

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0137		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 9:10

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: GREENVILLE REGIONAL HOSPITAL 14-0137 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	29,967	-17,242	0	0
2	SUBPROVIDER	0	0	0	0	0
3	SWING BED - SNF	0	0	0	0	0
5	HOSPITAL-BASED SNF	0	25,562	0	0	0
9	RHC	0	0	-353	0	0
100	TOTAL	0	55,529	-17,595	0	0

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

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











HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/27/2009  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	13,098,500		13,098,500	654,277.10	20.02	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B		341,463	341,463	4,012.00	85.11	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	677,446		677,446	6,311.51	107.34	
5.01 NON-PHYSICIAN - PART B	148,869		148,869	11,222.51	13.27	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	184,431		184,431	13,778.98	13.38	
8.01 EXCLUDED AREA SALARIES	3,228,181	3,786	3,231,967	186,752.22	17.31	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,123,924		1,123,924	23,102.00	48.65	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	2,282,209		2,282,209			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	993,710		993,710			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	53,216		53,216			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	100,837		100,837			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)	50,446		50,446			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS		95,436	95,436	3,283.50	29.07	
22 ADMINISTRATIVE & GENERAL	1,746,957	-99,222	1,647,735	70,544.03	23.36	
22.01 A & G UNDER CONTRACT	107,022		107,022	754.10	141.92	
23 MAINTENANCE & REPAIRS	426,079		426,079	22,520.50	18.92	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	151,539		151,539	13,793.63	10.99	
26 HOUSEKEEPING	337,317		337,317	30,246.46	11.15	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	562,332	-138,996	423,336	37,118.21	11.41	
27.01 DIETARY UNDER CONTRACT	26,141		26,141	650.75	40.17	
28 CAFETERIA		138,996	138,996	14,214.00	9.78	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	562,973		562,973	22,067.16	25.51	
31 CENTRAL SERVICE AND SUPPLY	63,137		63,137	3,971.00	15.90	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	342,243		342,243	22,451.00	15.24	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	12,405,348	-341,463	12,063,885	634,135.93	19.02	
2 EXCLUDED AREA SALARIES	3,412,612	3,786	3,416,398	200,531.20	17.04	
3 SUBTOTAL SALARIES	8,992,736	-345,249	8,647,487	433,604.73	19.94	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,123,924		1,123,924	23,102.00	48.65	
5 SUBTOTAL WAGE-RELATED COSTS	2,282,209		2,282,209		26.39	
6 TOTAL	12,398,869	-345,249	12,053,620	456,706.73	26.39	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	4,325,740	-3,786	4,321,954	241,614.34	17.89	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0137  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/27/2009  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		71				
2	RUB		372				
3	RUA		42				
3.01	RUX		7				
3.02	RUL		16				
4	RVC		116				
5	RVB		691				
6	RVA		498				
6.01	RVX						
6.02	RVL						
7	RHC		114				
8	RHB		85				
9	RHA		123				
9.01	RHX						
9.02	RHL						
10	RMC		56				
11	RMB		6				
12	RMA		4				
12.01	RMX		12				
12.02	RML						
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		13				
16	SE2		35				
17	SE1						
18	SSC						
19	SSB						
20	SSA		1				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		1				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		2,263				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9006  
 Wage Index Factor (after 10/01) : 0.9024  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0137  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/27/2009  
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		TOTAL 5
			RUGs 4.05	SWING BED SNF DAYS 4.06	
1	RUC			28	
2	RUB			200	
3	RUA			24	
3 .01	RUX			7	
3 .02	RUL			43	
4	RVC			78	
5	RVB			275	
6	RVA			69	
6 .01	RVX			16	
6 .02	RVL			181	
7	RHC			29	
8	RHB			149	
9	RHA			112	
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA			5	
12 .01	RMX			62	
12 .02	RML			174	
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			25	
16	SE2			88	
17	SE1				
18	SSC				
19	SSB				
20	SSA			51	
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL			1,616	

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9006  
 Wage Index Factor (after 10/01) : 0.9024  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO:  
14-0137

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

PREPARED 5/27/2009  
WORKSHEET S-7  
NOT A CMS WORKSHEET  
SERVICES THROUGH 12/31/2005

GROUP(1)		M3PI REVENUE CODE	SERVICES BASE RATE	PRIOR TO RATE	OCTOBER 1ST DAYS	SERVICES BASE RATE	ON OR AFTER RATE	OCTOBER 1ST DAYS
1			3a	3	3.01	4a	4	4.01
1	RUC		475.31	475.31	71	492.83		
2	RUB		435.76	435.76	336	451.82	451.82	36
3	RUA		415.30	415.30	42	430.61		
3.01	RUX		559.87	559.87	7	580.50		
3.02	RUL		491.68	491.68	16	509.80		
4	RVC		382.20	382.20	116	396.28		
5	RVB		363.11	363.11	623	376.48	376.48	68
6	RVA		326.29	326.29	413	338.30	338.30	85
6.01	RVX		424.48			440.11		
6.02	RVL		395.84			410.41		
7	RHC		332.56	332.56	112	344.80	344.80	2
8	RHB		317.55	317.55	55	329.25	329.25	30
9	RHA		294.36	294.36	80	305.21	305.21	43
9.01	RHX		359.83			373.08		
9.02	RHL		353.01			366.01		
10	RMC		305.54	305.54	49	316.80	316.80	7
11	RMB		297.37	297.37	6	308.32		
12	RMA		290.54	290.54	3	301.24	301.24	1
12.01	RMX		411.93	411.93	12	427.10		
12.02	RML		377.83			391.74		
13	RLB		269.26			279.17		
14	RLA		229.71			238.16		
14.01	RLX		292.44			303.21		
15	SE3		336.80	336.80	11	349.21	349.21	2
16	SE2		286.33	286.33	35	296.88		
17	SE1		254.97			264.36		
18	SSC		250.88			260.12		
19	SSB		237.24			245.98		
20	SSA		233.15			241.73	241.73	1
21	CC2		249.52			258.70		
22	CC1		227.70			236.08		
23	CB2		216.79			224.77		
24	CB1		207.23			214.87		
25	CA2		205.88			213.46		
26	CA1		192.24	192.24	1	199.31		
27	IB2		184.05			190.83		
28	IB1		181.33			188.00		
29	IA2		166.32			172.45		
30	IA1		159.51			165.37		
31	BB2		182.69			189.42		
32	BB1		177.24			183.76		
33	BA2		164.96			171.03		
34	BA1		154.05			159.72		
35	PE2		199.06			206.39		
36	PE1		194.96			202.15		
37	PD2		189.50			196.49		
38	PD1		186.78			193.66		
39	PC2		179.96			186.59		
40	PC1		177.24			183.76		
41	PB2		158.14			163.97		
42	PB1		156.77			162.55		
43	PA2		155.41			161.13		
44	PA1		151.32			156.89		
45	Default		151.32			156.89		
46	TOTAL				1,988			275

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9006  
 Wage Index Factor (after 10/01) : 0.9024  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:  
 Calculate Total Days from this worksheet.  
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO:  
14-0137

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

PREPARED 5/27/2009  
WORKSHEET S-7  
NOT A CMS WORKSHEET  
SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		O 4 2 OCT. 1ST	S W I N G B E D S N F D A Y S	T O T A L	
			SERV PRIOR TO OCT. 1ST	RATE				SERV ON/AFTER OCT. 1ST
			4.02	4.03	4.04	4.05	4.06	
1	RUC		1,083.71		1,123.65		28	33,747
2	RUB		993.53		1,030.15		200	162,681
3	RUA		946.88		981.79		24	17,443
3.01	RUX		1,276.50		1,323.54		7	3,919
3.02	RUL		1,121.03		1,162.34		43	7,867
4	RVC		871.42		903.52		78	44,335
5	RVB		827.89		858.37		275	251,819
6	RVA		743.94		771.32		69	163,514
6.01	RVX		967.81		1,003.45		16	
6.02	RVL		902.52		935.73		181	
7	RHC		758.24		786.14		29	37,937
8	RHB		724.01		750.69		149	27,343
9	RHA		671.14		695.88		112	36,673
9.01	RHX		820.41		850.62			
9.02	RHL		804.86		834.50			
10	RMC		696.63		722.30			17,189
11	RMB		678.00		702.97			1,784
12	RMA		662.43		686.83		5	1,173
12.01	RMX		939.20		973.79		62	4,943
12.02	RML		861.45		893.17		174	
13	RLB		613.91		636.51			
14	RLA		523.74		543.00			
14.01	RLX		666.76		691.32			
15	SE3		767.90		796.20		25	4,403
16	SE2		652.83		676.89		88	10,022
17	SE1		581.33		602.74			
18	SSC		572.01		593.07			
19	SSB		540.91		560.83			
20	SSA		531.58		551.14		51	242
21	CC2		568.91		589.84			
22	CC1		519.16		538.26			
23	CB2		494.28		512.48			
24	CB1		472.48		489.90			
25	CA2		469.41		486.69			
26	CA1		438.31		454.43			192
27	IB2		419.63		435.09			
28	IB1		413.43		428.64			
29	IA2		379.21		393.19			
30	IA1		363.68		377.04			
31	BB2		416.53		431.88			
32	BB1		404.11		418.97			
33	BA2		376.11		389.95			
34	BA1		351.23		364.16			
35	PE2		453.86		470.57			
36	PE1		444.51		460.90			
37	PD2		432.06		448.00			
38	PD1		425.86		441.54			
39	PC2		410.31		425.43			
40	PC1		404.11		418.97			
41	PB2		360.56		373.85			
42	PB1		357.44		370.61			
43	PA2		354.33		367.38			
44	PA1		345.01		357.71			
45	Default		345.01		357.71			
46	TOTAL						1,616	827,226

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9006  
 Wage Index Factor (after 10/01): 0.9024  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.  
 [ ] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/27/2009  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES ON OR AFTER 1/1/2006

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1ST BASE RATE 3a	RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES ON OR AFTER OCTOBER 1ST BASE RATE 4a	RATE 4	OCTOBER 1ST DAYS 4.01
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9006  
 Wage Index Factor (after 10/01) : 0.9024  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:  
 Calculate Total Days from this worksheet.  
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/27/2009  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES ON OR AFTER 1/1/2006

GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S		C O D E O 4 2		S W I N G B E D S N F D A Y S	T O T A L
		S E R V P R I O R T O	O C T . 1 S T	S E R V O N / A F T E E R	O C T . 1 S T		
1	RUC	4.02	4.03	4.04	4.05	4.06	5
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9006  
 Wage Index Factor (after 10/01) : 0.9024  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:  
 Calculate Total Days from this worksheet.  
 Transfer total to settlement worksheet.

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 150 HEALTHCARE DRIVE  
 1.01 CITY: GREENVILLE STATE: IL ZIP CODE: 62246 COUNTY: BOND  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DR LOPEZ, MD	K31049
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DR MCDAID, MD	K46847
9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DEBRA MORRIS, CNM	

	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	DR. LOPEZ, MD	52.00

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

15 PROVIDER NAME: GREENVILLE REGIONAL HOSPITAL RHC PROVIDER NUMBER: 143491

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS. TITLE V TITLE XVII I TITLE XIX

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .464690

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 9,197,080

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,273,791
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	955,144
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	443,846
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,273,791

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0137

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

PREPARED 5/27/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,974,835	1,974,835	-515,721	1,459,114
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,764,175	1,764,175
5	0500 EMPLOYEE BENEFITS		3,534,441	3,534,441	217,614	3,752,055
6	0600 ADMIN STRATIVE & GENERAL	1,746,957	2,274,082	4,021,039	-181,628	3,839,411
7	0700 MAINTENANCE & REPAIRS	426,079	1,168,291	1,594,370	-18,244	1,576,126
9	0900 LAUNDRY & LINEN SERVICE	151,539	39,392	190,931		190,931
10	1000 HOUSEKEEPING	337,317	74,293	411,610	-9,293	402,317
11	1100 DIETARY	562,332	636,354	1,198,686	-296,290	902,396
12	1200 CAFETERIA				296,290	296,290
14	1400 NURSING ADMINISTRATION	562,973	114,900	677,873		677,873
15	1500 CENTRAL SERVICES & SUPPLY	63,137	517,278	580,415	-19,189	561,226
17	1700 MEDICAL RECORDS & LIBRARY	342,243	61,293	403,536		403,536
20	2000 NONPHYSICIAN ANESTHETISTS				465,418	465,418
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,612,142	624,843	2,236,985	-314,206	1,922,779
31	3100 SUBPROVIDER	647,318	102,610	749,928		749,928
33	3300 NURSERY				176,323	176,323
34	3400 SKILLED NURSING FACILITY	184,431	11,026	195,457		195,457
35	3500 NURSING FACILITY	1,717,530	102,534	1,820,064	28,703	1,848,767
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	649,170	257,340	906,510	-112,148	794,362
39	3900 DELIVERY ROOM & LABOR ROOM				127,690	127,690
40	4000 ANESTHESIOLOGY	341,463	150,168	491,631	-465,418	26,213
41	4100 RADIOLOGY-DIAGNOSTIC	533,906	1,230,140	1,764,046	-428,135	1,335,911
44	4400 LABORATORY	554,337	842,454	1,396,791	-9,338	1,387,453
49	4900 RESPIRATORY THERAPY	223,502	17,788	241,290	-77,867	163,423
50	5000 PHYSICAL THERAPY		880,234	880,234	-268,212	612,022
51	5100 OCCUPATIONAL THERAPY				183,850	183,850
52	5200 SPEECH PATHOLOGY				84,362	84,362
53	5300 ELECTROCARDIOLOGY		63,944	63,944	77,867	141,811
53.01	5301 CARDIAC REHAB	7,882	485	8,367		8,367
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				20,100	20,100
56	5600 DRUGS CHARGED TO PATIENTS	131,873	1,411,602	1,543,475	-27,437	1,516,038
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	75,640	35,890	111,530		111,530
60.01	6001 WELLNESS LINK	93,627	182,974	276,601	-367	276,234
61	6100 EMERGENCY	443,454	1,241,926	1,685,380		1,685,380
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	826,315	333,646	1,159,961	-130,877	1,029,084
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	521,572	77,994	599,566		599,566
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		506,005	506,005	-506,005	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	12,756,739	18,468,762	31,225,501	62,017	31,287,518
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	281,037	113,747	394,784	-62,017	332,767
100	7950 EMERALD POINT	60,724	125,083	185,807		185,807
101	TOTAL	13,098,500	18,707,592	31,806,092	-0-	31,806,092

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0137	I FROM 1/ 1/2008	I 5/27/2009
I	I TO 12/31/2008	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-459,270	999,844
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-46,049	1,718,126
5	0500 EMPLOYEE BENEFITS	-1,061,955	2,690,100
6	0600 ADMINISTRATIVE & GENERAL	-968,941	2,870,470
7	0700 MAINTENANCE & REPAIRS	-8,500	1,567,626
9	0900 LAUNDRY & LINEN SERVICE		190,931
10	1000 HOUSEKEEPING	-240	402,077
11	1100 DIETARY	-741,410	160,986
12	1200 CAFETERIA	-78,667	217,623
14	1400 NURSING ADMINISTRATION	-33,380	644,493
15	1500 CENTRAL SERVICES & SUPPLY		561,226
17	1700 MEDICAL RECORDS & LIBRARY	-25,259	378,277
20	2000 NONPHYSICIAN ANESTHETISTS	-465,418	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-481,631	1,441,148
31	3100 SUBPROVIDER	-78,700	671,228
33	3300 NURSERY		176,323
34	3400 SKILLED NURSING FACILITY		195,457
35	3500 NURSING FACILITY	-1,848,767	
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		794,362
39	3900 DELIVERY ROOM & LABOR ROOM		127,690
40	4000 ANESTHESIOLOGY		26,213
41	4100 RADIOLOGY-DIAGNOSTIC	-97,925	1,237,986
44	4400 LABORATORY	-134,755	1,252,698
49	4900 RESPIRATORY THERAPY	-1,403	162,020
50	5000 PHYSICAL THERAPY		612,022
51	5100 OCCUPATIONAL THERAPY		183,850
52	5200 SPEECH PATHOLOGY		84,362
53	5300 ELECTROCARDIOLOGY	-51,551	90,260
53.01	5301 CARDIAC REHAB		8,367
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-637	19,463
56	5600 DRUGS CHARGED TO PATIENTS	-142,809	1,373,229
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-34,140	77,390
60.01	6001 WELLNESS LINK	-168,594	107,640
61	6100 EMERGENCY	-1,168,965	516,415
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC	-379,451	649,633
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-18,905	580,661
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-8,497,322	22,790,196
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		332,767
100	7950 EMERALD POINT	-185,807	
101	TOTAL	-8,683,129	23,122,963

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/27/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WELLNESS LINK	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	EMERALD POINT	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140137

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

PREPARED 5/27/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 RECLASS CRNA FEES	A	NONPHYSICIAN ANESTHETISTS	20		341,463	123,955
2 RECLASS PHONE COSTS RELATED TO NH	B	NURSING FACILITY	35		3,786	5,606
3						
4						
5 RECLASS CAFETERIA EXPENSE	C	CAFETERIA	12		138,996	157,294
6 RECLASS RENTAL EQUIPMENT EXP TO CAP	D	NEW CAP REL COSTS-MVBLE EQUIP	4			182,421
7						
8						
9						
10						
11						
12						
13 RECLASS RADIOLOGY RENTALS	E	NEW CAP REL COSTS-MVBLE EQUIP	4			427,114
14 RECLASS DEPR ON NH AREA USED BY HOSP	F	NEW CAP REL COSTS-BLDG & FIXT	3			37,092
15 RECLASS HOSPITAL AREA USED BY NH	G	NURSING FACILITY	35			43,793
16						
17						
18 RECLASS BENEFITS FOR NH EMPLOYEES	H	NURSING FACILITY	35			12,610
19						
20						
21 RECLASS DEPRECIATION EXPENSE	I	NEW CAP REL COSTS-MVBLE EQUIP	4			879,822
22 RECLASS RESPIRATORY SALARIES	J	ELECTROCARDIOLOGY	53		77,867	
23 RECLASS OB EXPENSES	K	NURSERY	33		166,053	10,270
24		DELIVERY ROOM & LABOR ROOM	39		120,253	7,437
25 RECLASS CONTRACT THERAPY COST	L	OCCUPATIONAL THERAPY	51			183,850
26		SPEECH PATHOLOGY	52			84,362
27 RECLASS PROPERTY INSURANCE EXPENSE	M	OTHER CAPITAL RELATED COSTS	90			29,253
28 RECLASS INTEREST EXPENSE	N	NEW CAP REL COSTS-BLDG & FIXT	3			235,895
29		NEW CAP REL COSTS-MVBLE EQUIP	4			270,110
30 RECLASS CHARGEABLE SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			20,100
31 RECLASS HUMAN RESOURCES EXPENSE	P	EMPLOYEE BENEFITS	5		95,436	102,178
32 RECLASS INFUSION SERVICE EXPENSE	Q	DRUGS CHARGED TO PATIENTS	56		25,267	3,796
33 RECLASS OTHER OVERHEAD EXPENSES	R	NEW CAP REL COSTS-BLDG & FIXT	3			57,470
34		ADMINISTRATIVE & GENERAL	6			38,606
35		MAINTENANCE & REPAIRS	7			10,801
1 RECLASS PHYSICIANS OVERHEAD ALLOC	S	ADMINISTRATIVE & GENERAL	6			36,000
2						
3 RECLASS RET & HEALTH PLAN AUDIT FEES	T	EMPLOYEE BENEFITS	5			20,000
4 RECLASS PHY OFFICE OVERHEAD EXPENSES	U	NEW CAP REL COSTS-BLDG & FIXT	3			20,160
5		ADMINISTRATIVE & GENERAL	6			29,857
36 TOTAL RECLASSIFICATIONS					969,121	3,029,852

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS CRNA FEES	A	ANESTHESIOLOGY	40		341,463	123,955	
2 RECLASS PHONE COSTS RELATED TO NH	B	ADMINISTRATIVE & GENERAL	6		3,786		
3		MAINTENANCE & REPAIRS	7			3,249	
4		NEW CAP REL COSTS-MVBLE EQUIP	4			2,357	9
5 RECLASS CAFETERIA EXPENSE	C	DIETARY	11		138,996	157,294	
6 RECLASS RENTAL EQUIPMENT EXP TO CAP	D	ADMINISTRATIVE & GENERAL	6			35,438	10
7		CENTRAL SERVICES & SUPPLY	15			19,189	
8		DRUGS CHARGED TO PATIENTS	56			49,044	
9		ADULTS & PEDIATRICS	25			10,193	
10		OPERATING ROOM	37			62,985	
11		LABORATORY	44			5,205	
12		WELLNESS LINK	60.01			367	
13 RECLASS RADIOLOGY RENTALS	E	RADIOLOGY-DIAGNOSTIC	41			427,114	10
14 RECLASS DEPR ON NH AREA USED BY HOSP	F	NURSING FACILITY	35			37,092	9
15 RECLASS HOSPITAL AREA USED BY NH	G	NEW CAP REL COSTS-BLDG & FIXT	3			8,704	9
16		MAINTENANCE & REPAIRS	7			25,796	
17		HOUSEKEEPING	10			9,293	
18 RECLASS BENEFITS FOR NH EMPLOYEES	H	LABORATORY	44			4,133	
19		RADIOLOGY-DIAGNOSTIC	41			1,021	
20		DRUGS CHARGED TO PATIENTS	56			7,456	
21 RECLASS DEPRECIATION EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3			879,822	9
22 RECLASS RESPIRATORY SALARIES	J	RESPIRATORY THERAPY	49		77,867		
23 RECLASS OB EXPENSES	K	ADULTS & PEDIATRICS	25		286,306	17,707	
24							
25 RECLASS CONTRACT THERAPY COST	L	PHYSICAL THERAPY	50			268,212	
26							
27 RECLASS PROPERTY INSURANCE EXPENSE	M	ADMINISTRATIVE & GENERAL	6			29,253	12
28 RECLASS INTEREST EXPENSE	N	INTEREST EXPENSE	88			506,005	11
29							11
30 RECLASS CHARGEABLE SUPPLIES	O	OPERATING ROOM	37			20,100	
31 RECLASS HUMAN RESOURCES EXPENSE	P	ADMINISTRATIVE & GENERAL	6		95,436	102,178	
32 RECLASS INFUSION SERVICE EXPENSE	Q	OPERATING ROOM	37		25,267	3,796	
33 RECLASS OTHER OVERHEAD EXPENSES	R	RURAL HEALTH CLINIC	63.50			106,877	10
34							
35							
1 RECLASS PHYSICIANS OVERHEAD ALLOC	S	RURAL HEALTH CLINIC	63.50			24,000	
2		PHYSICIANS' PRIVATE OFFICES	98			12,000	
3 RECLASS RET & HEALTH PLAN AUDIT FEES	T	ADMINISTRATIVE & GENERAL	6			20,000	
4 RECLASS PHY OFFICE OVERHEAD EXPENSES	U	PHYSICIANS' PRIVATE OFFICES	98			50,017	10
5							
36 TOTAL RECLASSIFICATIONS					969,121	3,029,852	

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

RECLASSIFICATIONS

PROVIDER NO:  
140137

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

PREPARED 5/27/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RECLASS CRNA FEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NONPHYSICIAN ANESTHETISTS	20	465,418
TOTAL RECLASSIFICATIONS FOR CODE A			465,418

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ANESTHESIOLOGY	40	465,418	

RECLASS CODE: B  
EXPLANATION : RECLASS PHONE COSTS RELATED TO NH

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING FACILITY	35	9,392
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			9,392

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	3,786	
MAINTENANCE & REPAIRS	7	3,249	
NEW CAP REL COSTS-MVBLE EQUIP	4	2,357	
			9,392

RECLASS CODE: C  
EXPLANATION : RECLASS CAFETERIA EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	296,290
TOTAL RECLASSIFICATIONS FOR CODE C			296,290

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	296,290	

RECLASS CODE: D  
EXPLANATION : RECLASS RENTAL EQUIPMENT EXP TO CAP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	182,421
2.00			0
3.00			0
5.00			0
6.00			0
7.00			0
8.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			182,421

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	35,438	
CENTRAL SERVICES & SUPPLY	15	19,189	
DRUGS CHARGED TO PATIENTS	56	49,044	
ADULTS & PEDIATRICS	25	10,193	
OPERATING ROOM	37	62,985	
LABORATORY	44	5,205	
WELLNESS LINK	60.01	367	
			182,421

RECLASS CODE: E  
EXPLANATION : RECLASS RADIOLOGY RENTALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	427,114
TOTAL RECLASSIFICATIONS FOR CODE E			427,114

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	427,114	

RECLASS CODE: F  
EXPLANATION : RECLASS DEPR ON NH AREA USED BY HOSP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	37,092
TOTAL RECLASSIFICATIONS FOR CODE F			37,092

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING FACILITY	35	37,092	

RECLASS CODE: G  
EXPLANATION : RECLASS HOSPITAL AREA USED BY NH

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING FACILITY	35	43,793
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			43,793

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	8,704	
MAINTENANCE & REPAIRS	7	25,796	
HOUSEKEEPING	10	9,293	
			43,793

RECLASS CODE: H  
EXPLANATION : RECLASS BENEFITS FOR NH EMPLOYEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING FACILITY	35	12,610
2.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	4,133	
RADIOLOGY-DIAGNOSTIC	41	1,021	

RECLASSIFICATIONS

PROVIDER NO:  
140137

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

PREPARED 5/27/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: H  
EXPLANATION : RECLASS BENEFITS FOR NH EMPLOYEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00			0	DRUGS CHARGED TO PATIENTS	56	7,456	
TOTAL RECLASSIFICATIONS FOR CODE H			12,610				

RECLASS CODE: I  
EXPLANATION : RECLASS DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	879,822	NEW CAP REL COSTS-BLDG & FIXT	3	879,822	
TOTAL RECLASSIFICATIONS FOR CODE I			879,822				

RECLASS CODE: J  
EXPLANATION : RECLASS RESPIRATORY SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	77,867	RESPIRATORY THERAPY	49	77,867	
TOTAL RECLASSIFICATIONS FOR CODE J			77,867				

RECLASS CODE: K  
EXPLANATION : RECLASS OB EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	176,323	ADULTS & PEDIATRICS	25	304,013	
2.00	DELIVERY ROOM & LABOR ROOM	39	127,690			0	
TOTAL RECLASSIFICATIONS FOR CODE K			304,013	304,013			

RECLASS CODE: L  
EXPLANATION : RECLASS CONTRACT THERAPY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	183,850	PHYSICAL THERAPY	50	268,212	
2.00	SPEECH PATHOLOGY	52	84,362			0	
TOTAL RECLASSIFICATIONS FOR CODE L			268,212	268,212			

RECLASS CODE: M  
EXPLANATION : RECLASS PROPERTY INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	29,253	ADMINISTRATIVE & GENERAL	6	29,253	
TOTAL RECLASSIFICATIONS FOR CODE M			29,253	29,253			

RECLASS CODE: N  
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	235,895	INTEREST EXPENSE	88	506,005	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	270,110			0	
TOTAL RECLASSIFICATIONS FOR CODE N			506,005	506,005			

RECLASS CODE: O  
EXPLANATION : RECLASS CHARGEABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	20,100	OPERATING ROOM	37	20,100	
TOTAL RECLASSIFICATIONS FOR CODE O			20,100	20,100			

RECLASS CODE: P  
EXPLANATION : RECLASS HUMAN RESOURCES EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	197,614	ADMINISTRATIVE & GENERAL	6	197,614	
TOTAL RECLASSIFICATIONS FOR CODE P			197,614	197,614			

RECLASSIFICATIONS

PROVIDER NO:  
140137

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

PREPARED 5/27/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: Q  
EXPLANATION : RECLASS INFUSION SERVICE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	29,063	OPERATING ROOM	37	29,063	
TOTAL RECLASSIFICATIONS FOR CODE Q			29,063				29,063

RECLASS CODE: R  
EXPLANATION : RECLASS OTHER OVERHEAD EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	57,470	RURAL HEALTH CLINIC	63.50	106,877	
2.00	ADMINISTRATIVE & GENERAL	6	38,606			0	
3.00	MAINTENANCE & REPAIRS	7	10,801			0	
TOTAL RECLASSIFICATIONS FOR CODE R			106,877				106,877

RECLASS CODE: S  
EXPLANATION : RECLASS PHYSICIANS OVERHEAD ALLOC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	36,000	RURAL HEALTH CLINIC	63.50	24,000	
2.00			0	PHYSICIANS' PRIVATE OFFICES	98	12,000	
TOTAL RECLASSIFICATIONS FOR CODE S			36,000				36,000

RECLASS CODE: T  
EXPLANATION : RECLASS RET & HEALTH PLAN AUDIT FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	20,000	ADMINISTRATIVE & GENERAL	6	20,000	
TOTAL RECLASSIFICATIONS FOR CODE T			20,000				20,000

RECLASS CODE: U  
EXPLANATION : RECLASS PHY OFFICE OVERHEAD EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	20,160	PHYSICIANS' PRIVATE OFFICES	98	50,017	
2.00	ADMINISTRATIVE & GENERAL	6	29,857			0	
TOTAL RECLASSIFICATIONS FOR CODE U			50,017				50,017

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,297,925	115,863		115,863	51,139	1,362,649	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	27,737,820	415,526		415,526	95,461	28,057,885	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	8,639,997	664,171		664,171	370,403	8,933,765	
6 MOVABLE EQUIPMENT							
7 SUBTOTAL	37,675,742	1,195,560		1,195,560	517,003	38,354,299	
8 RECONCILING ITEMS							
9 TOTAL	37,675,742	1,195,560		1,195,560	517,003	38,354,299	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*								8	
3	NEW CAP REL COSTS-BL	28,057,885		28,057,885	.758492	22,188		22,188	
4	NEW CAP REL COSTS-MV	8,933,765		8,933,765	.241508	7,065		7,065	
5	TOTAL	36,991,650		36,991,650	1.000000	29,253		29,253	

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
*								
3	NEW CAP REL COSTS-BL	702,289	77,630	197,737	22,188		999,844	
4	NEW CAP REL COSTS-MV	875,108	609,535	226,418	7,065		1,718,126	
5	TOTAL	1,577,397	687,165	424,155	29,253		2,717,970	

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
*								
3	NEW CAP REL COSTS-BL	1,974,835					1,974,835	
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,974,835					1,974,835	

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-38,158	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-43,692	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-21,257	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-3,786	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,535,970			
13 SALE OF SCRAP, WASTE, ETC.	B	-8,381	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-78,571	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-132,926	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-25,259	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-10,180	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-465,418	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 VARIOUS ADMINISTRATIVE	B	-2,950	ADMINISTRATIVE & GENERAL	6	
38 NURSE AIDE/INSERVICE TRAIN	B	-10,588	NURSING ADMINISTRATION	14	
39 CLINIC PROPERTY RENTAL	B	-88,881	NEW CAP REL COSTS-BLDG &	3	9
40 NURSING FACILITY-NON MEDICARE RPT	A	-1,848,767	NURSING FACILITY	35	
41 IND LIVING FACILITY	A	-185,807	EMERALD POINT	100	
42 NF & ILF OLD CAP BLDG & FIXT	A	-332,231	NEW CAP REL COSTS-BLDG &	3	9
43 NF & ILF EMPLOYEE BENEFITS	A	-710,504	EMPLOYEE BENEFITS	5	
44 NF & ILF ADMINISTRATIVE & GENERAL	A	-314,404	ADMINISTRATIVE & GENERAL	6	
45 NF & ILF PLANT OPERATION	A	-5,251	MAINTENANCE & REPAIRS	7	
46 NF & ILF DIETARY	A	-53,941	DIETARY	11	
47 NF & ILF DRUGS CHARGED TO PATIENTS	A	-9,883	DRUGS CHARGED TO PATIENTS	56	
48 LOBBYING EXPENSES	A	-9,889	ADMINISTRATIVE & GENERAL	6	
49 ADVERTISING OFFSET-SALARY	A	-93,790	ADMINISTRATIVE & GENERAL	6	
49.01 ADVERTISING OFFSET-OTHER EXP	A	-207,188	ADMINISTRATIVE & GENERAL	6	
49.02 AMBULANCE REIMBURSEMENT	B	-18,905	AMBULANCE SERVICES	65	
49.03 HEALTH FAIR TESTS INCOME-LAB	B	-118,881	LABORATORY	44	
49.04 VENDING MACHINE INCOME	B	-96	CAFETERIA	12	
49.05 HSKP CLEANING SUPPLIES-OTHER REV	B	-240	HOUSEKEEPING	10	
49.06 EMPLOYEE MED SUPPLIES	B	-637	MEDICAL SUPPLIES CHARGED	55	
49.07 PHYSICIAN RECRUITMENT EXP SALARIES	A	-204,331	ADMINISTRATIVE & GENERAL	6	
49.08 PHYSICIAN RECRUITMENT EXP OTH EXP	A	-56,745	ADMINISTRATIVE & GENERAL	6	
49.09 COUNTRY CLUB DUES	A	-2,101	ADMINISTRATIVE & GENERAL	6	
49.10 CRNA RELATED BENEFITS	A	-92,127	EMPLOYEE BENEFITS	5	
49.11 ACLS CLASS REIMB	B	-75	NURSING ADMINISTRATION	14	
49.12 ADVERTISING OFFSET-EMPLOYEE BENEFITS	A	-25,304	EMPLOYEE BENEFITS	5	
49.13 PHYSICIAN RECRUITMENT - EMP BENEFITS	A	-55,129	EMPLOYEE BENEFITS	5	
49.14					
49.15 GREEN TEAM SAVINGS	B	-169	ADMINISTRATIVE & GENERAL	6	
49.16 EDUCATION REIMB-EMS	B	-225	ADMINISTRATIVE & GENERAL	6	
49.17 TELEPHONE SERVICE	A	-3,249	MAINTENANCE & REPAIRS	7	
49.18 TELEPHONE SERVICE	A	-2,357	NEW CAP REL COSTS-MVBLE E	4	9
49.19 NON RHC PHY EMP BENEFITS	A	-93,167	EMPLOYEE BENEFITS	5	
49.20 FO DIETARY SALARIES	A	-317,732	DIETARY	11	
49.21 FO DIETARY OTHER EXPENSE	A	-359,557	DIETARY	11	
49.22 FO DIETARY EMPLOYEE BENEFITS	A	-85,724	EMPLOYEE BENEFITS	5	
49.23 PROPERTY INS CLAIM SETTLEMENT	A	-8,706	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,683,129			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED: 5/27/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 41	RADIOLOGY	89,544	89,544					
2 60	CLINIC	30,360	30,360					
3 53	CARDIOLOGY	51,551	51,551					
4 61	EMERGENCY ROOM	1,168,965	1,168,965					
5 44	LABORATORY	15,874	15,874					
6 60 1	WELLNESS LINK	168,594	168,594					
7 31	MEDICAL DIRECTOR BHU	6,700	6,700					
8 49	CARD/ PULM	1,403	1,403					
9 14	PHYSICIAN ADVISOR	22,717	22,717					
10 6	ADMINISTRATIVE	43,400	43,400					
11 25	HOSPITALIST	481,631	481,631					
12 60	CLINIC	3,780	3,780					
13 31	PSYCHIATRIST PHY FEES	72,000	72,000					
14 63 50	NON RHC SALARIES	345,318	345,318					
15 63 50	NON RHC PHYS FEES	34,133	34,133					
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,535,970	2,535,970					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED: 5/27/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	41	RADIOLOGY						89,544
2	60	CLINIC						30,360
3	53	CARDIOLOGY						51,551
4	61	EMERGENCY ROOM						1,168,965
5	44	LABORATORY						15,874
6	60 1	WELLNESS LINK						168,594
7	31	MEDICAL DIRECTOR BHU						6,700
8	49	CARD/ PULM						1,403
9	14	PHYSICIAN ADVISOR						22,717
10	6	ADMINISTRATIVE						43,400
11	25	HOSPITALIST						481,631
12	60	CLINIC						3,780
13	31	PSYCHIATRIST PHY FEES						72,000
14	63 50	NON RHC SALARIES						345,318
15	63 50	NON RHC PHYS FEES						34,133
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						2,535,970

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/27/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	HOURS OF	SERVICE	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	REVENUES	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	999,844	999,844					
005 NEW CAP REL COSTS-MVBLE E	1,718,126		1,718,126				
006 EMPLOYEE BENEFITS	2,690,100	12,044	20,697	2,722,841			
007 ADMINISTRATIVE & GENERAL	2,870,470	87,617	150,561	328,586	3,437,234	3,437,234	
009 MAINTENANCE & REPAIRS	1,567,626	76,406	131,295	119,053	1,894,380	330,768	2,225,148
010 LAUNDRY & LINEN SERVICE	190,931	8,248	14,173	42,342	255,694	44,645	22,278
011 HOUSEKEEPING	402,077	13,931	23,939	94,252	534,199	93,274	37,631
012 DIETARY	160,986	33,735	57,970	29,507	282,198	49,273	91,123
014 CAFETERIA	217,623	10,457	17,969	38,838	284,887	49,743	28,245
015 NURSING ADMINISTRATION	644,493	22,490	38,646	157,304	862,933	150,672	60,749
017 CENTRAL SERVICES & SUPPLY	561,226	76,494	131,447	17,641	786,808	137,381	206,623
020 MEDICAL RECORDS & LIBRARY	378,277	23,067	39,638	95,628	536,610	93,695	62,308
025 NONPHYSICIAN ANESTHETISTS							
031 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	1,441,148	99,328	170,685	370,463	2,081,624	363,469	268,301
034 SUBPROVIDER	671,228	44,680	76,778	180,871	973,557	169,988	120,688
035 NURSERY	176,323	2,653	4,559	46,398	229,933	40,147	7,166
037 SKILLED NURSING FACILITY	195,457	34,179	58,733	51,533	339,902	59,349	92,322
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	794,362	92,446	158,859	174,328	1,219,995	213,017	249,711
041 DELIVERY ROOM & LABOR ROOM	127,690	14,608	25,103	33,601	201,002	35,096	39,460
044 ANESTHESIOLOGY	26,213	910	1,564		28,687	5,009	2,459
049 RADIOLOGY-DIAGNOSTIC	1,237,986	69,157	118,839	149,182	1,575,164	275,032	186,803
050 LABORATORY	1,252,698	22,690	38,990	154,891	1,469,269	256,542	61,288
051 RESPIRATORY THERAPY	162,020	24,155	41,508	40,693	268,376	46,860	65,246
052 PHYSICAL THERAPY	612,022	16,040	27,564		655,626	114,476	43,328
053 OCCUPATIONAL THERAPY	183,850	4,951	8,508		197,309	34,451	13,373
055 SPEECH PATHOLOGY	84,362	2,265	3,891		90,518	15,805	6,117
056 ELECTROCARDIOLOGY	90,260	2,875	4,940	21,757	119,832	20,923	7,766
060 01 CARDIAC REHAB	8,367	4,396	7,554	2,202	22,519	3,932	11,874
061 MEDICAL SUPPLIES CHARGED	19,463				19,463	3,398	
062 DRUGS CHARGED TO PATIENTS	1,373,229	23,345	40,115	43,907	1,480,596	258,519	63,057
063 OUTPAT SERVICE COST CNTRS							
065 CLINIC	77,390	47,466	81,566	21,135	227,557	39,733	128,214
066 01 WELLNESS LINK	107,640	19,759	33,954	26,161	187,514	32,741	53,372
067 EMERGENCY	516,415	26,186	44,998	123,908	711,507	124,233	70,733
068 OBSERVATION BEDS (NON-DIS)							
069 OTHER OUTPATIENT SERVICE							
070 50 RURAL HEALTH CLINIC	649,633	48,565	83,454	134,398	916,050	159,947	131,182
071 OTHER REIMBURS COST CNTRS							
072 AMBULANCE SERVICES	580,661	16,840	28,937	145,736	772,174	134,825	45,486
073 SPEC PURPOSE COST CENTERS							
075 SUBTOTALS	22,790,196	981,983	1,687,434	2,644,315	22,663,117	3,356,943	2,176,903
076 NONREIMBURS COST CENTERS							
077 GIFT, FLOWER, COFFEE SHOP		6,150	10,568		16,718	2,919	16,611
078 PHYSICIANS' PRIVATE OFFICE	332,767	11,711	20,124	78,526	443,128	77,372	31,634
079 EMERALD POINT							
080 CROSS FOOT ADJUSTMENT							
081 NEGATIVE COST CENTER							
083 TOTAL	23,122,963	999,844	1,718,126	2,722,841	23,122,963	3,437,234	2,225,148

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
	9	10		11	12	14	15	17
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
009 MAINTENANCE & REPAIRS								
010 LAUNDRY & LINEN SERVICE	322,617							
011 HOUSEKEEPING	33,908	699,012						
012 DIETARY	12,674	29,418		464,686				
014 CAFETERIA	5,359	9,119			377,353			
015 NURSING ADMINISTRATION		19,612			29,636	1,123,602		
017 CENTRAL SERVICES & SUPPLY	6,701	66,705			5,333		1,209,551	
020 MEDICAL RECORDS & LIBRARY		20,115			30,152			742,880
025 NONPHYSICIAN ANESTHETISTS								
031 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	99,570	86,614		234,980	88,260	498,322		45,671
034 SUBPROVIDER	30,354	38,962		93,136		156,492		26,464
035 NURSERY	3,019	2,314			8,802	38,519		2,279
037 SKILLED NURSING FACILITY	47,614	29,805		136,570	18,454	79,313		6,092
039 NURSING FACILITY								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM	15,621	80,615			34,085	155,347		54,219
044 DELIVERY ROOM & LABOR ROOM	15,203	12,739			6,374	27,891		5,160
049 ANESTHESIOLOGY		794						14,476
050 RADIOLOGY-DIAGNOSTIC	16,019	60,306			28,410			221,068
051 LABORATORY	2,459	19,786			34,013			141,308
052 RESPIRATORY THERAPY		21,064			9,663			17,407
053 PHYSICAL THERAPY	8,065	13,988						36,163
055 OCCUPATIONAL THERAPY		4,317						12,689
056 SPEECH PATHOLOGY		1,975						2,767
060 ELECTROCARDIOLOGY		2,507			5,592			10,935
061 CARDIAC REHAB		3,833			418	2,000		756
062 MEDICAL SUPPLIES CHARGED							1,209,551	13,753
063 DRUGS CHARGED TO PATIENTS		20,357			7,748	37,091		58,390
066 OUTPAT SERVICE COST CNTRS								
067 CLINIC	1,448	41,392			4,633	23,088		1,602
068 WELLNESS LINK		17,230			7,799			2,071
069 EMERGENCY	18,748	22,835			22,014	105,539		48,663
070 OBSERVATION BEDS (NON-DIS								
075 OTHER OUTPATIENT SERVICE								
080 RURAL HEALTH CLINIC	2,377	42,350						
085 OTHER REIMBURS COST CNTRS								
090 AMBULANCE SERVICES	3,478	14,685			35,967			20,947
095 SPEC PURPOSE COST CENTERS								
096 SUBTOTALS	322,617	683,437		464,686	377,353	1,123,602	1,209,551	742,880
097 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP		5,363						
100 PHYSICIANS' PRIVATE OFFICE		10,212						
101 EMERALD POINT								
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
TOTAL	322,617	699,012		464,686	377,353	1,123,602	1,209,551	742,880

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	20	25	27	
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENERAL				
009 MAINTENANCE & REPAIRS				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
017 CENTRAL SERVICES & SUPPLY				
020 MEDICAL RECORDS & LIBRARY				
025 NONPHYSICIAN ANESTHETISTS				
031 INPAT ROUTINE SRVC CNTRS				
033 ADULTS & PEDIATRICS		3,766,811		3,766,811
034 SUBPROVIDER		1,609,641		1,609,641
035 NURSERY		332,179		332,179
037 SKILLED NURSING FACILITY		809,421		809,421
039 NURSING FACILITY				
040 ANCILLARY SRVC COST CNTRS				
041 OPERATING ROOM		2,022,610		2,022,610
044 DELIVERY ROOM & LABOR ROOM		342,925		342,925
049 ANESTHESIOLOGY		51,425		51,425
050 RADIOLOGY-DIAGNOSTIC		2,362,802		2,362,802
051 LABORATORY		1,984,665		1,984,665
052 RESPIRATORY THERAPY		428,616		428,616
053 PHYSICAL THERAPY		871,646		871,646
055 OCCUPATIONAL THERAPY		262,139		262,139
056 SPEECH PATHOLOGY		117,182		117,182
060 ELECTROCARDIOLOGY		167,555		167,555
061 01 CARDIAC REHAB		45,332		45,332
062 MEDICAL SUPPLIES CHARGED		1,246,165		1,246,165
063 DRUGS CHARGED TO PATIENTS		1,925,758		1,925,758
065 OUTPAT SERVICE COST CNTRS				
066 CLINIC		467,667		467,667
067 01 WELLNESS LINK		300,727		300,727
068 EMERGENCY		1,124,272		1,124,272
069 OBSERVATION BEDS (NON-DIS				
070 OTHER OUTPATIENT SERVICE				
075 50 RURAL HEALTH CLINIC		1,251,906		1,251,906
076 OTHER REIMBURS COST CNTRS				
077 AMBULANCE SERVICES		1,027,562		1,027,562
078 SPEC PURPOSE COST CENTERS				
085 SUBTOTALS		22,519,006		22,519,006
086 NONREIMBURS COST CENTERS				
087 GIFT, FLOWER, COFFEE SHOP		41,611		41,611
088 PHYSICIANS' PRIVATE OFFIC		562,346		562,346
090 EMERALD POINT				
091 CROSS FOOT ADJUSTMENT				
092 NEGATIVE COST CENTER				
093 TOTAL		23,122,963		23,122,963



ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0137

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
009 MAINTENANCE & REPAIRS							
010 LAUNDRY & LINEN SERVICE	28,402						
011 HOUSEKEEPING	2,985	52,490					
012 DIETARY	1,116	2,209	108,374				
014 CAFETERIA	472	685		36,504			
015 NURSING ADMINISTRATION		1,473		2,867	84,328		
017 CENTRAL SERVICES & SUPPLY	590	5,009		516		245,529	
020 MEDICAL RECORDS & LIBRARY		1,510		2,917			81,391
025 NONPHYSICIAN ANESTHETISTS							
031 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	8,765	6,501	54,802	8,540	37,399		5,004
034 SUBPROVIDER	2,672	2,926	21,721		11,745		2,899
035 NURSERY	266	174		851	2,891		250
037 SKILLED NURSING FACILITY	4,192	2,238	31,851	1,785	5,953		668
039 NURSING FACILITY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	1,375	6,054		3,297	11,659		5,940
044 DELIVERY ROOM & LABOR ROOM	1,338	957		617	2,093		565
049 ANESTHESIOLOGY		60					1,586
050 RADIOLOGY-DIAGNOSTIC	1,410	4,529		2,748			24,220
051 LABORATORY	217	1,486		3,290			15,482
052 RESPIRATORY THERAPY		1,582		935			1,907
053 PHYSICAL THERAPY	710	1,050					3,962
055 OCCUPATIONAL THERAPY		324					1,390
056 SPEECH PATHOLOGY		148					303
060 ELECTROCARDIOLOGY		188		541			1,198
061 CARDIAC REHAB		288		40	150		83
062 MEDICAL SUPPLIES CHARGED						245,529	1,507
063 DRUGS CHARGED TO PATIENTS		1,529		749	2,784		6,397
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC	128	3,108		448	1,733		176
067 WELLNESS LINK		1,294		754			227
068 EMERGENCY	1,651	1,715		2,130	7,921		5,332
069 OBSERVATION BEDS (NON-DIS							
070 OTHER OUTPATIENT SERVICE							
075 RURAL HEALTH CLINIC	209	3,180					
080 OTHER REIMBURS COST CNTRS							
085 AMBULANCE SERVICES	306	1,103		3,479			2,295
090 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	28,402	51,320	108,374	36,504	84,328	245,529	81,391
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		403					
100 PHYSICIANS' PRIVATE OFFICE		767					
101 EMERALD POINT							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	28,402	52,490	108,374	36,504	84,328	245,529	81,391



COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	S RECONCILIATION	ADMINISTRATIVE MAINTENANCE & GENERAL (ACCUM. COST)	REPAIRS (SQUARE FEET)
	3	4	5	6a.00	6	7
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	90,071					
004 NEW CAP REL COSTS-MVB		90,071				
005 EMPLOYEE BENEFITS	1,085	1,085	9,744,750			
006 ADMINISTRATIVE & GENERAL	7,893	7,893	1,175,974	-3,437,234	19,685,729	
007 MAINTENANCE & REPAIRS	6,883	6,883	426,079		1,894,380	74,210
009 LAUNDRY & LINEN SERVICE	743	743	151,539		255,694	743
010 HOUSEKEEPING	1,255	1,255	337,317		534,199	1,255
011 DIETARY	3,039	3,039	105,604		282,198	3,039
012 CAFETERIA	942	942	138,996		284,887	942
014 NURSING ADMINISTRATIVE	2,026	2,026	562,973		862,933	2,026
015 CENTRAL SERVICES & SUPPLIES	6,891	6,891	63,137		786,808	6,891
017 MEDICAL RECORDS & LIBRARY	2,078	2,078	342,243		536,610	2,078
020 NONPHYSICIAN ANESTHETIC						
025 INPATIENT ROUTINE SERVICE CENTER	8,948	8,948	1,325,836		2,081,624	8,948
031 ADULTS & PEDIATRICS	4,025	4,025	647,318		973,557	4,025
033 SUBPROVIDER	239	239	166,053		229,933	239
034 NURSERY	3,079	3,079	184,431		339,902	3,079
035 SKILLED NURSING FACILITY						
037 ANCILLARY SERVICE COST CENTER	8,328	8,328	623,903		1,219,995	8,328
039 OPERATING ROOM	1,316	1,316	120,253		201,002	1,316
040 DELIVERY ROOM & LABOR	82	82			28,687	82
041 ANESTHESIOLOGY	6,230	6,230	533,906		1,575,164	6,230
044 RADIOLOGY-DIAGNOSTIC	2,044	2,044	554,337		1,469,269	2,044
049 LABORATORY	2,176	2,176	145,635		268,376	2,176
050 RESPIRATORY THERAPY	1,445	1,445			655,626	1,445
051 PHYSICAL THERAPY	446	446			197,309	446
052 OCCUPATIONAL THERAPY	204	204			90,518	204
053 SPEECH PATHOLOGY	259	259	77,867		119,832	259
053 ELECTROCARDIOLOGY	396	396	7,882		22,519	396
055 01 CARDIAC REHAB					19,463	
056 MEDICAL SUPPLIES CHARGED TO PATIENT	2,103	2,103	157,140		1,480,596	2,103
060 DRUGS CHARGED TO PATIENT	4,276	4,276	75,640		227,557	4,276
060 01 WELLNESS LINK	1,780	1,780	93,627		187,514	1,780
061 EMERGENCY	2,359	2,359	443,454		711,507	2,359
062 OBSERVATION BEDS (NON-PAYING)						
063 OTHER OUTPATIENT SERVICE						
063 50 RURAL HEALTH CLINIC	4,375	4,375	480,997		916,050	4,375
065 OTHER REIMBURSABLE COST CENTER	1,517	1,517	521,572		772,174	1,517
095 AMBULANCE SERVICES						
SPECIFIC PURPOSE COST CENTER						
SUBTOTALS	88,462	88,462	9,463,713	-3,437,234	19,225,883	72,601
NONREIMBURSABLE COST CENTER						
GIFT, FLOWER, COFFEE	554	554			16,718	554
098 PHYSICIANS' PRIVATE OFFICE	1,055	1,055	281,037		443,128	1,055
100 EMERALD POINT						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	999,844	1,718,126	2,722,841		3,437,234	2,225,148
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	11.100621		.279416		.174605	29.984476
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		19.075241				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			32,741		242,129	232,434
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.003360		.012300	3.132112

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT HRS)	CENTRAL SERVICES & SUPPLY (COSTED EQUIP.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	
	9	10	11	12	14	15	17	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS								
009 LAUNDRY & LINEN SERVICE	322,320							
010 HOUSEKEEPING	33,877	72,212						
011 DIETARY	12,662	3,039	37,360					
012 CAFETERIA	5,354	942		280,979				
014 NURSING ADMINISTRATION		2,026		22,067	174,760			
015 CENTRAL SERVICES & SUPPLY	6,695	6,891		3,971		100		
017 MEDICAL RECORDS & LIBRARY		2,078		22,451			48,104,957	
020 NONPHYSICIAN ANESTHETIC INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	99,477	8,948	18,892	65,720	77,507		2,957,395	
031 SUBPROVIDER	30,326	4,025	7,488		24,340		1,713,628	
033 NURSERY	3,016	239		6,554	5,991		147,566	
034 SKILLED NURSING FACILITY	47,570	3,079	10,980	13,741	12,336		394,505	
035 NURSING FACILITY								
037 ANCILLARY SRVC COST CENTER OPERATING ROOM	15,607	8,328		25,380	24,162		3,510,887	
039 DELIVERY ROOM & LABOR	15,189	1,316		4,746	4,338		334,142	
040 ANESTHESIOLOGY		82					937,400	
041 RADIOLOGY-DIAGNOSTIC	16,004	6,230		21,154			14,315,395	
044 LABORATORY	2,457	2,044		25,326			9,150,285	
049 RESPIRATORY THERAPY		2,176		7,195			1,127,151	
050 PHYSICAL THERAPY	8,058	1,445					2,341,704	
051 OCCUPATIONAL THERAPY		446					821,679	
052 SPEECH PATHOLOGY		204					179,188	
053 ELECTROCARDIOLOGY		259		4,164			708,119	
053 01 CARDIAC REHAB		396		311	311		48,952	
055 MEDICAL SUPPLIES CHARGED TO PATIENT						100	890,595	
056 DRUGS CHARGED TO PATIENT OUTPAT SERVICE COST CENTER CLINIC	1,447	2,103		5,769	5,769		3,780,986	
060 01 WELLNESS LINK		4,276		3,450	3,591		103,750	
060 EMERGENCY	18,731	1,780		5,807			134,097	
061 OBSERVATION BEDS (NON OTHER OUTPATIENT SERVICE)		2,359		16,392	16,415		3,151,120	
062 RURAL HEALTH CLINIC								
063 OTHER REIMBURS COST CENTER	2,375	4,375						
063 50 AMBULANCE SERVICES SPEC PURPOSE COST CENTER	3,475	1,517		26,781			1,356,413	
095 SUBTOTALS	322,320	70,603	37,360	280,979	174,760	100	48,104,957	
096 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE		554						
098 PHYSICIANS' PRIVATE OFFICE		1,055						
100 EMERALD POINT								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	322,617	699,012	464,686	377,353	1,123,602	1,209,551	742,880	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		9.679998		1.342994		12,095.510000		
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	1.000921		12.438062		6.429400		.015443	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	28,402	52,490	108,374	36,504	84,328	245,529	81,391	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.088117	.726887	2.900803	.129917	.482536	2,455.290000	.001692	

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS  (ASSIGNED TIME )
	20
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENE	
009 MAINTENANCE & REPAIRS	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATION	
017 CENTRAL SERVICES & SU	
020 MEDICAL RECORDS & LIB	
025 NONPHYSICIAN ANESTHET	100
031 INPAT ROUTINE SRVC CN	
033 ADULTS & PEDIATRICS	
034 SUBPROVIDER	
037 NURSERY	
039 SKILLED NURSING FACIL	
040 NURSING FACILITY	
041 ANCILLARY SRVC COST C	
044 OPERATING ROOM	
049 DELIVERY ROOM & LABOR	
050 ANESTHESIOLOGY	100
051 RADIOLOGY-DIAGNOSTIC	
052 LABORATORY	
053 RESPIRATORY THERAPY	
055 PHYSICAL THERAPY	
056 OCCUPATIONAL THERAPY	
060 SPEECH PATHOLOGY	
061 ELECTROCARDIOLOGY	
062 01 CARDIAC REHAB	
063 MEDICAL SUPPLIES CHAR	
065 DRUGS CHARGED TO PATI	
066 OUTPAT SERVICE COST C	
067 CLINIC	
068 01 WELLNESS LINK	
069 EMERGENCY	
070 OBSERVATION BEDS (NON	
071 OTHER OUTPATIENT SERV	
072 50 RURAL HEALTH CLINIC	
073 OTHER REIMBURS COST C	
075 AMBULANCE SERVICES	
076 SPEC PURPOSE COST CEN	
078 SUBTOTALS	100
079 NONREIMBURS COST CENT	
080 GIFT, FLOWER, COFFEE	
082 PHYSICIANS' PRIVATE O	
083 EMERALD POINT	
084 CROSS FOOT ADJUSTMENT	
085 NEGATIVE COST CENTER	
086 COST TO BE ALLOCATED	
087 (PER WRKSHT B, PART	
088 UNIT COST MULTIPLIER	
089 (WRKSHT B, PT I)	
090 COST TO BE ALLOCATED	
091 (PER WRKSHT B, PART	
092 UNIT COST MULTIPLIER	
093 (WRKSHT B, PT II)	
094 COST TO BE ALLOCATED	
095 (PER WRKSHT B, PART	
096 UNIT COST MULTIPLIER	
097 (WRKSHT B, PT III)	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,766,811		3,766,811		3,766,811
31	SUBPROVIDER	1,609,641		1,609,641		1,609,641
33	NURSERY	332,179		332,179		332,179
34	SKILLED NURSING FACILITY	809,421		809,421		809,421
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,022,610		2,022,610		2,022,610
39	DELIVERY ROOM & LABOR ROO	342,925		342,925		342,925
40	ANESTHESIOLOGY	51,425		51,425		51,425
41	RADIOLOGY-DIAGNOSTIC	2,362,802		2,362,802		2,362,802
44	LABORATORY	1,984,665		1,984,665		1,984,665
49	RESPIRATORY THERAPY	428,616		428,616		428,616
50	PHYSICAL THERAPY	871,646		871,646		871,646
51	OCCUPATIONAL THERAPY	262,139		262,139		262,139
52	SPEECH PATHOLOGY	117,182		117,182		117,182
53	ELECTROCARDIOLOGY	167,555		167,555		167,555
53	01 CARDIAC REHAB	45,332		45,332		45,332
55	MEDICAL SUPPLIES CHARGED	1,246,165		1,246,165		1,246,165
56	DRUGS CHARGED TO PATIENTS	1,925,758		1,925,758		1,925,758
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	467,667		467,667		467,667
60	01 WELLNESS LINK	300,727		300,727		300,727
61	EMERGENCY	1,124,272		1,124,272		1,124,272
62	OBSERVATION BEDS (NON-DIS	557,695		557,695		557,695
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	1,251,906		1,251,906		1,251,906
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,027,562		1,027,562		1,027,562
101	SUBTOTAL	23,076,701		23,076,701		23,076,701
102	LESS OBSERVATION BEDS	557,695		557,695		557,695
103	TOTAL	22,519,006		22,519,006		22,519,006

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,638,531		2,638,531			
31	SUBPROVIDER	1,713,628		1,713,628			
33	NURSERY	147,566		147,566			
34	SKILLED NURSING FACILITY	394,505		394,505			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	500,750	3,010,137	3,510,887	.576097	.576097	.576097
39	DELIVERY ROOM & LABOR ROO	212,265	121,877	334,142	1.026285	1.026285	1.026285
40	ANESTHESIOLOGY	316,466	620,934	937,400	.054859	.054859	.054859
41	RADIOLOGY-DIAGNOSTIC	1,377,101	12,938,294	14,315,395	.165053	.165053	.165053
44	LABORATORY	1,895,636	7,254,649	9,150,285	.216897	.216897	.216897
49	RESPIRATORY THERAPY	487,172	639,979	1,127,151	.380265	.380265	.380265
50	PHYSICAL THERAPY	618,103	1,723,601	2,341,704	.372227	.372227	.372227
51	OCCUPATIONAL THERAPY	479,102	342,577	821,679	.319028	.319028	.319028
52	SPEECH PATHOLOGY	116,656	62,532	179,188	.653961	.653961	.653961
53	ELECTROCARDIOLOGY	74,706	633,413	708,119	.236620	.236620	.236620
53	01 CARDIAC REHAB		48,952	48,952	.926050	.926050	.926050
55	MEDICAL SUPPLIES CHARGED	379,606	510,989	890,595	1.399250	1.399250	1.399250
56	DRUGS CHARGED TO PATIENTS	1,569,647	2,211,339	3,780,986	.509327	.509327	.509327
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	160	103,590	103,750	4.507634	4.507634	4.507634
60	01 WELLNESS LINK		134,097	134,097	2.242608	2.242608	2.242608
61	EMERGENCY	498,418	2,652,702	3,151,120	.356785	.356785	.356785
62	OBSERVATION BEDS (NON-DIS	16,704	302,160	318,864	1.749006	1.749006	1.749006
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		355,361	355,361	3.522913	3.522913	3.522913
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	311,489	1,044,924	1,356,413	.757558	.757558	.757558
101	SUBTOTAL	13,748,211	34,712,107	48,460,318			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,748,211	34,712,107	48,460,318			



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,638,531		2,638,531			
31	SUBPROVIDER	1,713,628		1,713,628			
33	NURSERY	147,566		147,566			
34	SKILLED NURSING FACILITY	394,505		394,505			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	500,750	3,010,137	3,510,887	.576097	.576097	.576097
39	DELIVERY ROOM & LABOR ROO	212,265	121,877	334,142	1.026285	1.026285	1.026285
40	ANESTHESIOLOGY	316,466	620,934	937,400	.054859	.054859	.054859
41	RADIOLOGY-DIAGNOSTIC	1,377,101	12,938,294	14,315,395	.165053	.165053	.165053
44	LABORATORY	1,895,636	7,254,649	9,150,285	.216897	.216897	.216897
49	RESPIRATORY THERAPY	487,172	639,979	1,127,151	.380265	.380265	.380265
50	PHYSICAL THERAPY	618,103	1,723,601	2,341,704	.372227	.372227	.372227
51	OCCUPATIONAL THERAPY	479,102	342,577	821,679	.319028	.319028	.319028
52	SPEECH PATHOLOGY	116,656	62,532	179,188	.653961	.653961	.653961
53	ELECTROCARDIOLOGY	74,706	633,413	708,119	.236620	.236620	.236620
53	01 CARDIAC REHAB		48,952	48,952	.926050	.926050	.926050
55	MEDICAL SUPPLIES CHARGED	379,606	510,989	890,595	1.399250	1.399250	1.399250
56	DRUGS CHARGED TO PATIENTS	1,569,647	2,211,339	3,780,986	.509327	.509327	.509327
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	160	103,590	103,750	4.507634	4.507634	4.507634
60	01 WELLNESS LINK		134,097	134,097	2.242608	2.242608	2.242608
61	EMERGENCY	498,418	2,652,702	3,151,120	.356785	.356785	.356785
62	OBSERVATION BEDS (NON-DIS	16,704	302,160	318,864	1.749006	1.749006	1.749006
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		355,361	355,361	3.522913	3.522913	3.522913
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	311,489	1,044,924	1,356,413	.757558	.757558	.757558
101	SUBTOTAL	13,748,211	34,712,107	48,460,318			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,748,211	34,712,107	48,460,318			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,022,610	322,816	1,699,794	32,282	98,588	1,891,740
39	DELIVERY ROOM & LABOR ROO	342,925	52,279	290,646	5,228	16,857	320,840
40	ANESTHESIOLOGY	51,425	4,730	46,695	473	2,708	48,244
41	RADIOLOGY-DIAGNOSTIC	2,362,802	261,585	2,101,217	26,159	121,871	2,214,772
44	LABORATORY	1,984,665	108,492	1,876,173	10,849	108,818	1,864,998
49	RESPIRATORY THERAPY	428,616	80,692	347,924	8,069	20,180	400,367
50	PHYSICAL THERAPY	871,646	61,916	809,730	6,192	46,964	818,490
51	OCCUPATIONAL THERAPY	262,139	18,997	243,142	1,900	14,102	246,137
52	SPEECH PATHOLOGY	117,182	8,359	108,823	836	6,312	110,034
53	ELECTROCARDIOLOGY	167,555	12,289	155,266	1,229	9,005	157,321
53	01 CARDIAC REHAB	45,332	14,054	31,278	1,405	1,814	42,113
55	MEDICAL SUPPLIES CHARGED	1,246,165	247,275	998,890	24,728	57,936	1,163,501
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,925,758	100,245	1,825,513	10,025	105,880	1,809,853
60	CLINIC	467,667	151,071	316,596	15,107	18,363	434,197
60	01 WELLNESS LINK	300,727	64,184	236,543	6,418	13,719	280,590
61	EMERGENCY	1,124,272	107,564	1,016,708	10,756	58,969	1,054,547
62	OBSERVATION BEDS (NON-DIS	557,695	72,214	485,481	7,221	28,158	522,316
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	1,251,906	161,994	1,089,912	16,199	63,215	1,172,492
65	AMBULANCE SERVICES	1,027,562	68,961	958,601	6,896	55,599	965,067
101	SUBTOTAL	16,558,649	1,919,717	14,638,932	191,972	849,058	15,517,619
102	LESS OBSERVATION BEDS	557,695	72,214	485,481	7,221	28,158	522,316
103	TOTAL	16,000,954	1,847,503	14,153,451	184,751	820,900	14,995,303

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	3,510,887	.538821	.566902
39	OPERATING ROOM	334,142	.960191	1.010639
40	DELIVERY ROOM & LABOR ROO	937,400	.051466	.054355
41	RADIOLOGY-DIAGNOSTIC	14,315,395	.154713	.163226
44	LABORATORY	9,150,285	.203819	.215711
49	RESPIRATORY THERAPY	1,127,151	.355203	.373106
50	PHYSICAL THERAPY	2,341,704	.349528	.369583
51	OCCUPATIONAL THERAPY	821,679	.299554	.316716
52	SPEECH PATHOLOGY	179,188	.614070	.649296
53	ELECTROCARDIOLOGY	708,119	.222167	.234884
53	01 CARDIAC REHAB	48,952	.860292	.897348
55	MEDICAL SUPPLIES CHARGED	890,595	1.306431	1.371484
56	DRUGS CHARGED TO PATIENTS	3,780,986	.478672	.506676
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	103,750	4.185031	4.362024
60	01 WELLNESS LINK	134,097	2.092441	2.194747
61	EMERGENCY	3,151,120	.334658	.353371
62	OBSERVATION BEDS (NON-DIS	318,864	1.638053	1.726360
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	355,361	3.299439	3.477329
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,356,413	.711485	.752474
101	SUBTOTAL	43,566,088		
102	LESS OBSERVATION BEDS	318,864		
103	TOTAL	43,247,224		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				449,104	35,587	413,517
31	ADULTS & PEDIATRICS				190,178		190,178
33	SUBPROVIDER				15,779		15,779
101	NURSERY						
	TOTAL				655,061		619,474







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

PROVIDER NO: 14-0137  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/27/2009  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					3,719	
31	SUBPROVIDER					2,521	
33	NURSERY					368	
34	SKILLED NURSING FACILITY					2,478	
35	NURSING FACILITY					31,557	
101	TOTAL					40,643	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0137	FROM 1/ 1/2008	5/27/2009
	TO 12/31/2008	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		1,759
31	SUBPROVIDER		2,276
33	NURSERY		
34	SKILLED NURSING FACILITY		2,263
35	NURSING FACILITY		
101	TOTAL		6,298

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			3,510,887			93,229	
39	DELIVERY ROOM & LABOR ROO			334,142				
40	ANESTHESIOLOGY			937,400				
41	RADIOLOGY-DIAGNOSTIC			14,315,395			981,944	
44	LABORATORY			9,150,285			1,103,478	
49	RESPIRATORY THERAPY			1,127,151			125,211	
50	PHYSICAL THERAPY			2,341,704			34,633	
51	OCCUPATIONAL THERAPY			821,679			30,080	
52	SPEECH PATHOLOGY			179,188			10,971	
53	ELECTROCARDIOLOGY			708,119			62,911	
53	01 CARDIAC REHAB			48,952				
55	MEDICAL SUPPLIES CHARGED			890,595			177,471	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			3,780,986			633,636	
60	CLINIC			103,750				
60	01 WELLNESS LINK			134,097				
61	EMERGENCY			3,151,120			220,200	
62	OBSERVATION BEDS (NON-DIS			318,864			15,943	
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			41,854,314			3,489,707	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,130,276					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,600,999					
44	LABORATORY	359,594					
49	RESPIRATORY THERAPY	91,091					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	411,813					
53	01 CARDIAC REHAB	33,597					
55	MEDICAL SUPPLIES CHARGED	179,817					
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS CLINIC	797,669					
60	01 WELLNESS LINK						
61	EMERGENCY	652,414					
62	OBSERVATION BEDS (NON-DIS	126,394					
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	8,383,664					

















TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			3,510,887			923	
	OPERATING ROOM			334,142				
39	DELIVERY ROOM & LABOR ROO			937,400				
40	ANESTHESIOLOGY			14,315,395			91,247	
41	RADIOLOGY-DIAGNOSTIC			9,150,285			200,514	
44	LABORATORY			1,127,151			9,185	
49	RESPIRATORY THERAPY			2,341,704			14,203	
50	PHYSICAL THERAPY			821,679			7,856	
51	OCCUPATIONAL THERAPY			179,188			6,090	
52	SPEECH PATHOLOGY			708,119			3,996	
53	ELECTROCARDIOLOGY			48,952				
53	01 CARDIAC REHAB			890,595			4,375	
55	MEDICAL SUPPLIES CHARGED			3,780,986			259,373	
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			103,750			78	
60	01 WELLNESS LINK			134,097				
61	EMERGENCY			3,151,120			14,499	
62	OBSERVATION BEDS (NON-DIS			318,864				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			41,854,314			612,339	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						







TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			3,510,887				
	OPERATING ROOM			334,142				
39	DELIVERY ROOM & LABOR ROO			937,400				
40	ANESTHESIOLOGY			14,315,395			13,282	
41	RADIOLOGY-DIAGNOSTIC			9,150,285			46,891	
44	LABORATORY			1,127,151			24,363	
49	RESPIRATORY THERAPY			2,341,704			295,076	
50	PHYSICAL THERAPY			821,679			234,796	
51	OCCUPATIONAL THERAPY			179,188			53,937	
52	SPEECH PATHOLOGY			708,119			108	
53	ELECTROCARDIOLOGY			48,952				
53	01 CARDIAC REHAB			890,595			1,947	
55	MEDICAL SUPPLIES CHARGED			3,780,986			178,371	
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			103,750				
60	01 WELLNESS LINK			134,097				
61	EMERGENCY			3,151,120				
62	OBSERVATION BEDS (NON-DIS			318,864				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			41,854,314			848,771	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						























TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,197,904	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.576097	93,229	53,709
39	DELIVERY ROOM & LABOR ROOM	1.026285		
40	ANESTHESIOLOGY	.054859		
41	RADIOLOGY-DIAGNOSTIC	.165053	981,944	162,073
44	LABORATORY	.216897	1,103,478	239,341
49	RESPIRATORY THERAPY	.380265	125,211	47,613
50	PHYSICAL THERAPY	.372227	34,633	12,891
51	OCCUPATIONAL THERAPY	.319028	30,080	9,596
52	SPEECH PATHOLOGY	.653961	10,971	7,175
53	ELECTROCARDIOLOGY	.236620	62,911	14,886
53	01 CARDIAC REHAB	.926050		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.399250	177,471	248,326
56	DRUGS CHARGED TO PATIENTS	.509327	633,636	322,728
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4.507634		
60	01 WELLNESS LINK	2.242608		
61	EMERGENCY	.356785	220,200	78,564
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.749006	15,943	27,884
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		3,489,707	1,224,786
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,489,707	



TITLE XVIII, PART A      SWING BED SNF

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.576097		
39	DELIVERY ROOM & LABOR ROOM	1.026285		
40	ANESTHESIOLOGY	.054859		
41	RADIOLOGY-DIAGNOSTIC	.165053	57,228	9,446
44	LABORATORY	.216897	176,015	38,177
49	RESPIRATORY THERAPY	.380265	75,749	28,805
50	PHYSICAL THERAPY	.372227	233,710	86,993
51	OCCUPATIONAL THERAPY	.319028	177,102	56,500
52	SPEECH PATHOLOGY	.653961	30,324	19,831
53	ELECTROCARDIOLOGY	.236620	2,740	648
53	01 CARDIAC REHAB	.926050		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.399250	70,548	98,714
56	DRUGS CHARGED TO PATIENTS	.509327	290,476	147,947
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4.507634	74	334
60	01 WELLNESS LINK	2.242608		
61	EMERGENCY	.356785		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.749006		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,113,966	487,395
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,113,966	

TITLE XVIII, PART A      SKILLED NURSING FACILITY      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.576097		
39	DELIVERY ROOM & LABOR ROOM	1.026285		
40	ANESTHESIOLOGY	.054859		
41	RADIOLOGY-DIAGNOSTIC	.165053	13,282	2,192
44	LABORATORY	.216897	46,891	10,171
49	RESPIRATORY THERAPY	.380265	24,363	9,264
50	PHYSICAL THERAPY	.372227	295,076	109,835
51	OCCUPATIONAL THERAPY	.319028	234,796	74,906
52	SPEECH PATHOLOGY	.653961	53,937	35,273
53	ELECTROCARDIOLOGY	.236620	108	26
53	01 CARDIAC REHAB	.926050		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.399250	1,947	2,724
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.509327	178,371	90,849
60	CLINIC	4.507634		
60	01 WELLNESS LINK	2.242608		
61	EMERGENCY	.356785		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.749006		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		848,771	335,240
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		848,771	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
31	SUBPROVIDER		436,756	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.576097	128,788	74,194
39	DELIVERY ROOM & LABOR ROOM	1.026285	140,594	144,290
40	ANESTHESIOLOGY	.054859	128,928	7,073
41	RADIOLOGY-DIAGNOSTIC	.165053	174,620	28,822
44	LABORATORY	.216897	291,547	63,236
49	RESPIRATORY THERAPY	.380265	21,954	8,348
50	PHYSICAL THERAPY	.372227	3,213	1,196
51	OCCUPATIONAL THERAPY	.319028		
52	SPEECH PATHOLOGY	.653961		
53	ELECTROCARDIOLOGY	.236620	1,298	307
53	01 CARDIAC REHAB	.926050		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.399250	91,931	128,634
56	DRUGS CHARGED TO PATIENTS	.509327	131,867	67,163
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4.507634		
60	01 WELLNESS LINK	2.242608		
61	EMERGENCY	.356785	48,315	17,238
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.749006		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC	3.522913		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,163,055	540,501
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,163,055	



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	2,878,781	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	2,878,781	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		216,093
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	3,094,874	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	3,094,874	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	367,520	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	768	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	95,402	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	66,781	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	81,987	
22 SUBTOTAL	2,793,367	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	2,793,367	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	2,763,400	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	29,967	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	222
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,763,467
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,616,945
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.851
1.04	LINE 1.01 TIMES LINE 1.03.	2,351,710
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	222
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	436
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	436
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	436
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	214
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	222
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,616,945
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	747,845
19	SUBTOTAL (SEE INSTRUCTIONS)	1,869,322
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,869,322
24	PRIMARY PAYER PAYMENTS	1,191
25	SUBTOTAL	1,868,131
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	136,110
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	95,277
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	103,626
28	SUBTOTAL	1,963,408
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,963,408
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,980,650
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-17,242
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	











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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		1,650,609
1.09	NET IPF PPS OUTLIER PAYMENTS		26,717
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		6.887978
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		1,677,326
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		1,677,326
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		1,677,326
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		1,677,326
7	DEDUCTIBLES		105,735
8	SUBTOTAL		1,571,591
9	COINSURANCE		14,592
10	SUBTOTAL		1,556,999
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		1,556,999
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)		1,556,999
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS		1,556,999
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM		
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

----- FI ONLY -----

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

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.











PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	216,093
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	8.86
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	216,093
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	598,410	598,410	
2	PHYSICIAN ASSISTANT	79,036	79,036	
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	62,564	62,564	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	740,010	740,010	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		66,962	66,962
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)		66,962	66,962
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		3,789	3,789
16	TRANSPORTATION (HEALTH CARE STAFF)		11,011	11,011
17	DEPRECIATION-MEDICAL EQUIPMENT		5,781	5,781
18	PROFESSIONAL LIABILITY INSURANCE		73,795	73,795
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		94,376	94,376
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	740,010	161,338	901,348
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY		1,732	1,732
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		1,732	1,732
FACILITY OVERHEAD				
29	FACILITY COSTS			
30	ADMINISTRATIVE COSTS	86,305	170,576	256,881
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	86,305	170,576	256,881
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	826,315	333,646	1,159,961
				-130,877
				-130,877
				-130,877

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN	598,410	-306,303	292,107
2 PHYSICIAN ASSISTANT	79,036	-39,015	40,021
3 NURSE PRACTITIONER			
4 VISITING NURSE			
5 OTHER NURSE	62,564		62,564
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	740,010	-345,318	394,692
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT	66,962	-34,133	32,829
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)	66,962	-34,133	32,829
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES	3,789		3,789
16 TRANSPORTATION (HEALTH CARE STAFF)	11,011		11,011
17 DEPRECIATION-MEDICAL EQUIPMENT	5,781		5,781
18 PROFESSIONAL LIABILITY INSURANCE	73,795		73,795
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	94,376		94,376
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	901,348	-379,451	521,897
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY	1,732		1,732
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	1,732		1,732
FACILITY OVERHEAD			
29 FACILITY COSTS			
30 ADMINISTRATIVE COSTS	126,004		126,004
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	126,004		126,004
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,029,084	-379,451	649,633

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0137	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET M-2
14-3491		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.98	2,323	4,200	4,116
2	PHYSICIAN ASSISTANTS	.51	1,533	2,100	1,071
3	NURSE PRACTITIONERS			2,100	
4	SUBTOTAL (SUM OF LINES 1-3)	1.49	3,856		5,187
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.49	3,856		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	521,897			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	1,732			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	523,629			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.996692			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	126,004			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	602,273			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	728,277			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	728,277			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	725,868			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,247,765			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	5,187			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5,187			
9	PHYSICIAN SERVICES UNDER AGREEMENTS				

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.



