

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 11/24/2009
 APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 08:34

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY KENNETH HALL REGIONAL HOSPITAL (14-0066) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 11/24/2009 08:34
 t2UA6P13mSdAXLppo07FtfOHFisQL0
 P143D0s510Ro2mBEGt6AxHLyy0ipNZ
 52PQ0Y6bsIOsahMF

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PI Encryption: 11/24/2009 08:34
 fRKDyY7JGcOphps7t2Z9YKbqXrNwe0
 s3gGP0nBKUuy4yvz6kCc6VXqn6uEvK
 GHya6aFIAq01WD7S

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL				1
2	SUBPROVIDER I				2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-88176	11724		100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N	N	N	50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:	ENDING:			53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54			
	PREMIUMS: 126456	PAID LOSSES:	AND/OR SELF INSURANCE:						
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				YES	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / /	Y/N 1	LIMIT 2	Y/N 3	FEE\$ 4	56
				0	NO	0.00	NO		
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	10/26/2009				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V	TITLE XVIII	TITLE XIX		
	12	13	14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		129	236	542	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
7 CORONARY CARE UNIT					7
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
10 OTHER SPECIAL CARE (SPECIFY)					10
11 NURSERY					11
12 TOTAL HOSPITAL		129	236	542	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		1	2	3	4	5	6	
1	SALARIES							1
2	TOTAL SALARIES	4685095		4685095	219466.00	21.35		2
3	NON-PHYSICIAN ANESTHETIST PART A							3
4	NON-PHYSICIAN ANESTHETIST PART B							4
4.01	PHYSICIAN - PART A							4
5	TEACHING PHYSICIAN SALARIES							4.01
5.01	PHYSICIAN - PART B	731897		731897	7064.00	103.61		5
6	NON-PHYSICIAN - PART B							5.01
6.01	INTERNS & RESIDENTS (IN APPR PGM)							6
7	CONTRACT SERVICES, I&R							6.01
8	HOME OFFICE PERSONNEL							7
8.01	SNF							8
9	EXCLUDED AREA SALARIES	10836		10836	977.00	11.09		8.01
9.01	OTHER WAGES & RELATED COSTS							9
9.02	CONTRACT LABOR	305495		305495	3988.00	76.60		9.01
9.03	PHARMACY SERVICES UNDER CONTRACT							9.02
10	LABORATORY SERVICES UNDER CONTRACT							9.03
10.01	MANAGEMENT AND ADMINISTRATIVE SERVICES'							10
11	CONTRACT LABOR: PHYSICIAN PART A	36400		36400	208.00	175.00		10.01
12	TEACHING PHYSICIAN UNDER CONTRACT							11
12.01	HOME OFFICE SALARIES & WAGE REL COSTS							12
13	HOME OFFICE: PHYSICIAN PART A							12.01
14	TEACHING PHYSICIAN SALARIES							13
15	WAGE-RELATED COSTS							14
16	WAGE RELATED COSTS (CORE)	830418		830418			CMS 339	15
17	WAGE RELATED COSTS (OTHER)						CMS 339	16
18	EXCLUDED AREAS	2226		2226			CMS 339	17
19	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	18
19.01	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	18.01
20	PHYSICIAN PART A						CMS 339	19
21	PART A TEACHING PHYSICIANS						CMS 339	19.01
22	PHYSICIAN PART B	148456		148456			CMS 339	20
23	WAGE RELATED COSTS (RHC/FQHC)							21
24	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	22
25	OVERHEAD COSTS - DIRECT SALARIES							22.01
26	EMPLOYEE BENEFITS	28250		28250	1199.00	23.56		23
27	ADMINISTRATIVE & GENERAL	511656		511656	23016.00	22.23		24
28	ADMINISTRATIVE & GENERAL UNDER CONTACT							25
29	MAINTENANCE & REPAIRS	194625		194625	11106.00	17.52		26
30	OPERATION OF PLANT	312278		312278	22608.00	13.81		26.01
31	LAUNDRY & LINEN SERVICE	6852		6852	565.00	12.13		27
32	HOUSEKEEPING	161197		161197	18186.00	8.86		28
33	HOUSEKEEPING UNDER CONTRACT							29
34	DIETARY	156125	-42014	114111	14773.00	7.72		30
35	DIETARY UNDER CONTRACT							31
36	CAFETERIA		42014	42014	5439.00	7.72		32
37	MAINTENANCE OF PERSONNEL							33
38	NURSING ADMINISTRATION							34
39	CENTRAL SERVICES AND SUPPLY							35
40	PHARMACY	113076		113076	3711.00	30.47		
41	MEDICAL RECORDS & MEDICAL RECORDS LIBR	56103		56103	3920.00	14.31		
42	SOCIAL SERVICE	7969		7969	400.00	19.92		
43	OTHER GENERAL SERVICE							

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	3953198		3953198	212402.00	18.61	1
2	EXCLUDED AREA SALARIES	10836		10836	977.00	11.09	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	3942362		3942362	211425.00	18.65	3
4	SUBTOTAL OTHER WAGES & REL COSTS	341895		341895	4196.00	81.48	4
5	SUBTOTAL WAGE-RELATED COSTS	830418		830418		21.06%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	5114675		5114675	215621.00	23.72	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	1548131		1548131	104923.00	14.75	13

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
 PERIOD FROM 01/01/2009 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (4/2005)

VERSION: 2009.08
 11/24/2009 08:17

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	1284156 17
17.01	GROSS MEDICAID REVENUES	4080768 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	5364924 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	4080768 23
24	COST TO CHARGE RATIO	0.600714 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	2451374 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	2451374 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100				206918	206918		206918	1
2	0200				12934	12934		12934	2
3	0300				105333	105333	-1145	104188	3
4	0400				112105	112105		112105	4
4.01	0401				41043	41043		41043	4.01
5	0500	28250	687963	716213	-99486	616727		616727	5
6.01	0610	18088	1790	19878		19878		19878	6.01
6.02	0620	64042	62250	126292		126292		126292	6.02
6.03	0630	18524	3049	21573		21573		21573	6.03
6.04	0640	87084	23674	110758		110758		110758	6.04
6.05	0650	56039	42397	98436		98436		98436	6.05
6.06	0660	267879	1157079	1424958	-478333	946625	-59199	887426	6.06
7	0700	194625	133559	328184	-3072	325112		325112	7
8	0800	312278	452434	764712	4120	768832		768832	8
9	0900	6852	18970	25822		25822		25822	9
10	1000	161197	67584	228781		228781		228781	10
11	1100	156125	115949	272074	-73216	198858		198858	11
12	1200				73216	73216	-48796	24420	12
13	1300								13
14	1400								14
15	1500								15
16	1600								16
17	1700	113076	92408	205484	-74645	130839		130839	17
18	1800	56103	26890	82993		82993	-236	82757	18
20	2000	7969	650	8619		8619		8619	20
21	2100								21
22	2200								22
23	2300								23
24	2400								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	701170	138259	839429		839429	-55630	783799	25
ANCILLARY SERVICE COST CENTERS									
40	4000								40
41	4100	214813	83690	298503		298503	-339	298164	41
44	4400	117722	254436	372158		372158		372158	44
46.30	4650								46.30
50	5000								50
50.01	5001								50.01
51	5100								51
52	5200								52
53	5300	145693	18678	164371		164371		164371	53
54	5400								54
56	5600				74645	74645		74645	56
OUTPATIENT SERVICE COST CENTERS									
60	6000	930454	424666	1355120	91506	1446626	-1107569	339057	60
60.01	6001	56092	25904	81996		81996	-16250	65746	60.01
61	6100	960184	738973	1699157	6932	1706089	-516322	1189767	61
62	6200								62
63.50	6310								63.50
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95		4674259	4571252	9245511		9245511	-1805486	7440025	95
NONREIMBURSABLE COST CENTERS									
96	9600	10836	39160	49996		49996		49996	96
98	9800								98
100	7951								100
101	TOTAL	4685095	4610412	9295507		9295507	-1805486	7490021	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1	2	3	4	5		
1 TO ESTABLISH COST OF DRUGS AND IV	A	DRUGS CHARGED TO PATIENTS	56		74645	1
2 TO ESTABLISH CAFETERIAL COSTS	B	CAFETERIA	12	42014	31202	2
3 TO RECLASSIFY UTILITIES	C	OPERATION OF PLANT	8		4120	3
4 TO RECLASSIFY UTILITIES	C					4
5 TO RECLASSIFY PHYSICIAN BENEFITS	D	CLINIC	60		92554	5
6 TO RECLASSIFY PHYSICIAN BENEFITS	D	EMERGENCY	61		6932	6
7 TO RECLASSIFY DEPRECIATION EXPENSE	E	OLD CAP REL COSTS-BLDG & FIXT	1		200368	7
8 TO RECLASSIFY DEPRECIATION EXPENSE	E	OLD CAP REL COSTS-MVBLE EQUIP	2		12525	8
9 TO RECLASSIFY DEPRECIATION EXPENSE	E	NEW CAP REL COSTS-BLDG & FIXT	3		94852	9
10 TO RECLASSIFY DEPRECIATION EXPENSE	E	NEW CAP REL COSTS-MVBLE EQUIP	4		108556	10
11 TO RECLASSIFY DEPRECIATION EXPENSE	E	NEW CAP REL COSTS-MOB	4.01		39744	11
12 TO RECLASSIFY INSURANCE	F	OLD CAP REL COSTS-BLDG & FIXT	1		6550	12
13 TO RECLASSIFY INSURANCE	F	OLD CAP REL COSTS-MVBLE EQUIP	2		409	13
14 TO RECLASSIFY INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		3101	14
15 TO RECLASSIFY INSURANCE	F	NEW CAP REL COSTS-MVBLE EQUIP	4		3549	15
16 TO RECLASSIFY INSURANCE	F	NEW CAP REL COSTS-MOB	4.01		1299	16
17 TO RECLASSIFY INTEREST EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		7380	17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				42014	687786	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1 TO ESTABLISH COST OF DRUGS AND IV	A	PHARMACY	16		74645	1
2 TO ESTABLISH CAFETERIAL COSTS	B	DIETARY	11	42014	31202	2
3 TO RECLASSIFY UTILITIES	C	MAINTENANCE & REPAIRS	7		3072	3
4 TO RECLASSIFY UTILITIES	C	CLINIC	60		1048	4
5 TO RECLASSIFY PHYSICIAN BENEFITS	D	EMPLOYEE BENEFITS	5		99486	5
6 TO RECLASSIFY PHYSICIAN BENEFITS	D					6
7 TO RECLASSIFY DEPRECIATION EXPENS	E	OTHER GENERAL AND ADMINISTRAT	6.06		200368	9 7
8 TO RECLASSIFY DEPRECIATION EXPENS	E	OTHER GENERAL AND ADMINISTRAT	6.06		12525	9 8
9 TO RECLASSIFY DEPRECIATION EXPENS	E	OTHER GENERAL AND ADMINISTRAT	6.06		94852	9 9
10 TO RECLASSIFY DEPRECIATION EXPENS	E	OTHER GENERAL AND ADMINISTRAT	6.06		108556	9 10
11 TO RECLASSIFY DEPRECIATION EXPENS	E	OTHER GENERAL AND ADMINISTRAT	6.06		39744	9 11
12 TO RECLASSIFY INSURANCE	F	OTHER GENERAL AND ADMINISTRAT	6.06		6550	12 12
13 TO RECLASSIFY INSURANCE	F	OTHER GENERAL AND ADMINISTRAT	6.06		409	12 13
14 TO RECLASSIFY INSURANCE	F	OTHER GENERAL AND ADMINISTRAT	6.06		3101	12 14
15 TO RECLASSIFY INSURANCE	F	OTHER GENERAL AND ADMINISTRAT	6.06		3549	12 15
16 TO RECLASSIFY INSURANCE	F	OTHER GENERAL AND ADMINISTRAT	6.06		1299	12 16
17 TO RECLASSIFY INTEREST EXPENSE	G	OTHER GENERAL AND ADMINISTRAT	6.06		7380	11 17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				42014	687786	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	496427					496427		1
2 LAND IMPROVEMENTS	378488					378488	378488	2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS	13172218					13172218	13172167	4
5 FIXED EQUIPMENT	1927714					1927714	1927714	5
6 MOVABLE EQUIPMENT	998616					998616	998207	6
7 SUBTOTAL	16973463					16973463	16476576	7
8 RECONCILING ITEMS								8
9 TOTAL	16973463					16973463	16476576	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS	177367					177367	119630	2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS	9126834					9126834	5538339	4
5 FIXED EQUIPMENT	1391830					1391830	1230290	5
6 MOVABLE EQUIPMENT	8734530				44677	8689853	7963646	6
7 SUBTOTAL	19430561				44677	19385884	14851905	7
8 RECONCILING ITEMS								8
9 TOTAL	19430561				44677	19385884	14851905	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT	15974847		15974847	.439360				1
2 OLD CAP REL COSTS-MVBLE EQUIP	998616		998616	.027465				2
3 NEW CAP REL COSTS-BLDG & FIXT	7562293		7562293	.207988				3
4 NEW CAP REL COSTS-MVBLE EQUIP	8654867		8654867	.238037				4
4.01 NEW CAP REL COSTS-MOB	3168724		3168724	.087150				4.01
5 TOTAL	36359347		36359347	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	200368			6550			206918	1
2 OLD CAP REL COSTS-MVBLE EQUIP	12525			409			12934	2
3 NEW CAP REL COSTS-BLDG & FIXT	94852		7380	3101		-1145	104188	3
4 NEW CAP REL COSTS-MVBLE EQUIP	108556			3549			112105	4
4.01 NEW CAP REL COSTS-MOB	39744		7380	1299			41043	4.01
5 TOTAL	456045		7380	14908		-1145	477188	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT			1145			-1145		3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP REL COSTS-MOB			1145			-1145		4.01
5 TOTAL			1145			-1145		5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-1145	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	14 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-2023	OTHER GENERAL AND ADMINISTRATIV	6.06	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1696753			12
13 SALE OF SCRAP, WASTE, ETC.	B	-339	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-48796	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-236	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 MISCELLANEOUS REVENUE	B	-53704	OTHER GENERAL AND ADMINISTRATIV	6.06	37
38					38
39					39
40 DUES RELATING TO LOBBYING	A	-2490	OTHER GENERAL AND ADMINISTRATIV	6.06	40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-1805486			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						
2						
3						
4						
5	TOTALS					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1					
2					
3					
4					
5					

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

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
 PERIOD FROM 01/01/2009 TO 06/30/2009

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

VERSION: 2009.08
 11/24/2009 08:17

WORKSHEET A-8-2

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	5	EMPLOYEE BENEFITS	AGGREGATE						
2	25	ADULTS & PEDIATRICS	AGGREGATE	55630	55630	177200			
3	40	ANESTHESIOLOGY	AGGREGATE						
4	44	LABORATORY	AGGREGATE						
5	50	PHYSICAL THERAPY	AGGREGATE						
6	53	ELECTROCARDIOLOGY	AGGREGATE						
7	54	ELECTROENCEPHALOGRAPHY	AGGREGATE						
8	60	CLINIC	AGGREGATE	1107569	1107569	177200			
9	60.01	PARTIAL HOSPITALIZATION	AGGREGATE	16250	16250	177200			
10	61	EMERGENCY	AGGREGATE	534042	497642	177200	208	17720	886
11	6.06	OTHER GENERAL AND ADMINI	AGGREGATE	982	982	177200			
101		TOTAL		1714473	1678073	36400	208	17720	886

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
 PERIOD FROM 01/01/2009 TO 06/30/2009

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

VERSION: 2009.08
 11/24/2009 08:17

WORKSHEET A-8-2

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
10	11	12	13	14	15	16	17	18
1	5	EMPLOYEE BENEFITS	AGGREGATE					
2	25	ADULTS & PEDIATRICS	AGGREGATE					55630
3	40	ANESTHESIOLOGY	AGGREGATE					
4	44	LABORATORY	AGGREGATE					
5	50	PHYSICAL THERAPY	AGGREGATE					
6	53	ELECTROCARDIOLOGY	AGGREGATE					
7	54	ELECTROENCEPHALOGRAPHY	AGGREGATE					
8	60	CLINIC	AGGREGATE					1107569
9	60.01	PARTIAL HOSPITALIZATION	AGGREGATE					16250
10	61	EMERGENCY	AGGREGATE			17720	18680	516322
11	6.06	OTHER GENERAL AND ADMINI	AGGREGATE					982
101		TOTAL				17720	18680	1696753

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	NEW CAP RE L COSTS - MOB 4.01	EMPLOYEE BENEFITS 5	NON PATIENT TELEPHONES 6.01	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT	206918	206918							1
2 OLD CAP REL COSTS-MVBLE EQUIP	12934		12934						2
3 NEW CAP REL COSTS-BLDG & FIXT	104188			104188					3
4 NEW CAP REL COSTS-MVBLE EQUIP	112105				112105				4
4.01 NEW CAP REL COSTS-MOB	41043					41043			4.01
5 EMPLOYEE BENEFITS	616727	3119	90	1571	781		622288		5
6.01 NONPATIENT TELEPHONES	19878		17		148		2863	22906	6.01
6.02 DATA PROCESSING	126292		4264		36960		10137	1459	6.02
6.03 PURCHASING, RECEIVING AND STORES	21573	7250	10	3650	86		2932	698	6.03
6.04 ADMITTING	110758	258	37	130	321		13785	254	6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE	98436	9105	191	4585	1654		8870	1015	6.05
6.06 OTHER GENERAL AND ADMINISTRATIV	887426	34818	847	17531	7339		42403	3616	6.06
7 MAINTENANCE & REPAIRS	325112	5880	105	2961	907		30807	1015	7
8 OPERATION OF PLANT	768832	11292	217	5686	1884		49430	508	8
9 LAUNDRY & LINEN SERVICE	25822	9332	272	4699	2359		1085	127	9
10 HOUSEKEEPING	228781		48		412		25516	190	10
11 DIETARY	198858	11492	208	5786	1799		18063	952	11
12 CAFETERIA	24420	4232	76	2131	662		6650	127	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	130839	5796	85	2918	739		17899	698	16
17 MEDICAL RECORDS & LIBRARY	82757	15986	122	8049	1055		8881	952	17
18 SOCIAL SERVICE	8619		18		153		1261	698	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
ADULTS & PEDIATRICS	783799	19639	798	9889	6916		110988	2602	25
ANCILLARY SERVICE COST CENTERS									
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	298164	14817	2989	7461	25909		34003	1015	41
44 LABORATORY	372158	11584	564	5833	4888		18634	952	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
50 PHYSICAL THERAPY									50
50.01 INDUSTRIAL MEDICINE									50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	164371	5748	779	2894	6752		23062	635	53
54 ELECTROENCEPHALOGRAPHY									54
56 DRUGS CHARGED TO PATIENTS	74645								56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	339057		566		4905	9557	40511	3363	60
60.01 PARTIAL HOSPITALIZATION	65746	7828	20	3942	169		8879		60.01
61 EMERGENCY	1189767	12913	554	6502	4804		143914	1015	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	7440025	191089	12877	96218	111602	9557	620573	21891	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	49996	670	2	337	21		1715		96
98 PHYSICIANS' PRIVATE OFFICES			13		115	8134			98
100 OTHER NONREIMBURSABLE COST CENT		15159	42	7633	367	23352		1015	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	7490021	206918	12934	104188	112105	41043	622288	22906	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCES- SSING	PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMI- NISTRATIVE	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	6.02	6.03	6.04	6.05	5A	6.06	7	8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP REL COSTS-MOB									4.01
5 EMPLOYEE BENEFITS									5
6.01 NONPATIENT TELEPHONES									6.01
6.02 DATA PROCESSING	179112								6.02
6.03 PURCHASING, RECEIVING AND STORES	6945	43144							6.03
6.04 ADMITTING	4624	779	130946						6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE	7725	258		131839					6.05
6.06 OTHER GENERAL AND ADMINISTRATIVE	37048	873			1031901	1031901			6.06
7 MAINTENANCE & REPAIRS	3863	2389			373039	59605	432644		7
8 OPERATION OF PLANT	2321	1304			841474	134453	33352	1009279	8
9 LAUNDRY & LINEN SERVICE		161			43857	7008	27562	69667	9
10 HOUSEKEEPING	2321	4412			261680	41812			10
11 DIETARY	3387	11390			251935	40255	33940	85790	11
12 CAFETERIA	1237	4193			43728	6987	12498	31591	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	6184	16			165174	26392	17117	43267	16
17 MEDICAL RECORDS & LIBRARY	9267	929			127998	20452	47214	119342	17
18 SOCIAL SERVICE	5404	12			16165	2583			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	19295	2196	24679	24847	1005648	160685	58006	146613	25
ANCILLARY SERVICE COST CENTERS									
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	8487	3048	21980	22129	440002	70305	43761	110614	41
44 LABORATORY	13129	165	27614	27802	483323	77227	34214	86482	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
50 PHYSICAL THERAPY									50
50.01 INDUSTRIAL MEDICINE									50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	8487	544	3513	3536	220321	35204	16975	42908	53
54 ELECTROENCEPHALOGRAPHY									54
56 DRUGS CHARGED TO PATIENTS			6434	6478	87557	13990			56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	22396	3805	13967	14062	452189	72252			60
60.01 PARTIAL HOSPITALIZATION	3083	764	2071	2085	94587	15113	23120	58441	60.01
61 EMERGENCY	13129	187	30688	30900	1434373	229192	38138	96401	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	178332	37425	130946	131839	7374951	1013515	385897	891116	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5719			58460	9341	1977	4998	96
98 PHYSICIANS' PRIVATE OFFICES					8262	1320			98
100 OTHER NONREIMBURSABLE COST CENT	780				48348	7725	44770	113165	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	179112	43144	130946	131839	7490021	1031901	432644	1009279	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP REL COSTS-MOB									4.01
5 EMPLOYEE BENEFITS									5
6.01 NONPATIENT TELEPHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING, RECEIVING AND STORES									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE									6.05
6.06 OTHER GENERAL AND ADMINISTRATIVE									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	148094								9
10 HOUSEKEEPING		303492							10
11 DIETARY		23563	435483						11
12 CAFETERIA				94804					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY		4945		2832	259727				16
17 MEDICAL RECORDS & LIBRARY		4945		2985		322936			17
18 SOCIAL SERVICE		4945		306			23999		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
ADULTS & PEDIATRICS	59237	30631	148965	26865	243	47034	23999	1707926	25
ANCILLARY SERVICE COST CENTERS									
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		17360		7692		55		689789	41
44 LABORATORY		17367		5026		8954		712593	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
50 PHYSICAL THERAPY									50
50.01 INDUSTRIAL MEDICINE									50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		18142		5281				338831	53
54 ELECTROENCEPHALOGRAPHY									54
56 DRUGS CHARGED TO PATIENTS					251862			353409	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		55378		17973	4137			601929	60
60.01 PARTIAL HOSPITALIZATION		8244		1850		442		201797	60.01
61 EMERGENCY	59237	101484		23994	3485	266451		2252755	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	118474	287004	148965	94804	259727	322936	23999	6859029	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		8244						83020	96
98 PHYSICIANS' PRIVATE OFFICES								9582	98
100 OTHER NONREIMBURSABLE COST CENT	29620	8244	286518					538390	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	148094	303492	435483	94804	259727	322936	23999	7490021	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
4.01 NEW CAP REL COSTS-MOB			4.01
5 EMPLOYEE BENEFITS			5
6.01 NONPATIENT TELEPHONES			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING, RECEIVING AND STORES			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE			6.05
6.06 OTHER GENERAL AND ADMINISTRATIVE			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
25 INPATIENT ROUTINE SERV COST CENTERS			25
ADULTS & PEDIATRICS	1707926		
ANCILLARY SERVICE COST CENTERS			
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	689789		41
44 LABORATORY	712593		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
50 PHYSICAL THERAPY			50
50.01 INDUSTRIAL MEDICINE			50.01
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY			52
53 ELECTROCARDIOLOGY	338831		53
54 ELECTROENCEPHALOGRAPHY			54
56 DRUGS CHARGED TO PATIENTS	353409		56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	601929		60
60.01 PARTIAL HOSPITALIZATION	201797		60.01
61 EMERGENCY	2252755		61
62 OBSERVATION BEDS (NON-DISTINCT)			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	6859029		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	83020		96
98 PHYSICIANS' PRIVATE OFFICES	9582		98
100 OTHER NONREIMBURSABLE COST CENT	538390		100
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	7490021		103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIEN T TELEPHON ES 6.01	DATA PROCE SSING 6.02	PURCHASING 6.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP REL COSTS-MOB									4.01
5 EMPLOYEE BENEFITS		3119	90	3209	3209				5
6.01 NONPATIENT TELEPHONES			17	17	15	32			6.01
6.02 DATA PROCESSING			4264	4264	52	2	4318		6.02
6.03 PURCHASING, RECEIVING AND STORES		7250	10	7260	15	1	167	7443	6.03
6.04 ADMITTING		258	37	295	71		111	134	6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE		9105	191	9296	46	1	186	44	6.05
6.06 OTHER GENERAL AND ADMINISTRATIV		34818	847	35665	219	8	893	151	6.06
7 MAINTENANCE & REPAIRS		5880	105	5985	159	1	93	412	7
8 OPERATION OF PLANT		11292	217	11509	255	1	56	225	8
9 LAUNDRY & LINEN SERVICE		9332	272	9604	6			28	9
10 HOUSEKEEPING			48	48	132		56	761	10
11 DIETARY		11492	208	11700	93	1	82	1966	11
12 CAFETERIA		4232	76	4308	34		30	723	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY		5796	85	5881	92	1	149	3	16
17 MEDICAL RECORDS & LIBRARY		15986	122	16108	46	1	223	160	17
18 SOCIAL SERVICE			18	18	7	1	130	2	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
ADULTS & PEDIATRICS		19639	798	20437	572	4	465	379	25
ANCILLARY SERVICE COST CENTERS									
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		14817	2989	17806	175	1	205	526	41
44 LABORATORY		11584	564	12148	96	1	317	28	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
50 PHYSICAL THERAPY									50
50.01 INDUSTRIAL MEDICINE									50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		5748	779	6527	119	1	205	94	53
54 ELECTROENCEPHALOGRAPHY									54
56 DRUGS CHARGED TO PATIENTS									56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			566	566	209	5	540	656	60
60.01 PARTIAL HOSPITALIZATION		7828	20	7848	46		74	132	60.01
61 EMERGENCY		12913	554	13467	741	1	317	32	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		191089	12877	203966	3200	31	4299	6456	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		670	2	672	9			987	96
98 PHYSICIANS' PRIVATE OFFICES			13	13					98
100 OTHER NONREIMBURSABLE COST CENT		15159	42	15201		1	19		100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		206918	12934	219852	3209	32	4318	7443	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	OTHER ADMI	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	6.04	/ACCOUNTS RECEIVABLE 6.05	NISTRATIVE 6.06	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
4.01									4.01
5									5
6.01									6.01
6.02									6.02
6.03									6.03
6.04	611								6.04
6.05		9573							6.05
6.06			36936						6.06
7			2133	8783					7
8			4812	677	17535				8
9			251	560	1210	11659			9
10			1497				2494		10
11			1441	689	1490		194	17656	11
12			250	254	549				12
13									13
14									14
15									15
16			945	347	752		41		16
17			732	958	2073		41		17
18			92				41		18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	116	1803	5751	1178	2548	4663	252	6040	25
ANCILLARY SERVICE COST CENTERS									
40									40
41	103	1606	2516	888	1922		143		41
44	130	2018	2764	695	1503		143		44
46.30									46.30
50									50
50.01									50.01
51									51
52									52
53	17	257	1260	345	745		149		53
54									54
56	30	470	501						56
OUTPATIENT SERVICE COST CENTERS									
60	66	1021	2586				455		60
60.01	10	151	541	469	1015		68		60.01
61	139	2247	8206	774	1675	4664	831		61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71									71
SPECIAL PURPOSE COST CENTERS									
85.01									85.01
85.02									85.02
85.03									85.03
95	611	9573	36278	7834	15482	9327	2358	6040	95
NONREIMBURSABLE COST CENTERS									
96			334	40	87		68		96
98			47						98
100			277	909	1966	2332	68	11616	100
101									101
102									102
103	611	9573	36936	8783	17535	11659	2494	17656	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	12	16	17	18	25	26	27	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP REL COSTS-MOB								4.01
5 EMPLOYEE BENEFITS								5
6.01 NONPATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING, RECEIVING AND STORES								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE								6.05
6.06 OTHER GENERAL AND ADMINISTRATIVE								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	6148							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY		8395						16
17 MEDICAL RECORDS & LIBRARY			20536					17
18 SOCIAL SERVICE				311				18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
25 INPATIENT ROUTINE SERV COST CENTERS								25
ADULTS & PEDIATRICS	1741	8	2991	311	49259		49259	
ANCILLARY SERVICE COST CENTERS								
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	499		4		26394		26394	41
44 LABORATORY	326		569		20738		20738	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
50 PHYSICAL THERAPY								50
50.01 INDUSTRIAL MEDICINE								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	342				10061		10061	53
54 ELECTROENCEPHALOGRAPHY								54
56 DRUGS CHARGED TO PATIENTS		8140			9141		9141	56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1166	134			7404		7404	60
60.01 PARTIAL HOSPITALIZATION	120			28	10502		10502	60.01
61 EMERGENCY	1556	113	16944		51707		51707	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	6148	8395	20536	311	185206		185206	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					2197		2197	96
98 PHYSICIANS' PRIVATE OFFICES					60		60	98
100 OTHER NONREIMBURSABLE COST CENT					32389		32389	100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	6148	8395	20536	311	219852		219852	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS .0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	NEW CAP RE L COSTS - MOB 4.01	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIEN T TELEPHON ES 6.01	DATA PROCE SSING 6.02	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP REL COSTS-MOB									4.01
5 EMPLOYEE BENEFITS		1571	781		2352	2352			5
6.01 NONPATIENT TELEPHONES			148		148	11	159		6.01
6.02 DATA PROCESSING			36960		36960	38	10	37008	6.02
6.03 PURCHASING, RECEIVING AND STORES		3650	86		3736	11	5	1435	6.03
6.04 ADMITTING		130	321		451	52	2	955	6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE		4585	1654		6239	34	7	1596	6.05
6.06 OTHER GENERAL AND ADMINISTRATIV		17531	7339		24870	160	24	7654	6.06
7 MAINTENANCE & REPAIRS		2961	907		3868	116	7	798	7
8 OPERATION OF PLANT		5686	1884		7570	187	4	480	8
9 LAUNDRY & LINEN SERVICE		4699	2359		7058	4	1		9
10 HOUSEKEEPING			412		412	96	1	480	10
11 DIETARY		5786	1799		7585	68	7	700	11
12 CAFETERIA		2131	662		2793	25	1	256	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY		2918	739		3657	68	5	1278	16
17 MEDICAL RECORDS & LIBRARY		8049	1055		9104	34	7	1915	17
18 SOCIAL SERVICE			153		153	5	5	1117	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
ADULTS & PEDIATRICS		9889	6916		16805	419	18	3987	25
ANCILLARY SERVICE COST CENTERS									
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC		7461	25909		33370	128	7	1753	41
44 LABORATORY		5833	4888		10721	70	7	2713	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
50 PHYSICAL THERAPY									50
50.01 INDUSTRIAL MEDICINE									50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		2894	6752		9646	87	4	1753	53
54 ELECTROENCEPHALOGRAPHY									54
56 DRUGS CHARGED TO PATIENTS									56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			4905	9557	14462	153	23	4627	60
60.01 PARTIAL HOSPITALIZATION		3942	169		4111	34		637	60.01
61 EMERGENCY		6502	4804		11306	546	7	2713	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		96218	111602	9557	217377	2346	152	36847	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		337	21		358	6			96
98 PHYSICIANS' PRIVATE OFFICES			115	8134	8249				98
100 OTHER NONREIMBURSABLE COST CENT		7633	367	23352	31352		7	161	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		104188	112105	41043	257336	2352	159	37008	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING /ACCOUNTS RECEIVABLE	OTHER ADMINIS TRATIVE	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
	6.03	6.04	6.05	6.06	7	8	9	10	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP REL COSTS-MOB									4.01
5 EMPLOYEE BENEFITS									5
6.01 NONPATIENT TELEPHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING, RECEIVINGAND STORES	5187								6.03
6.04 ADMITTING	94	1554							6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE	31		7907						6.05
6.06 OTHER GENERAL AND ADMINISTRATIV	105			32813					6.06
7 MAINTENANCE & REPAIRS	287			1895	6971				7
8 OPERATION OF PLANT	157			4276	537	13211			8
9 LAUNDRY & LINEN SERVICE	19			223	444	912	8661		9
10 HOUSEKEEPING	530			1330				2849	10
11 DIETARY	1371			1280	547	1123		221	11
12 CAFETERIA	504			222	201	414			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	2			839	276	566		46	16
17 MEDICAL RECORDS & LIBRARY	112			650	761	1562		46	17
18 SOCIAL SERVICE	1			82				46	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	264	293	1489	5110	934	1919	3465	288	25
ANCILLARY SERVICE COST CENTERS									
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	366	261	1326	2236	705	1448		163	41
44 LABORATORY	20	327	1666	2456	551	1132		163	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
50 PHYSICAL THERAPY									50
50.01 INDUSTRIAL MEDICINE									50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	65	42	212	1119	274	562		170	53
54 ELECTROENCEPHALOGRAPHY									54
56 DRUGS CHARGED TO PATIENTS		76	388	445					56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	457	166	843	2298				520	60
60.01 PARTIAL HOSPITALIZATION	92	25	125	481	373	765		77	60.01
61 EMERGENCY	22	364	1858	7286	615	1262	3464	955	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4499	1554	7907	32228	6218	11665	6929	2695	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	688			297	32	65		77	96
98 PHYSICIANS' PRIVATE OFFICES				42					98
100 OTHER NONREIMBURSABLE COST CENT				246	721	1481	1732	77	100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5187	1554	7907	32813	6971	13211	8661	2849	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	11	12	16	17	18	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP REL COSTS-MOB								4.01
5 EMPLOYEE BENEFITS								5
6.01 NONPATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING, RECEIVING AND STORES								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE								6.05
6.06 OTHER GENERAL AND ADMINISTRATIVE								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY	12902							11
12 CAFETERIA		4416						12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY			6869					16
17 MEDICAL RECORDS & LIBRARY				14330				17
18 SOCIAL SERVICE					1423			18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
25 INPATIENT ROUTINE SERV COST CENTERS								
ADULTS & PEDIATRICS	4413	1252	6	2087	1423	44172		44172 25
ANCILLARY SERVICE COST CENTERS								
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		358			2	42123		42123 41
44 LABORATORY		234			397	20457		20457 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
50 PHYSICAL THERAPY								50
50.01 INDUSTRIAL MEDICINE								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		246				14180		14180 53
54 ELECTROENCEPHALOGRAPHY								54
56 DRUGS CHARGED TO PATIENTS			6662			7571		7571 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		837	109			24495		24495 60
60.01 PARTIAL HOSPITALIZATION		86			20	6826		6826 60.01
61 EMERGENCY		1118	92	11824		43432		43432 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	4413	4416	6869	14330	1423	203256		203256 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						1523		1523 96
98 PHYSICIANS' PRIVATE OFFICES						8291		8291 98
100 OTHER NONREIMBURSABLE COST CENT	8489					44266		44266 100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	12902	4416	6869	14330	1423	257336		257336 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	NEW CAP RE	EMPLOYEE	NON PATIEN
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VAL	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VAL	L COSTS - MOB SQUARE FEET	BENEFITS GROSS SALARIES	T TELEPHONES NO. OF PHONES
	1	2	3	4	4.01	5	6.01
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	120532						1
2 OLD CAP REL COSTS-MVBLE EQUIP		7577575					2
3 NEW CAP REL COSTS-BLDG & FIXT			120532				3
4 NEW CAP REL COSTS-MVBLE EQUIP				7577575			4
4.01 NEW CAP REL COSTS-MOB					29681		4.01
5 EMPLOYEE BENEFITS	1817	52775	1817	52775		3931325	5
6.01 NONPATIENT TELEPHONES		10029		10029		18088	361 6.01
6.02 DATA PROCESSING		2497984		2497984		64042	23 6.02
6.03 PURCHASING, RECEIVING AND STOR	4223	5825	4223	5825		18524	11 6.03
6.04 ADMITTING	150	21683	150	21683		87084	4 6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL	5304	111828	5304	111828		56039	16 6.05
6.06 OTHER GENERAL AND ADMINISTRAT	20283	496104	20283	496104		267879	57 6.06
7 MAINTENANCE & REPAIRS	3425	61283	3425	61283		194625	16 7
8 OPERATION OF PLANT	6578	127328	6578	127328		312278	8 8
9 LAUNDRY & LINEN SERVICE	5436	159478	5436	159478		6852	2 9
10 HOUSEKEEPING		27836		27836		161197	3 10
11 DIETARY	6694	121614	6694	121614		114111	15 11
12 CAFETERIA	2465	44775	2465	44775		42014	2 12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY	3376	49980	3376	49980		113076	11 16
17 MEDICAL RECORDS & LIBRARY	9312	71306	9312	71306		56103	15 17
18 SOCIAL SERVICE		10326		10326		7969	11 18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
25 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	11440	467486	11440	467486		701170	41 25
ANCILLARY SERVICE COST CENTERS							
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC	8631	1751300	8631	1751300		214813	16 41
44 LABORATORY	6748	330422	6748	330422		117722	15 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
50 PHYSICAL THERAPY							50
50.01 INDUSTRIAL MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	3348	456411	3348	456411		145693	10 53
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		331567		331567	6911	255929	53 60
60.01 PARTIAL HOSPITALIZATION	4560	11440	4560	11440		56092	60.01
61 EMERGENCY	7522	324758	7522	324758		909189	16 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	111312	7543538	111312	7543538	6911	3920489	345 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	390	1411	390	1411		10836	96
98 PHYSICIANS' PRIVATE OFFICES		7791		7791	5882		98
100 OTHER NONREIMBURSABLE COST CE	8830	24835	8830	24835	16888		16 100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROC	PURCHASING	ADMITTING	CASHIERING	RECON-	OTHER ADMI	MAIN-	OPERATION	
	SSING			/ACCOUNTS		NISTRATIVE	TENANCE &	OF PLANT	
	TIME SPENT	SUPPLIES	GROSS REVE	RECEIVABLE	CILIAATION	ACCUM	REPAIRS	SQUARE FEE	SQUARE FEE
	6.02	6.03	6.04	6.05	6A.06	6.06	T	T	8
		XPENSE	NUE	NUE		COST			
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP REL COSTS-MOB									4.01
5 EMPLOYEE BENEFITS									5
6.01 NONPATIENT TELEPHONES									6.01
6.02 DATA PROCESSING	9413								6.02
6.03 PURCHASING, RECEIVINGAND STOR	365	278254							6.03
6.04 ADMITTING	243	5025	11418133						6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL	406	1662		11418133					6.05
6.06 OTHER GENERAL AND ADMINISTRAT	1947	5629			-1031901	6458120			6.06
7 MAINTENANCE & REPAIRS	203	15410				373039	85330		7
8 OPERATION OF PLANT	122	8412				841474	6578	78752	8
9 LAUNDRY & LINEN SERVICE		1039				43857	5436	5436	9
10 HOUSEKEEPING	122	28453				261680			10
11 DIETARY	178	73457				251935	6694	6694	11
12 CAFETERIA	65	27045				43728	2465	2465	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	325	101				165174	3376	3376	16
17 MEDICAL RECORDS & LIBRARY	487	5991				127998	9312	9312	17
18 SOCIAL SERVICE	284	77				16165			18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES									22
23 I&R SERVICES-OTHER PRGM COSTS									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1014	14165	2152020	2152020		1005648	11440	11440	25
ANCILLARY SERVICE COST CENTERS									
40 ANESTHESIOLOGY									40
41 RADIOLOGY-DIAGNOSTIC	446	19660	1916603	1916603		440002	8631	8631	41
44 LABORATORY	690	1062	2407951	2407951		483323	6748	6748	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
50 PHYSICAL THERAPY									50
50.01 INDUSTRIAL MEDICINE									50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	446	3506	306292	306292		220321	3348	3348	53
54 ELECTROENCEPHALOGRAPHY									54
56 DRUGS CHARGED TO PATIENTS			561041	561041		87557			56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1177	24540	1217905	1217905		452189			60
60.01 PARTIAL HOSPITALIZATION	162	4928	180565	180565		94587	4560	4560	60.01
61 EMERGENCY	690	1205	2675756	2675756		1434373	7522	7522	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTFESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	9372	241367	11418133	11418133	-1031901	6343050	76110	69532	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		36887				58460	390	390	96
98 PHYSICIANS' PRIVATE OFFICES						8262			98
100 OTHER NONREIMBURSABLE COST CE	41					48348	8830	8830	100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROCES	PURCHASING	ADMITTING	CASHIERING	RECON- CILIATION	OTHER ADMI	MAIN-	OPERATION
	SSING			/ACCOUNTS RECEIVABLE		NISTRATIVE	TENANCE & REPAIRS	OF PLANT
	TIME SPENT	SUPPLIES	E GROSS REVE	GROSS REVE		ACCUM	SQUARE FEE	SQUARE FEE
	6.02	6.03	NUE 6.04	NUE 6.05	6A.06	COST 6.06	T 7	T 8
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	179112	43144	130946	131839		1031901	432644	1009279 103
104 UNIT COST MULT-WS B PT I	19.028153		.011468				5.070245	104
104 UNIT COST MULT-WS B PT I		.155053		.011546		.159783		12.815916 104
105 COST TO BE ALLOC PER B PT II	4318	7443	611	9573		36936	8783	17535 105
106 UNIT COST MULT-WS B PT II	.458727		.000054				.102930	106
106 UNIT COST MULT-WS B PT II		.026749		.000838		.005719		.222661 106
107 COST TO BE ALLOC PER B PT III	37008	5187	1554	7907		32813	6971	13211 107
108 UNIT COST MULT-WS B PT III	3.931584		.000136				.081695	108
108 UNIT COST MULT-WS B PT III		.018641		.000692		.005081		.167754 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS ED TO	CAFETERIA SERV PTS	PHARMACY COSTED REQ UIS	MEDICAL RECORDS & LIBRARY HOURS OF SERVICE	SOCIAL SERVICE HOURS OF SERVICE	
	9	10	11	12	16	17	18	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP REL COSTS-MOB								4.01
5 EMPLOYEE BENEFITS								5
6.01 NONPATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING, RECEIVING AND STOR								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL								6.05
6.06 OTHER GENERAL AND ADMINISTRAT								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	45333							9
10 HOUSEKEEPING		40752						10
11 DIETARY		3164	23624					11
12 CAFETERIA				7432				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY		664			76976			16
17 MEDICAL RECORDS & LIBRARY		664				5843		17
18 SOCIAL SERVICE		664					651	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	18133	4113	8081	2106	72	851	651	25
ANCILLARY SERVICE COST CENTERS								
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		2331			603	1		41
44 LABORATORY		2332			394	162		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
50 PHYSICAL THERAPY								50
50.01 INDUSTRIAL MEDICINE								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		2436		414				53
54 ELECTROENCEPHALOGRAPHY								54
56 DRUGS CHARGED TO PATIENTS					74645			56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		7436		1409	1226			60
60.01 PARTIAL HOSPITALIZATION		1107		145		8		60.01
61 EMERGENCY	18133	13627		1881	1033	4821		61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	36266	38538	8081	7432	76976	5843	651	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C		1107						96
98 PHYSICIANS' PRIVATE OFFICES								98
100 OTHER NONREIMBURSABLE COST CE	9067	1107	15543					100

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	PHARMACY	MEDICAL	SOCIAL	
	& LINEN SERVICE POUNDS OF LAUNDRY 9	KEEPING HOURS OF S ERVICE 10	MEALS SERV ED TO PTS 11	MEALS SERV ED 12	COSTED REQ UIS 16	RECORDS & LIBRARY HOURS OF S ERVICE 17	SERVICE HOURS OF S ERVICE 18	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	148094	303492	435483	94804	259727	322936	23999	103
104 UNIT COST MULT-WS B PT I	3.266803		18.433923		3.374130		36.864823	104
104 UNIT COST MULT-WS B PT I		7.447291		12.756189		55.268869		104
105 COST TO BE ALLOC PER B PT II	11659	2494	17656	6148	8395	20536	311	105
106 UNIT COST MULT-WS B PT II	.257186		.747376		.109060		.477727	106
106 UNIT COST MULT-WS B PT II		.061199		.827234		3.514633		106
107 COST TO BE ALLOC PER B PT III	8661	2849	12902	4416	6869	14330	1423	107
108 UNIT COST MULT-WS B PT III	.191053		.546140		.089236		2.185868	108
108 UNIT COST MULT-WS B PT III		.069911		.594187		2.452507		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
25 INPATIENT ROUTINE SERV COST CENTERS						25
ADULTS & PEDIATRICS	1707926		1707926		1707926	40
ANCILLARY SERVICE COST CENTERS						41
40 ANESTHESIOLOGY						44
41 RADIOLOGY-DIAGNOSTIC	689789		689789		689789	46.30
44 LABORATORY	712593		712593		712593	50
46.30 BLOOD CLOTTING FACTORS ADMI						50.01
50 PHYSICAL THERAPY						51
50.01 INDUSTRIAL MEDICINE						52
51 OCCUPATIONAL THERAPY						53
52 SPEECH PATHOLOGY						54
53 ELECTROCARDIOLOGY	338831		338831		338831	56
54 ELECTROENCEPHALOGRAPHY						60
56 DRUGS CHARGED TO PATIENTS	353409		353409		353409	60.01
OUTPATIENT SERVICE COST CENTERS						61
60 CLINIC	601929		601929		601929	62
60.01 PARTIAL HOSPITALIZATION	201797		201797		201797	63.50
61 EMERGENCY	2252755		2252755	18680	2271435	63.60
62 OBSERVATION BEDS (NON-DISTI						101
63.50 RHC						102
63.60 FQHC						103
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	6859029		6859029	18680	6877709	
102 LESS OBSERVATION BEDS						
103 TOTAL	6859029		6859029	18680	6877709	

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
25 INPATIENT ROUTINE SERV COST CENTERS			2152020			25
ADULTS & PEDIATRICS	2152020					40
ANCILLARY SERVICE COST CENTERS						41
40 ANESTHESIOLOGY			1916603	.359902	.359902	.359902
41 RADIOLOGY-DIAGNOSTIC	58196	1858407	1916603	.295933	.295933	.295933
44 LABORATORY	532638	1875313	2407951			46.30
46.30 BLOOD CLOTTING FACTORS ADMI						50
50 PHYSICAL THERAPY						50.01
50.01 INDUSTRIAL MEDICINE						51
51 OCCUPATIONAL THERAPY						52
52 SPEECH PATHOLOGY						53
53 ELECTROCARDIOLOGY	34023	272269	306292	1.106235	1.106235	1.106235
54 ELECTROENCEPHALOGRAPHY						54
56 DRUGS CHARGED TO PATIENTS	340440	220601	561041	.629917	.629917	.629917
OUTPATIENT SERVICE COST CENTERS						60
60 CLINIC		1217905	1217905	.494233	.494233	.494233
60.01 PARTIAL HOSPITALIZATION	197	180368	180565	1.117586	1.117586	1.117586
61 EMERGENCY	289338	2386420	2675758	.841913	.841913	.848894
62 OBSERVATION BEDS (NON-DISTI						61
63.50 RHC						62
63.60 FQHC						63.50
OTHER REIMBURSABLE COST CENTERS						63.60
101 SUBTOTAL	3406852	8011283	11418135			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	3406852	8011283	11418135			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS	49259		49259	44172		44172
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	49259		49259	44172		44172

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS	2610	696	18.87	13134	16.92	11776
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	2610	696		13134		11776

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0066) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES	CAPITAL COSTS	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC	26394	42123	1916603	14814	.013771	204	.021978	326 41
44 LABORATORY	20738	20457	2407951	139787	.008612	1204	.008496	1188 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
50 PHYSICAL THERAPY								50
50.01 INDUSTRIAL MEDICINE								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	10061	14180	306292	8619	.032848	283	.046296	399 53
54 ELECTROENCEPHALOGRAPHY								54
56 DRUGS CHARGED TO PATIENTS	9141	7571	561041	108994	.016293	1776	.013495	1471 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	7404	24495	1217905		.006079		.020112	60
60.01 PARTIAL HOSPITALIZATION	10502	6826	180565	197	.058162	11	.037804	7 60.01
61 EMERGENCY	51707	43432	2675758	89742	.019324	1734	.016232	1457 61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	135947	159084	9266115	362153		5212		4848 101

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
 PERIOD FROM 01/01/2009 TO 06/30/2009

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

VERSION: 2009.08
 11/24/2009 08:17

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT		PATIENT		PROGRAM	PROGRAM
		COST	COST	AMOUNT	COSTS	DAYS	DIEM	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					2610		696	25
26	INTENSIVE CARE UNIT								26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					2610		696	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0066) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
ANCILLARY SERVICE COST CENTERS				2.01	2.02	2.03	3
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
50 PHYSICAL THERAPY							50
50.01 INDUSTRIAL MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0066) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		1916603			14814		125878
44 LABORATORY		2407951			139787		1165
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
50 PHYSICAL THERAPY							50
50.01 INDUSTRIAL MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		306292			8619		39793
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS		561041			108994		36065
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1217905					60
60.01 PARTIAL HOSPITALIZATION		180565			197		157517
61 EMERGENCY		2675758			89742		218529
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		9266115			362153		578947

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
 PERIOD FROM 01/01/2009 TO 06/30/2009

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

VERSION: 2009.08
 11/24/2009 08:17

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0066) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
50 PHYSICAL THERAPY					50
50.01 INDUSTRIAL MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0066)
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I
 BOXES [] TITLE XIX - O/P [] SUB II
 [] SUB III
 [] SUB IV

[] SNF
 [] NF
 [] S/B-SNF
 [] S/B-NF
 [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
40 ANCILLARY SERVICE COST CENTERS						40
41 ANESTHESIOLOGY						41
41 RADIOLOGY-DIAGNOSTIC	.359902	.359902	.359902			44
44 LABORATORY	.295933	.295933	.295933			46.30
46.30 BLOOD CLOTTING FACTORS ADMIN CO						50
50 PHYSICAL THERAPY						50.01
50.01 INDUSTRIAL MEDICINE						51
51 OCCUPATIONAL THERAPY						52
52 SPEECH PATHOLOGY						53
53 ELECTROCARDIOLOGY	1.106235	1.106235	1.106235			54
54 ELECTROENCEPHALOGRAPHY						56
56 DRUGS CHARGED TO PATIENTS	.629917	.629917	.629917			60
OUTPATIENT SERVICE COST CENTERS						60.01
60 CLINIC	.494233	.494233	.494233			61
60.01 PARTIAL HOSPITALIZATION	1.117586	1.117586	1.117586			62
61 EMERGENCY	.841913	.841913	.841913			63.50
62 OBSERVATION BEDS (NON-DISTINCT						63.60
63.50 RHC						65.01
63.60 FQHC						65.02
OTHER REIMBURSABLE COST CENTERS						65.03
65.01 AMBULANCE SERVICES (2ND PERIOD)						101
65.02 AMBULANCE SERVICES (3RD PERIOD)						102
65.03 AMBULANCE SERVICES (4TH PERIOD)						103
101 SUBTOTAL						104
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						
104 NET CHARGES						

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.629917	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
 PERIOD FROM 01/01/2009 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

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 11/24/2009 08:17

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0066)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								40
40 ANESTHESIOLOGY								41
41 RADIOLOGY-DIAGNOSTIC		125878						44
44 LABORATORY		1165						46.30
46.30 BLOOD CLOTTING FACTORS ADMIN C								50
50 PHYSICAL THERAPY								50.01
50.01 INDUSTRIAL MEDICINE								51
51 OCCUPATIONAL THERAPY								52
52 SPEECH PATHOLOGY								53
53 ELECTROCARDIOLOGY		39793						54
54 ELECTROENCEPHALOGRAPHY								56
56 DRUGS CHARGED TO PATIENTS		36065						60
OUTPATIENT SERVICE COST CENTERS								60.01
60 CLINIC								61
60.01 PARTIAL HOSPITALIZATION		157517						62
61 EMERGENCY		218529						63.50
62 OBSERVATION BEDS (NON-DISTINCT								63.60
63.50 RHC								65.01
63.60 FQHC								65.02
OTHER REIMBURSABLE COST CENTERS								65.03
65.01 AMBULANCE SERVICES (2ND PERIOD								101
65.02 AMBULANCE SERVICES (3RD PERIOD								102
65.03 AMBULANCE SERVICES (4TH PERIOD								103
101 SUBTOTAL		578947						104
102 CRNA CHARGES								
103 PBP CLINIC LAB								
104 NET CHARGES		578947						

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
 PERIOD FROM 01/01/2009 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2009.08
 11/24/2009 08:17

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0066) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		45304					41
44 LABORATORY		345					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
50 PHYSICAL THERAPY							50
50.01 INDUSTRIAL MEDICINE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		44020					53
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS		22718					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PARTIAL HOSPITALIZATION		176039					60.01
61 EMERGENCY		183982					61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		472408					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		472408					104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0066)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	2610						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	2610						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2610						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	696						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0066)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1707926						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1707926						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2152020						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2152020						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.793639						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	824.53						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1707926						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0066)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	654.38					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	455448					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	455448					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0066)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	201293					48
49 TOTAL PROGRAM INPATIENT COSTS	656741					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	24910					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	10060					51
52 TOTAL PROGRAM EXCLUDABLE COST	34970					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	621771					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0066)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
PERIOD FROM 01/01/2009 TO 06/30/2009

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

VERSION: 2009.08
11/24/2009 08:17

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

SNF

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

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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VERSION: 2009.08
 11/24/2009 08:17

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL (PPS) (14-0066)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	654.38	84
85 OBSERVATION BED COST		85

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

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

86 OLD CAPITAL-RELATED COST	49259	1707926	.028841	86
87 NEW CAPITAL-RELATED COST	44172	1707926	.025863	87
88 NON PHYSICIAN ANESTHETIST		1707926		88
89 MEDICAL EDUCATION		1707926		89

INPATIENT ANCILLARY COST APPORTIONMENT

[] TITLE V	[XX] HOSPITAL (14-0066)	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		558725		25
ANCILLARY SERVICE COST CENTERS				
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC	.359902	14814	5332	41
44 LABORATORY	.295933	139787	41368	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
50 PHYSICAL THERAPY				50
50.01 INDUSTRIAL MEDICINE				50.01
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	1.106235	8619	9535	53
54 ELECTROENCEPHALOGRAPHY				54
56 DRUGS CHARGED TO PATIENTS	.629917	108994	68657	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.494233			60
60.01 PARTIAL HOSPITALIZATION	1.117586	197	220	60.01
61 EMERGENCY	.848894	89742	76181	61
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		362153	201293	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		362153		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0066)	SUB I	SUB II	SUB III	SUB IV	
1 DRG AMOUNT						1
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	492463					1.01
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1						1.02
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.03
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.04
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.05
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.06
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.07
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						2
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2.01
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	161.00					3.01
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.02
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.03
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.04
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.05
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.06
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.07
3.07 SUM OF LINES 3.04-3.06		0.00	0.00			3.08
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.09
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.10
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.11
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.12
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.13
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.14
3.14 CURRENT YEAR ALLOWABLE FTE						3.15
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						RES. IN INIT YRS
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO			0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0066)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.2734					4
4.01	0.4337					4.01
4.02	0.7071					4.02
4.03	0.4755					4.03
4.04	234166					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	726629					6
7						7
7.01						7.01
8	726629					8
9	52881					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	779510					16
17						17
18	779510					18
19	72580					19
20	280					20
21	43874					21
21.01	30712					21.01
21.02						21.02
22	737362					22

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
PERIOD FROM 01/01/2009 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0066)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26						26
27	737362					27
28	825538					28
28.01						28.01
29	-88176					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
 PERIOD FROM 01/01/2009 TO 06/30/2009

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

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 11/24/2009 08:17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0066) 1	HOSPITAL (14-0066) 1.01	HOSPITAL (14-0066) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	472408			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS		234584		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	234584			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0066) 1	HOSPITAL (14-0066) 1.01	HOSPITAL (14-0066) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	57339		18.01
19 SUBTOTAL	177245		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	177245		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	177245		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	16749		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	11724		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	188969		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	188969		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	177245		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	11724		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0066)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0066)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(14-0066)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0066)

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		825538		177245
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .04 PROGRAM .05 PROVIDER .50 TO .51 PROGRAM .52 TO .53 PROGRAM .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		825538		177245
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .50 PROGRAM .51 TO .52	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	-88176		11724 6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		737362		188969
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____	

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1110270			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	2552876			4
5 OTHER RECEIVABLES	56697			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1110834			6
7 INVENTORY				7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	200140			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	2809149			11
FIXED ASSETS				
12 LAND	496427			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	555855			13
13.01 ACCUMULATED DEPRECIATION	-497848			13.01
14 BUILDINGS	22536311			14
14.01 ACCUMULATED DEPRECIATION	-18710506			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	3319544			16
16.01 ACCUMULATED DEPRECIATION	-3158005			16.01
17 AUTOMOBILES AND TRUCKS	51102			17
17.01 ACCUMULATED DEPRECIATION	-51102			17.01
18 MAJOR MOVABLE EQUIPMENT	9637366			18
18.01 ACCUMULATED DEPRECIATION	-8910337			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	5268807			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS				25
26 TOTAL OTHER ASSETS				26
27 TOTAL ASSETS	8077956			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	379297			28
29 SALARIES, WAGES & FEES PAYABLE	600326			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	79731			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	293694			35
36 TOTAL CURRENT LIABILITIES	1353048			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE				38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	1535865			41
42 TOTAL LONG TERM LIABILITIES	1535865			42
43 TOTAL LIABILITIES	2888913			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	5189043			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	5189043			51
52 TOTAL LIABILITIES AND FUND BALANCES	8077956			52

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PERIOD FROM 01/01/2009 TO 06/30/2009

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

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	4328684			1
2 NET INCOME (LOSS)	860359			2
3 TOTAL	5189043			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	5189043			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	5189043			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	2152020		2152020	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	2152020		2152020	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	2152020		2152020	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	1254831	8011282	9266113	18
19 ANCILLARY SERVICES				19
20 OUTPATIENT SERVICES				20
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 OBSERVATION REVENUE				26
27 TOTAL PATIENT REVENUES	3406851	8011282	11418133	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		9295507	26
27 PROVISION FOR BAD DEBTS	1317395		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		1317395	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		10612902	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	11418133	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	3872599	2
3	NET PATIENT REVENUES	7545534	3
4	LESS - TOTAL OPERATING EXPENSES	10612902	4
5	NET INCOME FROM SERVICE TO PATIENTS	-3067368	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1145	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	2023	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	48796	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	236	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	37002	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	261704	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	GRANTS		24
24.01	MISCELLANEOUS	54043	24.01
24.02	TRANSFER TO/FROM AFFILIATE	3522778	24.02
25	TOTAL OTHER INCOME	3927727	25
26	TOTAL	860359	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	860359	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0066)	HOSPITAL (14-0066)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					1
2	45828				2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5	0.2734				5
5.01	0.4337				5.01
5.02	0.7071				5.02
5.03	0.1539				5.03
5.04	7053				5.04
6	52881				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
4.01 NEW CAP REL COSTS-MOB					4.01
5 EMPLOYEE BENEFITS					5
6.01 NONPATIENT TELEPHONES					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING, RECEIVING AND STORES					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE					6.05
6.06 OTHER GENERAL AND ADMINISTRATIV					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
ANCILLARY SERVICE COST CENTERS					
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
50 PHYSICAL THERAPY					50
50.01 INDUSTRIAL MEDICINE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
00 OTHER NONREIMBURSABLE COST CENT					00
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	26.67						26.67 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.77	6.57					7.34 41
44 LABORATORY	5.81	0.05					5.86 44
53 ELECTROCARDIOLOGY	2.81	12.99					15.80 53
56 DRUGS CHARGED TO PATIENTS	19.43	6.43					25.86 56
60.01 PARTIAL HOSPITALIZATION	0.11	87.24					87.35 60.01
61 EMERGENCY	3.35	8.17					11.52 61
101 TOTAL CHARGES	3.17	5.07					8.24 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	206918	2.76	-206918	-4.98		1
2	OLD CAP REL COSTS-MVBLE EQUIP	12934	.17	-12934	-.31		2
3	NEW CAP REL COSTS-BLDG & FIXT	104188	1.39	-104188	-2.51		3
4	NEW CAP REL COSTS-MVBLE EQUIP	112105	1.50	-112105	-2.70		4
4.01	NEW CAP REL COSTS-MOB	41043	.55	-41043	-.99		4.01
5	EMPLOYEE BENEFITS	616727	8.23	-616727	-14.85		5
6.01	NONPATIENT TELEPHONES	19878	.27	-19878	-.48		6.01
6.02	DATA PROCESSING	126292	1.69	-126292	-3.04		6.02
6.03	PURCHASING, RECEIVING AND STORES	21573	.29	-21573	-.52		6.03
6.04	ADMITTING	110758	1.48	-110758	-2.67		6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	98436	1.31	-98436	-2.37		6.05
6.06	OTHER GENERAL AND ADMINISTRATIV	887426	11.85	-887426	-21.37		6.06
7	MAINTENANCE & REPAIRS	325112	4.34	-325112	-7.83		7
8	OPERATION OF PLANT	768832	10.26	-768832	-18.52		8
9	LAUNDRY & LINEN SERVICE	25822	.34	-25822	-.62		9
10	HOUSEKEEPING	228781	3.05	-228781	-5.51		10
11	DIETARY	198858	2.65	-198858	-4.79		11
12	CAFETERIA	24420	.33	-24420	-.59		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY	130839	1.75	-130839	-3.15		16
17	MEDICAL RECORDS & LIBRARY	82757	1.10	-82757	-1.99		17
18	SOCIAL SERVICE	8619	.12	-8619	-.21		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	783799	10.46	924127	22.26	1707926	22.80
ANCILLARY SERVICE COST CENTERS							
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC	298164	3.98	391625	9.43	689789	9.21
44	LABORATORY	372158	4.97	340435	8.20	712593	9.51
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
50	PHYSICAL THERAPY						50
50.01	INDUSTRIAL MEDICINE						50.01
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY	164371	2.19	174460	4.20	338831	4.52
54	ELECTROENCEPHALOGRAPHY						54
56	DRUGS CHARGED TO PATIENTS	74645	1.00	278764	6.71	353409	4.72
60	CLINIC	339057	4.53	262872	6.33	601929	8.04
60.01	PARTIAL HOSPITALIZATION	65746	.88	136051	3.28	201797	2.69
61	EMERGENCY	1189767	15.88	1062988	25.60	2252755	30.08

PROVIDER NO. 14-0066 KENNETH HALL REGIONAL HOSPITAL
 PERIOD FROM 01/01/2009 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 CMS-2552-96 - SUMMARY REPORT 98

VERSION: 2009.08
 11/24/2009 08:17

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	49996	.67	33024	.80	83020	1.11	96
98 PHYSICIANS' PRIVATE OFFICES			9582	.23	9582	.13	98
100 OTHER NONREIMBURSABLE COST CENT			538390	12.97	538390	7.19	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	7490021	100.00	0	.00	7490021	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	68517	1916603	.035749	14814	530	41
44 LABORATORY	41195	2407951	.017108	139787	2392	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
50 PHYSICAL THERAPY						50
50.01 INDUSTRIAL MEDICINE						50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	24241	306292	.079144	8619	682	53
54 ELECTROENCEPHALOGRAPHY						54
56 DRUGS CHARGED TO PATIENTS	16712	561041	.029788	108994	3247	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	31899	1217905	.026191			60
60.01 PARTIAL HOSPITALIZATION	17328	180565	.095966	197	18	60.01
61 EMERGENCY	95139	2675758	.035556	89742	3191	61
62 OBSERVATION BEDS (NON-DISTINCT						62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	295031	9266115		362153	10060	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	93431		93431	2610	35.79	696	24910 25
101	TOTAL	93431		93431			696	24910 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								24910
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								10060
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								34970
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)								129
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)								696
PER DISCHARGE CAPITAL COSTS								271.09
PER DIEM CAPITAL COSTS								50.24

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	621771
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	920878
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.675

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	34970
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.038

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	472408
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	578947
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.816