926	.09	73399	.08
55	MEDICAL SUPPLIES CHARGED TO PAT						55
56	DRUGS CHARGED TO PATIENTS	5834867	5.98	2439397	6.03	8274264	8.48
59	ACUTE DIALYSIS	636497	.65	201731	.50	838228	.86
60	CLINIC	49289	.05	29862	.07	79151	.08
60.05	OUTPATIENT PSYCHIATRIC SERVICES						60.05
61	EMERGENCY	2604705	2.67	2274280	5.62	4878985	5.00
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RURAL HEALTH CLINIC	1231784	1.26	518761	1.28	1750545	1.79
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY						71

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
93 SPECIAL PURPOSE COST CENTERS							93
93 HOSPICE							
96 NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			21835	.05	21835	.02	96
98 PHYSICIANS' PRIVATE OFFICES	578066	.59	1066558	2.64	1644624	1.69	98
100 CHILD CARE	124595	.13	502792	1.24	627387	.64	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	97570708	100.00	0	.00	97570708	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1342430	53309412	.025182	12832916	323158	37
39 DELIVERY ROOM & LABOR ROOM	26810	4559022	.005881	13017	77	39
40 ANESTHESIOLOGY	98091	6898177	.014220	1346920	19153	40
41 RADIOLOGY-DIAGNOSTIC	1019466	60163008	.016945	10174399	172405	41
44 LABORATORY	297835	30605885	.009731	11225255	109233	44
48 INTRAVENOUS THERAPY	15309	1076875	.014216	11980	170	48
49 RESPIRATORY THERAPY	144260	3589876	.040185	2301866	92500	49
50 PHYSICAL THERAPY	59777	2876480	.020781	1312349	27272	50
51 OCCUPATIONAL THERAPY	21286	1461944	.014560	313253	4561	51
52 SPEECH PATHOLOGY	11349	259975	.043654	82685	3610	52
53 ELECTROCARDIOLOGY	168206	7882917	.021338	2847149	60752	53
53.01 CATH LAB	734589	23047349	.031873	13818423	440435	53.01
54.01 NEUROLOGY	7177	271848	.026401	125267	3307	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						55
56 DRUGS CHARGED TO PATIENTS	195500	34005164	.005749	14515603	83450	56
59 ACUTE DIALYSIS	16334	604450	.027023	86981	2350	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1855	113355	.016365			60
60.05 OUTPATIENT PSYCHIATRIC SERVICES						60.05
61 EMERGENCY	174044	12051660	.014441	1793627	25902	61
62 OBSERVATION BEDS (NON-DISTINCT	14122	452811	.031187	4805	150	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RURAL HEALTH CLINIC		1505937				63.50
101 TOTAL	4348440	244736145		72806495	1368485	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	874870		874870	27258	32.10	17248	553661 25
26 INTENSIVE CARE UNIT	263906		263906	3093	85.32	2081	177551 26
101 TOTAL	1138776		1138776			19329	731212 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	731212
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1368485
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2099697
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)	
PER DISCHARGE CAPITAL COSTS	
PER DIEM CAPITAL COSTS	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	34065354
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	84048450
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.405

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2321343
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	2671719
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.869

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2099697
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.025

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8477850
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	35441861
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.239

OOD SAMARITAN REGIONAL HEALTH CENTER MEDICAID SUPPLEMENTAL & NON-ALLOWABLE SCHEDULE OF EXPENSES						CLINIC NAME Rural Health Clinic #14-3402		REPORTING PERIOD FROM: 01/01/08 TO: 12/31/08		ATTACHMENT #1
COST CENTER (OMIT COSTS)	COMPENSATION 1	OTHER 2	TOTAL COL.1&2 3	RECLASSI- FICATIONS 4	RECLASSIFIED TRIAL BALANCE COL.3&4 5	ADJUSTMENTS INCREASES (DECREASES) 6	NET EXPENSES COL.5&6 7			
1 SUPPLEMENTAL COSTS										
2 Pharmacy										
3 Patient Transportation										
4 Medical Case Management										
5 Health Education										
6 Nutrition Counseling										
7 Others(specify)										
8										
9										
10										
11										
12 Supplemental Subtotal(sum of lines 2 through 11)										
13 DENTAL										
14 NON-ALLOWABLE COST CENTERS										
15 HMHK Case Management										
16 WIC(Women, Infants, & Children)										
17 Fundraising & Public Relations										
18 Social Services										
19 Unlicensed Social Workers										
20 Others(specify)										
21										
22										
23										
24										
25 Non-Allowable Subtotal(sum of lines 15 - 24)										
26 Totals for schedule C (sum of lines 12,13, &25)										

NOTE: This schedule allows for supplemental reimbursement of some costs which are not allowable under the Medicare program.

OOD SAMARITAN REGIONAL HEALTH CENTER

RURAL HEALTH CENTER DENTAL STATISTICS		CLINIC NAME Rural Health Clinic #14-3402		REPORTING PERIOD FROM: 01/01/08 TO: 12/31/08		ATTACHMENT #2		
COST CENTER (OMIT CENTS)		COMPENSATION 1	OTHER 2	COL. 1&2 3	RECLASSI- FICATIONS 4	RECLASSIFIED TRIAL BALANCE (COL.3&4) 5	ADJUSTMENTS INCREASES (DECREASES) 6	NET EXPENSES (COL.5&6) 7
1	RHC DENTAL STAFF COST							
2	Dentists							
3	Dental Hygienist							
4								
5								
6	TOTAL - Dentists(Sum of lines 1 through 5)							
7	Other - Dental Staff							
8								
9								
10								
11	SUBTOTAL - Other Dental Staff(Sum of lines 7-10)							
12	TOTAL - Dental Staff (Sum of lines 6 and 11)							
13	Dental Services Under Agreement							
14								
15	TOTAL DENTAL COST(Sum of lines 12 through 14)							

DENTAL SERVICES PERSONNEL, EQUIVALENTS, HOURS ON SITE, AND ENCOUNTERS

DENTAL SERVICES PERSONNEL		FULL TIME PERSONNEL EQUIVALENTS (FTEs)		HEALTH SERVICES HOURS	ON-SITE 3	OFF-SITE 4	TOTAL 5
16	RHC DENTAL STAFF						
17	Dentists	1		2			
18	Dental Hygienist						
19							
20							
21	TOTAL - Dentists(Sum of lines 17 through 20)	0		0	0	0	0
22	Other - Dental Staff						
23							
24							
25							
26	SUBTOTAL - Other Dental Staff(Sum of lines 22 through 25)	0		0	0	0	0
27	TOTAL - Dental Staff(Sum of lines 21 and 26)	0		0	0	0	0
28	Dental Services Under Agreement						
29							
30	TOTAL DENTAL(Sum of lines 27 through 29)	0		0	0	0	0

NOTE: Total dental cost from line 15, column 7, must agree with Attachment #1, line 13.