

# **Greenville Regional Hospital**

Title XVIII Medicare Cost Report  
Provider Number 14-0137

For the year ended December 31, 2009

**BKD**<sub>LLP</sub>

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0137		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 4/28/2010 TIME 7:59

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 GREENVILLE REGIONAL HOSPITAL 14-0137

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 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.

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 ECR ENCRYPTION INFORMATION  
 DATE: 4/28/2010 TIME 7:59

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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 DATE: 4/28/2010 TIME 7:59

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	182,395		37,064	0
2	SUBPROVIDER	0	0		0	0
3	SWING BED - SNF	0	0		0	0
5	HOSPITAL-BASED SNF	0	-28,860		0	0
9	RHC	0	0		1,874	0
9 .01	RHC II	0	0		0	0
100	TOTAL	0	153,535		38,938	0

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

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











HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 4/28/2010  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	13,473,896		13,473,896	661,838.60	20.36	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B		375,654	375,654	4,381.25	85.74	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	795,234		795,234	8,382.25	94.87	
5.01 NON-PHYSICIAN - PART B	169,968		169,968	11,711.44	14.51	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	2,380	182,829	185,209	13,486.26	13.73	
8.01 EXCLUDED AREA SALARIES	3,526,167	-178,498	3,347,669	192,000.66	17.44	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,085,985		1,085,985	21,970.35	49.43	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	2,088,952		2,088,952			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	929,748		929,748			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	54,297		54,297			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	112,667		112,667			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)	49,387		49,387			CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS		187,557	187,557	5,160.00	36.35	
22 ADMINISTRATIVE & GENERAL	1,758,406	-191,888	1,566,518	71,595.29	21.88	
22.01 A & G UNDER CONTRACT	194,049		194,049	1,400.11	138.60	
23 MAINTENANCE & REPAIRS	398,800		398,800	19,916.06	20.02	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	142,619		142,619	13,329.59	10.70	
26 HOUSEKEEPING	318,679		318,679	29,174.01	10.92	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	559,048	-136,772	422,276	36,529.08	11.56	
27.01 DIETARY UNDER CONTRACT	28,763		28,763	772.50	37.23	
28 CAFETERIA		136,772	136,772	13,613.46	10.05	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	586,309		586,309	22,167.74	26.45	
31 CENTRAL SERVICE AND SUPPLY	66,668		66,668	4,163.00	16.01	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	382,374		382,374	23,313.54	16.40	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	12,731,506	-375,654	12,355,852	639,536.27	19.32	
2 EXCLUDED AREA SALARIES	3,528,547	4,331	3,532,878	205,486.92	17.19	
3 SUBTOTAL SALARIES	9,202,959	-379,985	8,822,974	434,049.35	20.33	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,085,985		1,085,985	21,970.35	49.43	
5 SUBTOTAL WAGE-RELATED COSTS	2,088,952		2,088,952		23.68	
6 TOTAL	12,377,896	-379,985	11,997,911	456,019.70	26.31	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	4,435,715	-4,331	4,431,384	241,134.38	18.38	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0137  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 4/28/2010  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		2				
2	RUB		207				
3	RUA		67				
3.01	RUX						
3.02	RUL						
4	RVC		35				
5	RVB		265				
6	RVA		312				
6.01	RVX						
6.02	RVL						
7	RHC		12				
8	RHB		103				
9	RHA		71				
9.01	RHX						
9.02	RHL						
10	RMC		65				
11	RMB		5				
12	RMA						
12.01	RMX						
12.02	RML						
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2		63				
17	SE1		14				
18	SSC		36				
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		1				
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		1,258				

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

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0137  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 4/28/2010  
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		SWING BED SNF DAYS 4.06	TOTAL 5
			RUGs	DAYS		
1	RUC					
2	RUB				136	
3	RUA				46	
3.01	RUX				18	
3.02	RUL				80	
4	RVC				37	
5	RVB				226	
6	RVA				146	
6.01	RVX				44	
6.02	RVL				301	
7	RHC				19	
8	RHB				95	
9	RHA				78	
9.01	RHX					
9.02	RHL					
10	RMC					
11	RMB					
12	RMA				24	
12.01	RMX				55	
12.02	RML				150	
13	RLB					
14	RLA					
14.01	RLX					
15	SE3				37	
16	SE2				40	
17	SE1					
18	SSC					
19	SSB					
20	SSA				40	
21	CC2					
22	CC1					
23	CB2					
24	CB1					
25	CA2					
26	CA1					
27	IB2					
28	IB1					
29	IA2					
30	IA1					
31	BB2					
32	BB1					
33	BA2					
34	BA1					
35	PE2					
36	PE1					
37	PD2					
38	PD1					
39	PC2					
40	PC1					
41	PB2					
42	PB1					
43	PA2					
44	PA1					
45	Default					
46	TOTAL				1,572	

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

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

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 4/28/2010  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES THROUGH 12/31/2005

GROUP(1) 1	M3PI REVENUE CODE	SERVICES	PRIOR TO	OCTOBER 1ST	SERVICES	ON OR AFTER	OCTOBER 1ST
		BASE RATE 3a	RATE 3	DAYS 3.01	BASE RATE 4a	RATE 4	DAYS 4.01
1	RUC	492.17	492.17	2	492.56		
2	RUB	451.21	451.21	207	452.05		
3	RUA	430.03	430.03	67	431.80		
3.01	RUX	579.72			575.01		
3.02	RUL	509.11			508.47		
4	RVC	395.74	395.74	35	392.35		
5	RVB	375.98	375.98	265	373.54		
6	RVA	337.85	337.85	312	338.83		
6.01	RVX	439.52			435.74		
6.02	RVL	409.86			406.82		
7	RHC	344.33	344.33	12	339.69		
8	RHB	328.80	328.80	103	325.23		
9	RHA	304.80	304.80	71	303.53		
9.01	RHX	372.58			368.63		
9.02	RHL	365.52			359.94		
10	RMC	316.37	316.37	65	312.50		
11	RMB	307.90	307.90	5	303.82		
12	RMA	300.84			298.03		
12.01	RMX	426.52			418.09		
12.02	RML	391.21			384.82		
13	RLB	278.79			274.00		
14	RLA	237.84			234.94		
14.01	RLX	302.80			297.14		
15	SE3	348.74			336.97		
16	SE2	296.48	296.48	63	287.79		
17	SE1	264.00	264.00	14	257.41		
18	SSC	259.77	259.77	36	253.07		
19	SSB	245.65			240.05		
20	SSA	241.41			235.71		
21	CC2	258.35			251.62		
22	CC1	235.76			231.38		
23	CB2	224.47			219.80		
24	CB1	214.58			209.67		
25	CA2	213.17	213.17	1	208.23		
26	CA1	199.04			196.65		
27	IB2	190.58			187.98		
28	IB1	187.75			185.08		
29	IA2	172.21			170.62		
30	IA1	165.15			164.83		
31	BB2	189.16			186.53		
32	BB1	183.51			182.19		
33	BA2	170.80			169.18		
34	BA1	159.50			157.60		
35	PE2	206.11			202.44		
36	PE1	201.87			199.55		
37	PD2	196.22			192.32		
38	PD1	193.40			189.42		
39	PC2	186.34			183.64		
40	PC1	183.51			182.19		
41	PB2	163.75			163.39		
42	PB1	162.33			160.50		
43	PA2	160.92			159.05		
44	PA1	156.68			154.71		
45	Default	156.68			154.71		
46	TOTAL			1,258			

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

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

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 4/28/2010  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		O 4 2 OCT. 1ST DAYS	S W I N G B E D S N F D A Y S	T O T A L
			SERV PRIOR TO OCT. 1ST RATE 4.02	SERV ON/AFTER OCT. 1ST RATE 4.04			
1	RUC		1,122.15	1,123.04			984
2	RUB		1,028.76	1,030.67		136	93,400
3	RUA		980.47	984.50		46	28,812
3.01	RUX		1,321.76	1,311.02		18	
3.02	RUL		1,160.77	1,159.31		80	
4	RVC		902.29	894.56		37	13,851
5	RVB		857.23	851.67		226	99,635
6	RVA		770.30	772.53		146	105,409
6.01	RVX		1,002.11	993.49		44	
6.02	RVL		934.48	927.55		301	
7	RHC		785.07	774.49		19	4,132
8	RHB		749.66	741.52		95	33,866
9	RHA		694.94	692.05		78	21,641
9.01	RHX		849.48	840.48			
9.02	RHL		833.39	820.66			
10	RMC		721.32	712.50			20,564
11	RMB		702.01	692.71			1,540
12	RMA		685.92	679.51		24	
12.01	RMX		972.47	953.25		55	
12.02	RML		891.96	877.39		150	
13	RLB		635.64	624.72			
14	RLA		542.28	535.66			
14.01	RLX		690.38	677.48			
15	SE3		795.13	768.29		37	
16	SE2		675.97	656.16		40	18,678
17	SE1		601.92	586.89			3,696
18	SSC		592.28	577.00			9,352
19	SSB		560.08	547.31			
20	SSA		550.41	537.42		40	
21	CC2		589.04	573.69			
22	CC1		537.53	527.55			
23	CB2		511.79	501.14			
24	CB1		489.24	478.05			
25	CA2		486.03	474.76			213
26	CA1		453.81	448.36			
27	IB2		434.52	428.59			
28	IB1		428.07	421.98			
29	IA2		392.64	389.01			
30	IA1		376.54	375.81			
31	BB2		431.28	425.29			
32	BB1		418.40	415.39			
33	BA2		389.42	385.73			
34	BA1		363.66	359.33			
35	PE2		469.93	461.56			
36	PE1		460.26	454.97			
37	PD2		447.38	438.49			
38	PD1		440.95	431.88			
39	PC2		424.86	418.70			
40	PC1		418.40	415.39			
41	PB2		373.35	372.53			
42	PB1		370.11	365.94			
43	PA2		366.90	362.63			
44	PA1		357.23	352.74			
45	Default		357.23	352.74			
46	TOTAL					1,572	455,773

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

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

Worksheet S-2 reference data:

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

Non-CMS S-7 options selected:

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

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

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

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT		
	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD		
11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)		N

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

15 PROVIDER NAME: GREENVILLE REGIONAL HOSPITAL RHC II PROVIDER NUMBER: 143498

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

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

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	4,505,447
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4,505,447
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.465294
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	10,625,033

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,943,764
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,617,356
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,217,840
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,943,764

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO:  
14-0137

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 4/28/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,100,850	2,100,850	-391,965	1,708,885
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,581,548	1,581,548
5	0500 EMPLOYEE BENEFITS		3,238,408	3,238,408	260,843	3,499,251
6	0600 ADMIN STRATIVE & GENERAL	1,758,406	2,241,343	3,999,749	-192,560	3,807,189
7	0700 MAINTENANCE & REPAIRS	398,800	1,119,506	1,518,306	-10,366	1,507,940
9	0900 LAUNDRY & LINEN SERVICE	142,619	39,275	181,894		181,894
10	1000 HOUSEKEEPING	318,679	127,605	446,284	-7,705	438,579
11	1100 DIETARY	559,048	567,531	1,126,579	-275,643	850,936
12	1200 CAFETERIA				275,643	275,643
14	1400 NURSING ADMINISTRATION	586,309	121,897	708,206	24,316	732,522
15	1500 CENTRAL SERVICES & SUPPLY	66,668	531,820	598,488	-23,313	575,175
17	1700 MEDICAL RECORDS & LIBRARY	382,374	45,795	428,169		428,169
20	2000 NONPHYSICIAN ANESTHETISTS				447,843	447,843
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,745,433	654,466	2,399,899	-337,678	2,062,221
31	3100 SUBPROVIDER	614,679	134,269	748,948		748,948
33	3300 NURSERY				211,290	211,290
34	3400 SKILLED NURSING FACILITY	2,380		2,380	193,959	196,339
35	3500 NURSING FACILITY	1,928,563	115,891	2,044,454	-210,427	1,834,027
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	675,066	250,808	925,874	-130,868	795,006
39	3900 DELIVERY ROOM & LABOR ROOM				118,418	118,418
40	4000 ANESTHESIOLOGY	375,654	101,263	476,917	-447,843	29,074
41	4100 RADIOLOGY-DIAGNOSTIC	530,991	1,188,102	1,719,093	-354,548	1,364,545
44	4400 LABORATORY	532,470	861,764	1,394,234	-14,451	1,379,783
49	4900 RESPIRATORY THERAPY	240,014	19,429	259,443	-87,494	171,949
50	5000 PHYSICAL THERAPY		862,397	862,397	-266,349	596,048
51	5100 OCCUPATIONAL THERAPY				179,905	179,905
52	5200 SPEECH PATHOLOGY				86,444	86,444
53	5300 ELECTROCARDIOLOGY		61,235	61,235	87,494	148,729
53.01	5301 CARDIAC REHAB	8,018	342	8,360		8,360
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				20,850	20,850
56	5600 DRUGS CHARGED TO PATIENTS	141,395	1,545,791	1,687,186	-16,885	1,670,301
58	5800 ASC (NON-DISTINCT PART)					
58.01	3950 SNR DAY TREATMENT- WHITE OAKS	30,064	20,605	50,669		50,669
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	80,226	42,470	122,696		122,696
60.01	6001 WELLNESS LINK	92,982	199,199	292,181	-26,842	265,339
61	6100 EMERGENCY	539,843	1,437,699	1,977,542		1,977,542
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	740,290	351,270	1,091,560	-139,528	952,032
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	562,631	71,798	634,429		634,429
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		484,617	484,617	-484,617	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	13,053,602	18,537,445	31,591,047	69,471	31,660,518
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	360,060	122,895	482,955	-69,471	413,484
100	7950 EMERALD POINT	60,234	123,904	184,138		184,138
101	TOTAL	13,473,896	18,784,244	32,258,140	-0-	32,258,140

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 4/28/2010  
I 14-0137 I FROM 1/ 1/2009 I WORKSHEET A  
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-477,335	1,231,550
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-15,621	1,565,927
5	0500 EMPLOYEE BENEFITS	-1,018,332	2,480,919
6	0600 ADMINISTRATIVE & GENERAL	-776,734	3,030,455
7	0700 MAINTENANCE & REPAIRS	-3,373	1,504,567
9	0900 LAUNDRY & LINEN SERVICE		181,894
10	1000 HOUSEKEEPING	-240	438,339
11	1100 DIETARY	-677,412	173,524
12	1200 CAFETERIA	-82,244	193,399
14	1400 NURSING ADMINISTRATION	-29,303	703,219
15	1500 CENTRAL SERVICES & SUPPLY		575,175
17	1700 MEDICAL RECORDS & LIBRARY	-24,203	403,966
20	2000 NONPHYSICIAN ANESTHETISTS	-447,843	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-547,613	1,514,608
31	3100 SUBPROVIDER	-107,132	641,816
33	3300 NURSERY		211,290
34	3400 SKILLED NURSING FACILITY		196,339
35	3500 NURSING FACILITY	-1,834,027	
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-8,500	786,506
39	3900 DELIVERY ROOM & LABOR ROOM		118,418
40	4000 ANESTHESIOLOGY		29,074
41	4100 RADIOLOGY-DIAGNOSTIC	-113,949	1,250,596
44	4400 LABORATORY	-148,695	1,231,088
49	4900 RESPIRATORY THERAPY	-1,830	170,119
50	5000 PHYSICAL THERAPY		596,048
51	5100 OCCUPATIONAL THERAPY		179,905
52	5200 SPEECH PATHOLOGY		86,444
53	5300 ELECTROCARDIOLOGY	-51,635	97,094
53.01	5301 CARDIAC REHAB		8,360
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-4	20,846
56	5600 DRUGS CHARGED TO PATIENTS	-126,399	1,543,902
58	5800 ASC (NON-DISTINCT PART)		
58.01	3950 SNR DAY TREATMENT- WHITE OAKS	-5,000	45,669
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-37,565	85,131
60.01	6001 WELLNESS LINK	-162,965	102,374
61	6100 EMERGENCY	-1,443,114	534,428
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC	-288,120	663,912
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-89,306	545,123
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-8,518,494	23,142,024
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		413,484
100	7950 EMERALD POINT	-184,138	
101	TOTAL	-8,702,632	23,555,508

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 4/28/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
58.01	SNR DAY TREATMENT- WHITE OAKS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WELLNESS LINK	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	EMERALD POINT	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140137

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 4/28/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CRNA FEES	A	NONPHYSICIAN ANESTHETISTS	20	375,654	72,189
2 RECLASS PHONE COSTS RELATED TO NH	B	NURSING FACILITY	35	4,331	5,719
3					
4					
5 RECLASS CAFETERIA EXPENSE	C	CAFETERIA	12	136,772	138,871
6 RECLASS RENTAL EQUIP EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4		196,635
7					
8					
9					
10					
11					
12					
13					
14					
15 RECLASS RADIOLOGY RENTALS	E	NEW CAP REL COSTS-MVBLE EQUIP	4		353,862
16 RECLASS DEPR ON NH AREA USED BY HOSP	F	NEW CAP REL COSTS-BLDG & FIXT	3		36,879
17 RECLASS HOSP AREA USED BY NH	G	EMPLOYEE BENEFITS	5		16,093
18		NURSING ADMINISTRATION	14		24,316
19					
20 RECLASS BENEFITS FOR NH EMPLOYEES	H	NURSING FACILITY	35		10,361
21					
22					
23 RECLASS DEPRECIATION EXPENSE	I	NEW CAP REL COSTS-MVBLE EQUIP	4		922,767
24 RECLASS RESPIRATORY THERAPY SALARIES	J	ELECTROCARDIOLOGY	53	87,494	
25 RECLASS OB EXPENSES	K	NURSERY	33	196,602	14,688
26		DELIVERY ROOM & LABOR ROOM	39	110,186	8,232
27 RECLASS CONTRACT THERAPY EXPENSE	L	OCCUPATIONAL THERAPY	51		179,905
28		SPEECH PATHOLOGY	52		86,444
29 RECLASS PROPERTY INSURANCE EXPENSE	M	OTHER CAPITAL RELATED COSTS	90		29,856
30 RECLASS INTEREST EXPENSE	N	NEW CAP REL COSTS-BLDG & FIXT	3		380,177
31		NEW CAP REL COSTS-MVBLE EQUIP	4		104,440
32 RECLASS CHARGEABLE SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		20,850
33 RECLASS HUMAN RESOURCES EXPENSE	P	EMPLOYEE BENEFITS	5	187,557	36,049
34 RECLASS INFUSION SERVICE EXPENSE	Q	DRUGS CHARGED TO PATIENTS	56	38,946	4,187
35 RECLASS RHC OVERHEAD EXPENSE	R	NEW CAP REL COSTS-BLDG & FIXT	3		79,154
1 RECLASS RHC OVERHEAD EXPENSE	R	ADMINISTRATIVE & GENERAL	6		46,334
2		MAINTENANCE & REPAIRS	7		16,477
3 RECLASS PHYSICIAN OVERHEAD EXPENSE	S	ADMINISTRATIVE & GENERAL	6		36,000
4					
5 RECLASS RET & HEALTH PLAN AUDIT FEES	T	EMPLOYEE BENEFITS	5		21,144
6 RECLASS PHY OFFICE OVERHEAD EXPENSE	U	NEW CAP REL COSTS-BLDG & FIXT	3		20,160
7		ADMINISTRATIVE & GENERAL	6		26,436
8 RECLASS RHC SALARY & OTHER EXP	V	RURAL HEALTH CLINIC	63.50	8,425	18,018
9 RECLASS SNF & NH EXPENSE BREAKOUT	W	SKILLED NURSING FACILITY	34	182,829	11,130
36 TOTAL RECLASSIFICATIONS				1,328,796	2,917,373

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

RECLASSIFICATIONS

PROVIDER NO:  
140137

PERIOD:  
FROM 1/1/2009  
TO 12/31/2009

PREPARED 4/28/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS CRNA FEES	A	ANESTHESIOLOGY	40		375,654	72,189	
2 RECLASS PHONE COSTS RELATED TO NH	B	ADMINISTRATIVE & GENERAL	6		4,331		
3		MAINTENANCE & REPAIRS	7			2,975	
4		NEW CAP REL COSTS-MVBLE EQUIP	4			2,744	9
5 RECLASS CAFETERIA EXPENSE	C	DIETARY	11		136,772	138,871	
6 RECLASS RENTAL EQUIP EXPENSE	D	ADMINISTRATIVE & GENERAL	6			22,393	10
7		CENTRAL SERVICES & SUPPLY	15			23,313	
8		DRUGS CHARGED TO PATIENTS	56			53,207	
9		ADULTS & PEDIATRICS	25			7,970	
10		OPERATING ROOM	37			66,885	
11		LABORATORY	44			11,587	
12		WELLNESS LINK	60.01			399	
13		PHYSICIANS' PRIVATE OFFICES	98			10,875	
14		RURAL HEALTH CLINIC	63.50			6	
15 RECLASS RADIOLOGY RENTALS	E	RADIOLOGY-DIAGNOSTIC	41			353,862	10
16 RECLASS DEPR ON NH AREA USED BY HOSP	F	NURSING FACILITY	35			36,879	9
17 RECLASS HOSP AREA USED BY NH	G	NEW CAP REL COSTS-BLDG & FIXT	3			8,836	9
18		MAINTENANCE & REPAIRS	7			23,868	
19		HOUSEKEEPING	10			7,705	
20 RECLASS BENEFITS FOR NH EMPLOYEES	H	LABORATORY	44			2,864	
21		RADIOLOGY-DIAGNOSTIC	41			686	
22		DRUGS CHARGED TO PATIENTS	56			6,811	
23 RECLASS DEPRECIATION EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3			922,767	9
24 RECLASS RESPIRATORY THERAPY SALARIES	J	RESPIRATORY THERAPY	49		87,494		
25 RECLASS OB EXPENSES	K	ADULTS & PEDIATRICS	25		306,788	22,920	
26							
27 RECLASS CONTRACT THERAPY EXPENSE	L	PHYSICAL THERAPY	50			266,349	
28							
29 RECLASS PROPERTY INSURANCE EXPENSE	M	ADMINISTRATIVE & GENERAL	6			29,856	12
30 RECLASS INTEREST EXPENSE	N	INTEREST EXPENSE	88			484,617	11
31							11
32 RECLASS CHARGEABLE SUPPLIES	O	OPERATING ROOM	37			20,850	
33 RECLASS HUMAN RESOURCES EXPENSE	P	ADMINISTRATIVE & GENERAL	6		187,557	36,049	
34 RECLASS INFUSION SERVICE EXPENSE	Q	OPERATING ROOM	37		38,946	4,187	
35 RECLASS RHC OVERHEAD EXPENSE	R	RURAL HEALTH CLINIC	63.50			141,965	10
1 RECLASS RHC OVERHEAD EXPENSE	R						
2							
3 RECLASS PHYSICIAN OVERHEAD EXPENSE	S	RURAL HEALTH CLINIC	63.50			24,000	
4		PHYSICIANS' PRIVATE OFFICES	98			12,000	
5 RECLASS RET & HEALTH PLAN AUDIT FEES	T	ADMINISTRATIVE & GENERAL	6			21,144	
6 RECLASS PHY OFFICE OVERHEAD EXPENSE	U	PHYSICIANS' PRIVATE OFFICES	98			46,596	10
7							
8 RECLASS RHC SALARY & OTHER EXP	V	WELLNESS LINK	60.01		8,425	18,018	
9 RECLASS SNF & NH EXPENSE BREAKOUT	W	NURSING FACILITY	35		182,829	11,130	
36 TOTAL RECLASSIFICATIONS					1,328,796	2,917,373	

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

RECLASSIFICATIONS

PROVIDER NO:  
140137

PERIOD:  
FROM 1/1/2009  
TO 12/31/2009

PREPARED 4/28/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RECLASS CRNA FEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NONPHYSICIAN ANESTHETISTS	20	447,843
TOTAL RECLASSIFICATIONS FOR CODE A			447,843

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ANESTHESIOLOGY	40	447,843	

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

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING FACILITY	35	10,050
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			10,050

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	4,331	
MAINTENANCE & REPAIRS	7	2,975	
NEW CAP REL COSTS-MVBLE EQUIP	4	2,744	
			10,050

RECLASS CODE: C  
EXPLANATION : RECLASS CAFETERIA EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	275,643
TOTAL RECLASSIFICATIONS FOR CODE C			275,643

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	275,643	

RECLASS CODE: D  
EXPLANATION : RECLASS RENTAL EQUIP EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	196,635
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			196,635

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	22,393	
CENTRAL SERVICES & SUPPLY	15	23,313	
DRUGS CHARGED TO PATIENTS	56	53,207	
ADULTS & PEDIATRICS	25	7,970	
OPERATING ROOM	37	66,885	
LABORATORY	44	11,587	
WELLNESS LINK	60.01	399	
PHYSICIANS' PRIVATE OFFICES	98	10,875	
RURAL HEALTH CLINIC	63.50	6	
			196,635

RECLASS CODE: E  
EXPLANATION : RECLASS RADIOLOGY RENTALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	353,862
TOTAL RECLASSIFICATIONS FOR CODE E			353,862

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	353,862	

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

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	36,879
TOTAL RECLASSIFICATIONS FOR CODE F			36,879

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING FACILITY	35	36,879	

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

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	16,093
2.00	NURSING ADMINISTRATION	14	24,316
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			40,409

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	8,836	
MAINTENANCE & REPAIRS	7	23,868	
HOUSEKEEPING	10	7,705	
			40,409

RECLASS CODE: H  
EXPLANATION : RECLASS BENEFITS FOR NH EMPLOYEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING FACILITY	35	10,361

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	2,864	

RECLASSIFICATIONS

PROVIDER NO:  
140137

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 4/28/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: H  
EXPLANATION : RECLASS BENEFITS FOR NH EMPLOYEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	686	
3.00			0	DRUGS CHARGED TO PATIENTS	56	6,811	
TOTAL RECLASSIFICATIONS FOR CODE H			10,361				10,361

RECLASS CODE: I  
EXPLANATION : RECLASS DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	922,767	NEW CAP REL COSTS-BLDG & FIXT	3	922,767	
TOTAL RECLASSIFICATIONS FOR CODE I			922,767				922,767

RECLASS CODE: J  
EXPLANATION : RECLASS RESPIRATORY THERAPY SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	87,494	RESPIRATORY THERAPY	49	87,494	
TOTAL RECLASSIFICATIONS FOR CODE J			87,494				87,494

RECLASS CODE: K  
EXPLANATION : RECLASS OB EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	211,290	ADULTS & PEDIATRICS	25	329,708	
2.00	DELIVERY ROOM & LABOR ROOM	39	118,418			0	
TOTAL RECLASSIFICATIONS FOR CODE K			329,708				329,708

RECLASS CODE: L  
EXPLANATION : RECLASS CONTRACT THERAPY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	179,905	PHYSICAL THERAPY	50	266,349	
2.00	SPEECH PATHOLOGY	52	86,444			0	
TOTAL RECLASSIFICATIONS FOR CODE L			266,349				266,349

RECLASS CODE: M  
EXPLANATION : RECLASS PROPERTY INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	29,856	ADMINISTRATIVE & GENERAL	6	29,856	
TOTAL RECLASSIFICATIONS FOR CODE M			29,856				29,856

RECLASS CODE: N  
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	380,177	INTEREST EXPENSE	88	484,617	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	104,440			0	
TOTAL RECLASSIFICATIONS FOR CODE N			484,617				484,617

RECLASS CODE: O  
EXPLANATION : RECLASS CHARGEABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	20,850	OPERATING ROOM	37	20,850	
TOTAL RECLASSIFICATIONS FOR CODE O			20,850				20,850

RECLASS CODE: P  
EXPLANATION : RECLASS HUMAN RESOURCES EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	223,606	ADMINISTRATIVE & GENERAL	6	223,606	
TOTAL RECLASSIFICATIONS FOR CODE P			223,606				223,606

RECLASSIFICATIONS

PROVIDER NO:  
140137

PERIOD:  
FROM 1/ 1/2009  
TO 12/31/2009

PREPARED 4/28/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: Q  
EXPLANATION : RECLASS INFUSION SERVICE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	43,133	OPERATING ROOM	37	43,133	
TOTAL RECLASSIFICATIONS FOR CODE Q			43,133				43,133

RECLASS CODE: R  
EXPLANATION : RECLASS RHC OVERHEAD EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	79,154	RURAL HEALTH CLINIC	63.50	141,965	
2.00	ADMINISTRATIVE & GENERAL	6	46,334			0	
3.00	MAINTENANCE & REPAIRS	7	16,477			0	
TOTAL RECLASSIFICATIONS FOR CODE R			141,965				141,965

RECLASS CODE: S  
EXPLANATION : RECLASS PHYSICIAN OVERHEAD EXPENSE

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

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	21,144	ADMINISTRATIVE & GENERAL	6	21,144	
TOTAL RECLASSIFICATIONS FOR CODE T			21,144				21,144

RECLASS CODE: U  
EXPLANATION : RECLASS PHY OFFICE OVERHEAD EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	20,160	PHYSICIANS' PRIVATE OFFICES	98	46,596	
2.00	ADMINISTRATIVE & GENERAL	6	26,436			0	
TOTAL RECLASSIFICATIONS FOR CODE U			46,596				46,596

RECLASS CODE: V  
EXPLANATION : RECLASS RHC SALARY & OTHER EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RURAL HEALTH CLINIC	63.50	26,443	WELLNESS LINK	60.01	26,443	
TOTAL RECLASSIFICATIONS FOR CODE V			26,443				26,443

RECLASS CODE: W  
EXPLANATION : RECLASS SNF & NH EXPENSE BREAKOUT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SKILLED NURSING FACILITY	34	193,959	NURSING FACILITY	35	193,959	
TOTAL RECLASSIFICATIONS FOR CODE W			193,959				193,959

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	1,362,649				157,533	1,205,116	
3 BUILDINGS & FIXTURE	28,024,761	1,974,194		1,974,194	32,383	29,966,572	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	8,933,765	503,043		503,043	610,412	8,826,396	
7 SUBTOTAL	38,321,175	2,477,237		2,477,237	800,328	39,998,084	
8 RECONCILING ITEMS							
9 TOTAL	38,321,175	2,477,237		2,477,237	800,328	39,998,084	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									
3	NEW CAP REL COSTS-BL	31,171,688		31,171,688	.779330	23,268			23,268
4	NEW CAP REL COSTS-MV	8,826,396		8,826,396	.220670	6,588			6,588
5	TOTAL	39,998,084		39,998,084	1.000000	29,856			29,856

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	RELATED COST 14	15
*								
3	NEW CAP REL COSTS-BL	775,665	99,314	333,303	23,268			1,231,550
4	NEW CAP REL COSTS-MV	917,279	550,497	91,563	6,588			1,565,927
5	TOTAL	1,692,944	649,811	424,866	29,856			2,797,477

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	RELATED COST 14	15
*								
3	NEW CAP REL COSTS-BL	2,100,850						2,100,850
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,100,850						2,100,850

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	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 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-46,874	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-12,877	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	A	-45,076	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-4,331	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,892,060			
13 SALE OF SCRAP, WASTE, ETC.	B	-6,290	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-82,203	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-116,847	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-24,203	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-6,475	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-447,843	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 VARIOUS ADMINISTRATIVE	B	-4,228	ADMINISTRATIVE & GENERAL	6	
38 NURSE AIDE/INSERVICE TRAIN	B	-311	NURSING ADMINISTRATION	14	
39 CLINIC PROPERTY RENTAL	B	-97,249	NEW CAP REL COSTS-BLDG &	3	9
40 NURSING FACILITY-NON MEDICARE RPT	A	-1,834,027	NURSING FACILITY	35	
41 IND LIVING FACILITY	A	-184,138	EMERALD POINT	100	
42 NF&ILF OLD CAP BLDG & FIXT	A	-333,212	NEW CAP REL COSTS-BLDG &	3	9
43 NF&ILF EMPLOYEE BENEFITS	A	-712,457	EMPLOYEE BENEFITS	5	
44 NF&ILF ADMINISTRATIVE & GENERAL	A	-312,398	ADMINISTRATIVE & GENERAL	6	
45 NF&ILF PLANT OPERATION	A	-398	MAINTENANCE & REPAIRS	7	
46 NF&ILF DIETARY	A	-47,320	DIETARY	11	
47 NF&ILF DRUGS CHARGED TO PATIENTS	A	-9,552	DRUGS CHARGED TO PATIENTS	56	
48 LOBBYING EXPENSE	A	-13,802	ADMINISTRATIVE & GENERAL	6	
49 ADVERTISING OFFSET SALARY	A	-108,975	ADMINISTRATIVE & GENERAL	6	
49.01 ADVERTISING OFFSET OTHER EXP	A	-140,522	ADMINISTRATIVE & GENERAL	6	
49.02 AMBULANCE REIMBURSEMENT	B	-89,306	AMBULANCE SERVICES	65	
49.03 HEALTH FAIR TESTS INCOME-LAB	B	-132,152	LABORATORY	44	
49.04 VENDING MACHINE INCOME	B	-41	CAFETERIA	12	
49.05 HSKP CLEANING SUPPLIES-OTHER REV	B	-240	HOUSEKEEPING	10	
49.06 EMPLOYEE MED SUPPLIES	B	-4	MEDICAL SUPPLIES CHARGED	55	
49.07 PHYSICIAN RECRUITMENT EXP SALARIES	A	393	ADMINISTRATIVE & GENERAL	6	
49.08 PHYSICIAN RECRUITMENT EXP OTH EXP	A	-56,590	ADMINISTRATIVE & GENERAL	6	
49.09 COUNTRY CLUB DUES	A	-1,916	ADMINISTRATIVE & GENERAL	6	
49.10 CRNA RELATED BENEFITS	A	-90,270	EMPLOYEE BENEFITS	5	
49.11 ACLS CLASS REIMB	B	-75	NURSING ADMINISTRATION	14	
49.12 ADVERTISING OFFSET-EMPLOYEE BENEFITS	A	-26,187	EMPLOYEE BENEFITS	5	
49.13 EDUCATION SEMINARS	B	-793	RURAL HEALTH CLINIC	63.50	
49.14 GREEN TEA SAVINGS	B	-49	ADMINISTRATIVE & GENERAL	6	
49.15 EDUCATION REIMB-EMS	B	-1,640	ADMINISTRATIVE & GENERAL	6	
49.16 TELEPHONE SERVICE	A	-2,975	MAINTENANCE & REPAIRS	7	
49.17 TELEPHONE SERVICE	A	-2,744	NEW CAP REL COSTS-MVBLE E	4	9
49.18 NON RHC PHY EMP BENEFITS	A	-63,978	EMPLOYEE BENEFITS	5	
49.19 FO DIETARY SALARIES	A	-305,526	DIETARY	11	
49.20 FO DIETARY OTHER EXPENSE	A	-310,215	DIETARY	11	
49.21 FO DIETARY EMPLOYEE BENEFITS	A	-73,418	EMPLOYEE BENEFITS	5	
49.22 WOUND CONSULTANTS SVCS	B	-1,340	ADULTS & PEDIATRICS	25	
49.23 NUTRITION COUNSEL REVENUE	B	-3,243	DIETARY	11	
49.24 DIABETES EDUCATION REIMB OTH REV	B	-4,633	DIETARY	11	
49.25					
49.26 PHYSICIAN EMPLOYEE BENEFITS	A	-52,022	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,702,632			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED: 4/28/2010  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 41	RADIOLOGY/AGGREGATE	107,659	107,659					
2 60	CLINIC/AGGREGATE	30,325	30,325					
3 53	CARDIOLOGY/AGGREGATE	51,635	51,635					
4 61	EMERGENCY ROOM/AGGREGATE	1,367,358	1,367,358					
5 44	LABORATORY/AGGREGATE	16,543	16,543					
6 60 1	WELLNESS LINK/AGGREGATE	162,965	162,965					
7 31	MEDICAL DIRECTOR/BHU	6,250	6,250					
8 49	CARD/PULMONARY/AGGREGATE	1,830	1,830					
9 14	PHYSICIAN ADVISOR/AGGREGA	28,917	28,917					
10 6	ADMINISTRATIVE/AGGREGATE	87,600	87,600					
11 25	HOSPITALIST/AGGREGATE	405,542	405,542					
12 60	CLINIC/AGGREGATE	7,240	7,240					
13 31	PSYCHIATRIST PHY FEES	100,882	100,882					
14 37	OPERATING ROOM/AGGREGATE	8,500	8,500					
15 58 1	SNR TREATMENT ROOM/AGGREG	5,000	5,000					
16 61	EMERGENCY/AGGREGATE	75,756	75,756					
17 25	ADULTS & PEDIATRICS	140,731	140,731					
18 63 50	NON RHC SALARIES	266,244	266,244					
19 63 50	NON RHC PHYS FEES	21,083	21,083					
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,892,060	2,892,060					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED: 4/28/2010  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	41	RADIOLOGY/AGGREGATE						107,659
2	60	CLINIC/AGGREGATE						30,325
3	53	CARDIOLOGY/AGGREGATE						51,635
4	61	EMERGENCY ROOM/AGGREGATE						1,367,358
5	44	LABORATORY/AGGREGATE						16,543
6	60 1	WELLNESS LINK/AGGREGATE						162,965
7	31	MEDICAL DIRECTOR/BHU						6,250
8	49	CARD/PULMONARY/AGGREGATE						1,830
9	14	PHYSICIAN ADVISOR/AGGREGATE						28,917
10	6	ADMINISTRATIVE/AGGREGATE						87,600
11	25	HOSPITALIST/AGGREGATE						405,542
12	60	CLINIC/AGGREGATE						7,240
13	31	PSYCHIATRIST PHY FEES						100,882
14	37	OPERATING ROOM/AGGREGATE						8,500
15	58 1	SNR TREATMENT ROOM/AGGREGATE						5,000
16	61	EMERGENCY/AGGREGATE						75,756
17	25	ADULTS & PEDIATRICS						140,731
18	63 50	NON RHC SALARIES						266,244
19	63 50	NON RHC PHYS FEES						21,083
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						2,892,060

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 4/28/2010  
 NOT A CMS WORKSHEET

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5		6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,231,550	1,231,550					
005 NEW CAP REL COSTS-MVBLE E	1,565,927		1,565,927				
006 EMPLOYEE BENEFITS	2,480,919	15,565	19,791	2,516,275			
007 ADMINISTRATIVE & GENERAL	3,030,455	105,695	134,392	324,524	3,595,066	3,595,066	
009 MAINTENANCE & REPAIRS	1,504,567	91,269	116,049	99,944	1,811,829	326,329	2,138,158
010 LAUNDRY & LINEN SERVICE	181,894	9,723	12,363	35,742	239,722	43,176	20,401
011 HOUSEKEEPING	438,339	17,313	22,014	79,865	557,531	100,417	36,328
012 DIETARY	173,524	40,256	51,186	29,259	294,225	52,993	84,468
014 CAFETERIA	193,399	12,478	15,866	34,277	256,020	46,112	26,183
015 NURSING ADMINISTRATION	703,219	21,791	27,707	146,936	899,653	162,037	45,722
017 CENTRAL SERVICES & SUPPLY	575,175	91,282	116,066	16,708	799,231	143,949	191,533
020 MEDICAL RECORDS & LIBRARY	403,966	31,130	39,581	95,828	570,505	102,754	65,317
025 NONPHYSICIAN ANESTHETISTS							
031 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	1,514,608	118,527	150,714	325,268	2,109,117	379,864	248,706
034 SUBPROVIDER	641,816	53,318	67,794	154,046	916,974	165,156	111,873
035 NURSERY	211,290	3,166	4,026	49,271	267,753	48,225	6,643
037 SKILLED NURSING FACILITY	196,339	42,257	53,730	46,416	338,742	61,011	88,665
039 NURSING FACILITY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	786,506	114,676	145,811	159,419	1,206,412	217,287	240,618
044 DELIVERY ROOM & LABOR ROOM	118,418	17,433	22,166	27,614	185,631	33,434	36,578
049 ANESTHESIOLOGY	29,074	1,086	1,381		31,541	5,681	2,279
050 RADIOLOGY-DIAGNOSTIC	1,250,596	83,374	106,011	133,073	1,573,054	283,323	174,939
053 LABORATORY	1,231,088	33,620	42,748	133,443	1,440,899	259,520	70,543
055 RESPIRATORY THERAPY	170,119	27,699	35,219	38,223	271,260	48,857	58,119
056 PHYSICAL THERAPY	596,048	19,049	24,220		639,317	115,147	39,969
058 OCCUPATIONAL THERAPY	179,905	5,881	7,478		193,264	34,809	12,341
052 SPEECH PATHOLOGY	86,444	2,822	3,588		92,854	16,724	5,920
053 ELECTROCARDIOLOGY	97,094			21,927	119,021	21,437	
055 01 CARDIAC REHAB	8,360	5,246	6,670	2,009	22,285	4,014	11,007
056 MEDICAL SUPPLIES CHARGED	20,846				20,846	3,755	
058 DRUGS CHARGED TO PATIENTS	1,543,902	28,825	36,651	45,196	1,654,574	298,005	60,481
058 ASC (NON-DISTINCT PART)							
058 01 SNR DAY TREATMENT- WHITE	45,669	5,895	7,495	7,534	66,593	11,994	12,369
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	85,131	57,861	73,571	20,106	236,669	42,626	121,407
061 WELLNESS LINK	102,374	17,684	22,486	21,191	163,735	29,490	37,106
062 EMERGENCY	534,428	31,249	39,733	116,306	721,716	129,988	65,568
063 OBSERVATION BEDS (NON-DIS							
063 50 OTHER OUTPATIENT SERVICE	663,912	78,791	100,183	120,913	963,799	173,590	165,322
065 RURAL HEALTH CLINIC							
065 OTHER REIMBURS COST CNTRS	545,123	20,095	25,551	141,002	731,771	131,799	42,164
095 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS	23,142,024	1,205,056	1,532,241	2,426,040	22,991,609	3,493,503	2,082,569
096 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		7,339	9,331		16,670	3,002	15,398
100 PHYSICIANS' PRIVATE OFFICE	413,484	19,155	24,355	90,235	547,229	98,561	40,191
101 EMERALD POINT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	23,555,508	1,231,550	1,565,927	2,516,275	23,555,508	3,595,066	2,138,158

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
	9	10		11	12	14	15	17
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
009 MAINTENANCE & REPAIRS								
010 LAUNDRY & LINEN SERVICE	303,299							
011 HOUSEKEEPING	34,206	728,482						
012 DIETARY	10,556	29,563		471,805				
014 CAFETERIA	4,789	9,164			342,268			
015 NURSING ADMINISTRATION		16,002			27,885	1,151,299		
017 CENTRAL SERVICES & SUPPLY	6,269	67,035			5,237		1,213,254	
020 MEDICAL RECORDS & LIBRARY		22,861			29,326			790,763
025 NONPHYSICIAN ANESTHETISTS								
031 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	88,790	87,045		252,820	80,818	419,139		50,009
034 SUBPROVIDER	28,077	39,155		86,717		215,279		27,924
035 NURSERY	3,885	2,325			9,375	48,444		2,825
037 SKILLED NURSING FACILITY	45,161	31,032		132,268	16,964	87,658		6,440
039 NURSING FACILITY								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM	15,444	84,214			32,037	165,547		56,851
044 DELIVERY ROOM & LABOR ROOM	15,150	12,802			5,254	27,150		6,310
049 ANESTHESIOLOGY		798						16,457
050 RADIOLOGY-DIAGNOSTIC	16,185	61,227			26,138			216,131
051 LABORATORY	2,797	24,689			31,899			158,576
052 RESPIRATORY THERAPY		20,341			9,129			20,170
053 PHYSICAL THERAPY	8,076	13,989						38,226
055 OCCUPATIONAL THERAPY		4,319						12,148
056 SPEECH PATHOLOGY		2,072						2,689
058 ELECTROCARDIOLOGY					5,459			12,478
060 01 CARDIAC REHAB		3,852			406	2,099		725
061 MEDICAL SUPPLIES CHARGED							1,213,254	13,980
062 DRUGS CHARGED TO PATIENTS		21,168			7,761	40,105		67,620
063 ASC (NON-DISTINCT PART)								
065 01 SNR DAY TREATMENT- WHITE		4,329			1,659	8,573		870
066 OUTPAT SERVICE COST CNTRS								
067 CLINIC	1,454	42,491			5,653	29,211		1,252
068 01 WELLNESS LINK		12,987			6,547			1,867
069 EMERGENCY	16,936	22,948			20,919	108,094		54,686
070 OBSERVATION BEDS (NON-DIS								
071 OTHER OUTPATIENT SERVICE								
072 50 RURAL HEALTH CLINIC	2,226	57,861			18,159			
073 OTHER REIMBURS COST CNTRS								
074 AMBULANCE SERVICES	3,298	14,757						22,529
075 SPEC PURPOSE COST CENTERS								
076 SUBTOTALS	303,299	709,026		471,805	340,625	1,151,299	1,213,254	790,763
077 NONREIMBURS COST CENTERS								
078 GIFT, FLOWER, COFFEE SHOP		5,389						
079 PHYSICIANS' PRIVATE OFFICE		14,067			1,643			
080 EMERALD POINT								
081 CROSS FOOT ADJUSTMENT								
082 NEGATIVE COST CENTER								
083 TOTAL	303,299	728,482		471,805	342,268	1,151,299	1,213,254	790,763



ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 4/28/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE E & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		15,565	19,791	35,356	35,356		
007 ADMINISTRATIVE & GENERAL		105,695	134,392	240,087	4,559	244,646	
009 MAINTENANCE & REPAIRS		91,269	116,049	207,318	1,404	22,208	230,930
010 LAUNDRY & LINEN SERVICE		9,723	12,363	22,086	502	2,938	2,203
011 HOUSEKEEPING		17,313	22,014	39,327	1,122	6,834	3,924
012 DIETARY		40,256	51,186	91,442	411	3,606	9,123
014 CAFETERIA		12,478	15,866	28,344	482	3,138	2,828
015 NURSING ADMINISTRATION		21,791	27,707	49,498	2,064	11,027	4,938
017 CENTRAL SERVICES & SUPPLY		91,282	116,066	207,348	235	9,796	20,686
020 MEDICAL RECORDS & LIBRARY		31,130	39,581	70,711	1,346	6,993	7,055
025 NONPHYSICIAN ANESTHETISTS							
031 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		118,527	150,714	269,241	4,574	25,843	26,860
034 SUBPROVIDER		53,318	67,794	121,112	2,164	11,239	12,083
035 NURSERY		3,166	4,026	7,192	692	3,282	717
037 SKILLED NURSING FACILITY		42,257	53,730	95,987	652	4,152	9,576
039 NURSING FACILITY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		114,676	145,811	260,487	2,240	14,787	25,988
044 DELIVERY ROOM & LABOR ROOM		17,433	22,166	39,599	388	2,275	3,951
049 ANESTHESIOLOGY		1,086	1,381	2,467		387	246
050 RADIOLOGY-DIAGNOSTIC		83,374	106,011	189,385	1,870	19,281	18,894
051 LABORATORY		33,620	42,748	76,368	1,875	17,661	7,619
052 RESPIRATORY THERAPY		27,699	35,219	62,918	537	3,325	6,277
053 PHYSICAL THERAPY		19,049	24,220	43,269		7,836	4,317
055 OCCUPATIONAL THERAPY		5,881	7,478	13,359		2,369	1,333
056 SPEECH PATHOLOGY		2,822	3,588	6,410		1,138	639
058 ELECTROCARDIOLOGY					308	1,459	
060 01 CARDIAC REHAB		5,246	6,670	11,916	28	273	1,189
061 MEDICAL SUPPLIES CHARGED						256	
062 DRUGS CHARGED TO PATIENTS		28,825	36,651	65,476	635	20,280	6,532
063 ASC (NON-DISTINCT PART)							
065 01 SNR DAY TREATMENT- WHITE		5,895	7,495	13,390	106	816	1,336
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC		57,861	73,571	131,432	282	2,901	13,112
068 01 WELLNESS LINK		17,684	22,486	40,170	298	2,007	4,008
069 EMERGENCY		31,249	39,733	70,982	1,634	8,846	7,082
070 OBSERVATION BEDS (NON-DIS							
071 50 OTHER OUTPATIENT SERVICE							
072 50 RURAL HEALTH CLINIC		78,791	100,183	178,974	1,699	11,813	17,856
073 OTHER REIMBURS COST CNTRS							
074 065 AMBULANCE SERVICES		20,095	25,551	45,646	1,981	8,969	4,554
075 SPEC PURPOSE COST CENTERS							
076 095 SUBTOTALS		1,205,056	1,532,241	2,737,297	34,088	237,735	224,926
077 NONREIMBURS COST CENTERS							
078 096 GIFT, FLOWER, COFFEE SHOP		7,339	9,331	16,670		204	1,663
079 098 PHYSICIANS' PRIVATE OFFIC		19,155	24,355	43,510	1,268	6,707	4,341
080 100 EMERALD POINT							
081 101 CROSS FOOT ADJUSTMENTS							
082 102 NEGATIVE COST CENTER							
083 103 TOTAL		1,231,550	1,565,927	2,797,477	35,356	244,646	230,930

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0137

FROM 1/ 1/2009

WORKSHEET B

TO 12/31/2009

PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
009 MAINTENANCE & REPAIRS							
010 LAUNDRY & LINEN SERVICE	27,729						
011 HOUSEKEEPING	3,127	54,334					
012 DIETARY	965	2,205	107,752				
014 CAFETERIA	438	683		35,913			
015 NURSING ADMINISTRATION		1,194		2,926	71,647		
017 CENTRAL SERVICES & SUPPLY	573	5,000		549		244,187	
020 MEDICAL RECORDS & LIBRARY		1,705		3,077			90,887
025 NONPHYSICIAN ANESTHETISTS							
031 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	8,117	6,492	57,739	8,480	26,082		5,749
034 SUBPROVIDER	2,567	2,920	19,805		13,397		3,210
035 NURSERY	355	173		984	3,015		325
037 SKILLED NURSING FACILITY	4,129	2,315	30,208	1,780	5,455		740
039 NURSING FACILITY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	1,412	6,281		3,362	10,302		6,536
044 DELIVERY ROOM & LABOR ROOM	1,385	955		551	1,690		725
049 ANESTHESIOLOGY		59					1,892
050 RADIOLOGY-DIAGNOSTIC	1,480	4,567		2,743			24,826
051 LABORATORY	256	1,841		3,347			18,230
052 RESPIRATORY THERAPY		1,517		958			2,319
053 PHYSICAL THERAPY	738	1,043					4,394
055 OCCUPATIONAL THERAPY		322					1,397
056 SPEECH PATHOLOGY		155					309
058 ELECTROCARDIOLOGY				573			1,435
060 01 CARDIAC REHAB		287		43	131		83
061 MEDICAL SUPPLIES CHARGED						244,187	1,607
062 DRUGS CHARGED TO PATIENTS		1,579		814	2,496		7,774
063 ASC (NON-DISTINCT PART)							
065 01 SNR DAY TREATMENT- WHITE		323		174	534		100
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC	133	3,169		593	1,818		144
068 01 WELLNESS LINK		969		687			215
069 EMERGENCY	1,548	1,712		2,195	6,727		6,287
070 OBSERVATION BEDS (NON-DIS							
071 OTHER OUTPATIENT SERVICE							
072 50 RURAL HEALTH CLINIC	204	4,316		1,905			
073 OTHER REIMBURS COST CNTRS							
074 AMBULANCE SERVICES	302	1,101					2,590
075 SPEC PURPOSE COST CENTERS							
076 SUBTOTALS	27,729	52,883	107,752	35,741	71,647	244,187	90,887
077 NONREIMBURS COST CENTERS							
078 GIFT, FLOWER, COFFEE SHOP		402					
079 098 PHYSICIANS' PRIVATE OFFICE		1,049		172			
080 100 EMERALD POINT							
081 101 CROSS FOOT ADJUSTMENTS							
082 102 NEGATIVE COST CENTER							
083 103 TOTAL	27,729	54,334	107,752	35,913	71,647	244,187	90,887



COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	S RECONCILIATION	ADMINISTRATIVE MAINTENANCE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	92,971					
005 NEW CAP REL COSTS-MVB		92,971				
006 EMPLOYEE BENEFITS	1,175	1,175	10,040,536			
007 ADMINISTRATIVE & GENERAL	7,979	7,979	1,294,925	-3,595,066	19,960,442	
009 MAINTENANCE & REPAIRS	6,890	6,890	398,800		1,811,829	76,927
010 LAUNDRY & LINEN SERVICE	734	734	142,619		239,722	734
011 HOUSEKEEPING	1,307	1,307	318,679		557,531	1,307
012 DIETARY	3,039	3,039	116,750		294,225	3,039
014 CAFETERIA	942	942	136,772		256,020	942
015 NURSING ADMINISTRATIVE	1,645	1,645	586,309		899,653	1,645
017 CENTRAL SERVICES & SUPPLIES	6,891	6,891	66,668		799,231	6,891
020 MEDICAL RECORDS & LIBRARY	2,350	2,350	382,374		570,505	2,350
025 NONPHYSICIAN ANESTHETIC						
031 INPAT ROUTINE SRVC CNTR	8,948	8,948	1,297,914		2,109,117	8,948
033 ADULTS & PEDIATRICS	4,025	4,025	614,679		916,974	4,025
034 SUBPROVIDER	239	239	196,602		267,753	239
035 NURSERY	3,190	3,190	185,209		338,742	3,190
037 SKILLED NURSING FACILITY						
039 ANCILLARY SRVC COST CENTER	8,657	8,657	636,120		1,206,412	8,657
040 OPERATING ROOM	1,316	1,316	110,186		185,631	1,316
041 DELIVERY ROOM & LABOR	82	82			31,541	82
044 ANESTHESIOLOGY	6,294	6,294	530,991		1,573,054	6,294
049 LABORATORY	2,538	2,538	532,470		1,440,899	2,538
050 RESPIRATORY THERAPY	2,091	2,091	152,520		271,260	2,091
051 PHYSICAL THERAPY	1,438	1,438			639,317	1,438
052 OCCUPATIONAL THERAPY	444	444			193,264	444
053 SPEECH PATHOLOGY	213	213			92,854	213
055 ELECTROCARDIOLOGY			87,494		119,021	
056 01 CARDIAC REHAB	396	396	8,018		22,285	396
058 MEDICAL SUPPLIES CHARGED TO PATIENT	2,176	2,176	180,341		20,846	2,176
058 ASC (NON-DISTINCT PAR)					1,654,574	
058 01 SNR DAY TREATMENT- WH	445	445	30,064		66,593	445
060 OUTPAT SERVICE COST CENTER						
060 01 CLINIC	4,368	4,368	80,226		236,669	4,368
061 WELLNESS LINK	1,335	1,335	84,557		163,735	1,335
062 EMERGENCY	2,359	2,359	464,087		721,716	2,359
063 OBSERVATION BEDS (NON)						
063 50 OTHER OUTPATIENT SERVICE	5,948	5,948	482,471		963,799	5,948
065 OTHER REIMBURS COST CENTER						
095 AMBULANCE SERVICES	1,517	1,517	562,631		731,771	1,517
096 SPEC PURPOSE COST CENTER						
098 SUBTOTALS	90,971	90,971	9,680,476	-3,595,066	19,396,543	74,927
099 NONREIMBURS COST CENTER						
100 GIFT, FLOWER, COFFEE	554	554			16,670	554
101 PHYSICIANS' PRIVATE OFFICE	1,446	1,446	360,060		547,229	1,446
102 EMERALD POINT						
103 CROSS FOOT ADJUSTMENT						
104 NEGATIVE COST CENTER						
105 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,231,550	1,565,927	2,516,275		3,595,066	2,138,158
106 UNIT COST MULTIPLIER (WRKSHT B, PT I)	13.246604		.250612		.180110	
107 COST TO BE ALLOCATED (WRKSHT B, PART II)		16.843177				27.794636
108 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
109 COST TO BE ALLOCATED (WRKSHT B, PART III)			35,356		244,646	230,930
110 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.003521		.012257	3.001937

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS OF SERVICE)	(DIRECT)SING HRS	(COSTED)EQUI S.	(GROSS)EVENUES	(R)
GENERAL SERVICE COST	9	10	11	12	14	15	17	
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS								
009 LAUNDRY & LINEN SERVICE	308,821							
010 HOUSEKEEPING	34,829	74,886						
011 DIETARY	10,748	3,039	39,059					
012 CAFETERIA	4,876	942		272,097				
014 NURSING ADMINISTRATION		1,645		22,168	177,124			
015 CENTRAL SERVICES & SUPPLY	6,383	6,891		4,163		100		
017 MEDICAL RECORDS & LIBRARY		2,350		23,314			48,588,090	
020 NONPHYSICIAN ANESTHETIC INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	90,407	8,948	20,930	64,249	64,483		3,072,775	
031 SUBPROVIDER	28,588	4,025	7,179		33,120		1,715,760	
033 NURSERY	3,956	239		7,453	7,453		173,605	
034 SKILLED NURSING FACILITY	45,983	3,190	10,950	13,486	13,486		395,670	
035 NURSING FACILITY								
037 ANCILLARY SRVC COST CENTER OPERATING ROOM	15,725	8,657		25,469	25,469		3,493,168	
039 DELIVERY ROOM & LABOR	15,426	1,316		4,177	4,177		387,737	
040 ANESTHESIOLOGY		82					1,011,198	
041 RADIOLOGY-DIAGNOSTIC	16,480	6,294		20,779			13,280,436	
044 LABORATORY	2,848	2,538		25,359			9,743,562	
049 RESPIRATORY THERAPY		2,091		7,257			1,239,304	
050 PHYSICAL THERAPY	8,223	1,438					2,348,738	
051 OCCUPATIONAL THERAPY		444					746,396	
052 SPEECH PATHOLOGY		213					165,244	
053 ELECTROCARDIOLOGY				4,340			766,722	
053 01 CARDIAC REHAB		396		323	323		44,555	
055 MEDICAL SUPPLIES CHARGED TO PATIENT						100	858,964	
056 DRUGS CHARGED TO PATIENT		2,176		6,170	6,170		4,154,814	
058 ASC (NON-DISTINCT PAR)								
058 01 SNR DAY TREATMENT- WH		445		1,319	1,319		53,444	
060 OUTPAT SERVICE COST CENTER CLINIC	1,480	4,368		4,494	4,494		76,916	
060 01 WELLNESS LINK		1,335		5,205			114,718	
061 EMERGENCY	17,244	2,359		16,630	16,630		3,360,121	
062 OBSERVATION BEDS (NON)								
063 OTHER OUTPATIENT SERVICE								
063 50 RURAL HEALTH CLINIC	2,267	5,948		14,436				
065 OTHER REIMBURSE COST CENTER AMBULANCE SERVICES	3,358	1,517					1,384,243	
095 SPEC PURPOSE COST CENTER SUBTOTALS	308,821	72,886	39,059	270,791	177,124	100	48,588,090	
096 NONREIMBURSE COST CENTER GIFT, FLOWER, COFFEE		554						
098 PHYSICIANS' PRIVATE OFFICE		1,446		1,306				
100 EMERALD POINT								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	303,299	728,482	471,805	342,268	1,151,299	1,213,254	790,763	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.982119	9.727880	12.079290	1.257890	6.499960	12,132.540000	.016275	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	27,729	54,334	107,752	35,913	71,647	244,187	90,887	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.089790	.725556	2.758698	.131986	.404502	2,441.870000	.001871	



## COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,716,308		3,716,308		3,716,308
31	SUBPROVIDER	1,591,155		1,591,155		1,591,155
33	NURSERY	389,475		389,475		389,475
34	SKILLED NURSING FACILITY	807,941		807,941		807,941
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,018,410		2,018,410		2,018,410
39	DELIVERY ROOM & LABOR ROO	322,309		322,309		322,309
40	ANESTHESIOLOGY	56,756		56,756		56,756
41	RADIOLOGY-DIAGNOSTIC	2,350,997		2,350,997		2,350,997
44	LABORATORY	1,988,923		1,988,923		1,988,923
49	RESPIRATORY THERAPY	427,876		427,876		427,876
50	PHYSICAL THERAPY	854,724		854,724		854,724
51	OCCUPATIONAL THERAPY	256,881		256,881		256,881
52	SPEECH PATHOLOGY	120,259		120,259		120,259
53	ELECTROCARDIOLOGY	158,395		158,395		158,395
53	01 CARDIAC REHAB	44,388		44,388		44,388
55	MEDICAL SUPPLIES CHARGED	1,251,835		1,251,835		1,251,835
56	DRUGS CHARGED TO PATIENTS	2,149,714		2,149,714		2,149,714
58	ASC (NON-DISTINCT PART)					
58	01 SNR DAY TREATMENT- WHITE	106,387		106,387		106,387
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	480,763		480,763		480,763
60	01 WELLNESS LINK	251,732		251,732		251,732
61	EMERGENCY	1,140,855		1,140,855		1,140,855
62	OBSERVATION BEDS (NON-DIS	453,694		453,694		453,694
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	1,380,957		1,380,957		1,380,957
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	946,318		946,318		946,318
101	SUBTOTAL	23,267,052		23,267,052		23,267,052
102	LESS OBSERVATION BEDS	453,694		453,694		453,694
103	TOTAL	22,813,358		22,813,358		22,813,358







WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,018,410	331,395	1,687,015			2,018,410
39	DELIVERY ROOM & LABOR ROO	322,309	51,519	270,790			322,309
40	ANESTHESIOLOGY	56,756	5,051	51,705			56,756
41	RADIOLOGY-DIAGNOSTIC	2,350,997	263,046	2,087,951			2,350,997
44	LABORATORY	1,988,923	127,197	1,861,726			1,988,923
49	RESPIRATORY THERAPY	427,876	77,851	350,025			427,876
50	PHYSICAL THERAPY	854,724	61,597	793,127			854,724
51	OCCUPATIONAL THERAPY	256,881	18,780	238,101			256,881
52	SPEECH PATHOLOGY	120,259	8,651	111,608			120,259
53	ELECTROCARDIOLOGY	158,395	3,775	154,620			158,395
53	01 CARDIAC REHAB	44,388	13,950	30,438			44,388
55	MEDICAL SUPPLIES CHARGED	1,251,835	246,050	1,005,785			1,251,835
56	DRUGS CHARGED TO PATIENTS	2,149,714	105,586	2,044,128			2,149,714
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE	106,387	16,779	89,608			106,387
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	480,763	153,584	327,179			480,763
60	01 WELLNESS LINK	251,732	48,354	203,378			251,732
61	EMERGENCY	1,140,855	107,013	1,033,842			1,140,855
62	OBSERVATION BEDS (NON-DIS	453,694	58,533	395,161			453,694
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	1,380,957	216,767	1,164,190			1,380,957
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	946,318	65,143	881,175			946,318
101	SUBTOTAL	16,762,173	1,980,621	14,781,552			16,762,173
102	LESS OBSERVATION BEDS	453,694	58,533	395,161			453,694
103	TOTAL	16,308,479	1,922,088	14,386,391			16,308,479



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,018,410	331,395	1,687,015	33,140	97,847	1,887,423
39	DELIVERY ROOM & LABOR ROO	322,309	51,519	270,790	5,152	15,706	301,451
40	ANESTHESIOLOGY	56,756	5,051	51,705	505	2,999	53,252
41	RADIOLOGY-DIAGNOSTIC	2,350,997	263,046	2,087,951	26,305	121,101	2,203,591
44	LABORATORY	1,988,923	127,197	1,861,726	12,720	107,980	1,868,223
49	RESPIRATORY THERAPY	427,876	77,851	350,025	7,785	20,301	399,790
50	PHYSICAL THERAPY	854,724	61,597	793,127	6,160	46,001	802,563
51	OCCUPATIONAL THERAPY	256,881	18,780	238,101	1,878	13,810	241,193
52	SPEECH PATHOLOGY	120,259	8,651	111,608	865	6,473	112,921
53	ELECTROCARDIOLOGY	158,395	3,775	154,620	378	8,968	149,049
53	01 CARDIAC REHAB	44,388	13,950	30,438	1,395	1,765	41,228
55	MEDICAL SUPPLIES CHARGED	1,251,835	246,050	1,005,785	24,605	58,336	1,168,894
56	DRUGS CHARGED TO PATIENTS	2,149,714	105,586	2,044,128	10,559	118,559	2,020,596
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE	106,387	16,779	89,608	1,678	5,197	99,512
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	480,763	153,584	327,179	15,358	18,976	446,429
60	01 WELLNESS LINK	251,732	48,354	203,378	4,835	11,796	235,101
61	EMERGENCY	1,140,855	107,013	1,033,842	10,701	59,963	1,070,191
62	OBSERVATION BEDS (NON-DIS	453,694	58,533	395,161	5,853	22,919	424,922
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	1,380,957	216,767	1,164,190	21,677	67,523	1,291,757
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	946,318	65,143	881,175	6,514	51,108	888,696
101	SUBTOTAL	16,762,173	1,980,621	14,781,552	198,063	857,328	15,706,782
102	LESS OBSERVATION BEDS	453,694	58,533	395,161	5,853	22,919	424,922
103	TOTAL	16,308,479	1,922,088	14,386,391	192,210	834,409	15,281,860

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,493,168	.540318	.568329
39	DELIVERY ROOM & LABOR ROO	387,737	.777463	.817969
40	ANESTHESIOLOGY	1,011,198	.052662	.055628
41	RADIOLOGY-DIAGNOSTIC	13,280,436	.165928	.175046
44	LABORATORY	9,743,562	.191739	.202821
49	RESPIRATORY THERAPY	1,239,304	.322592	.338973
50	PHYSICAL THERAPY	2,348,738	.341700	.361285
51	OCCUPATIONAL THERAPY	746,396	.323143	.341646
52	SPEECH PATHOLOGY	165,244	.683359	.722532
53	ELECTROCARDIOLOGY	766,722	.194398	.206094
53	01 CARDIAC REHAB	44,555	.925328	.964942
55	MEDICAL SUPPLIES CHARGED	858,964	1.360818	1.428733
56	DRUGS CHARGED TO PATIENTS	4,154,814	.486326	.514862
58	ASC (NON-DISTINCT PART)			
58	01 SNR DAY TREATMENT- WHITE	53,444	1.861986	1.959228
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	76,916	5.804111	6.050822
60	01 WELLNESS LINK	114,718	2.049382	2.152208
61	EMERGENCY	3,360,121	.318498	.336343
62	OBSERVATION BEDS (NON-DIS	291,804	1.456190	1.534732
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	441,934	2.922964	3.075753
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,384,243	.642009	.678930
101	SUBTOTAL	43,964,018		
102	LESS OBSERVATION BEDS	291,804		
103	TOTAL	43,672,214		









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

PROVIDER NO: 14-0137  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 4/28/2010  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					3,684	
31	SUBPROVIDER					2,413	
33	NURSERY					398	
34	SKILLED NURSING FACILITY					1,332	
35	NURSING FACILITY					33,025	
101	TOTAL					40,852	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0137	FROM 1/ 1/2009	4/28/2010
	TO 12/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	1,783	
31	SUBPROVIDER	2,301	
33	NURSERY		
34	SKILLED NURSING FACILITY	1,258	
35	NURSING FACILITY		
101	TOTAL	5,342	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			3,493,168			121,902	
	OPERATING ROOM			387,737				
39	DELIVERY ROOM & LABOR ROO			1,011,198				
40	ANESTHESIOLOGY			13,280,436			766,720	
41	RADIOLOGY-DIAGNOSTIC			9,743,562			1,129,576	
44	LABORATORY			1,239,304			136,397	
49	RESPIRATORY THERAPY			2,348,738			31,179	
50	PHYSICAL THERAPY			746,396			21,348	
51	OCCUPATIONAL THERAPY			165,244			16,299	
52	SPEECH PATHOLOGY			766,722			59,767	
53	ELECTROCARDIOLOGY			44,555				
53	01 CARDIAC REHAB			858,964			215,259	
55	MEDICAL SUPPLIES CHARGED			4,154,814			699,495	
56	DRUGS CHARGED TO PATIENTS							
58	ASC (NON-DISTINCT PART)							
58	01 SNR DAY TREATMENT- WHITE			53,444				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			76,916				
60	01 WELLNESS LINK			114,718				
61	EMERGENCY			3,360,121			226,973	
62	OBSERVATION BEDS (NON-DIS			291,804			23,339	
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			42,137,841			3,448,254	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,081,127					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,177,216					
44	LABORATORY	293,293					
49	RESPIRATORY THERAPY	108,277					
50	PHYSICAL THERAPY	726					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	491,733					
53	01 CARDIAC REHAB	23,738					
55	MEDICAL SUPPLIES CHARGED	182,250					
56	DRUGS CHARGED TO PATIENTS	1,206,036					
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE OUTPAT SERVICE COST CNTRS	51,532					
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY	722,341					
62	OBSERVATION BEDS (NON-DIS	120,798					
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	8,459,067					













APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0137  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 COMPONENT NO: 14-S137  
 PREPARED 4/28/2010  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A      SUBPROVIDER 1      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.094869	92
39	DELIVERY ROOM & LABOR ROO	.132871	
40	ANESTHESIOLOGY	.004995	
41	RADIOLOGY-DIAGNOSTIC	.019807	2,125
44	LABORATORY	.013054	3,216
49	RESPIRATORY THERAPY	.062818	548
50	PHYSICAL THERAPY	.026226	355
51	OCCUPATIONAL THERAPY	.025161	284
52	SPEECH PATHOLOGY	.052353	481
53	ELECTROCARDIOLOGY	.004924	91
53 01	CARDIAC REHAB	.313096	
55	MEDICAL SUPPLIES CHARGED	.286450	1,043
56	DRUGS CHARGED TO PATIENTS	.025413	7,122
58	ASC (NON-DISTINCT PART)		
58 01	SNR DAY TREATMENT- WHITE	.313955	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	1.996776	487
60 01	WELLNESS LINK	.421503	
61	EMERGENCY	.031848	882
62	OBSERVATION BEDS (NON-DIS	.200590	
63	OTHER OUTPATIENT SERVICE		
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		16,726



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			3,493,168				
	OPERATING ROOM			387,737			970	
39	DELIVERY ROOM & LABOR ROO			1,011,198				
40	ANESTHESIOLOGY			13,280,436			107,279	
41	RADIOLOGY-DIAGNOSTIC			9,743,562			246,383	
44	LABORATORY			1,239,304			8,719	
49	RESPIRATORY THERAPY			2,348,738			13,533	
50	PHYSICAL THERAPY			746,396			11,302	
51	OCCUPATIONAL THERAPY			165,244			9,187	
52	SPEECH PATHOLOGY			766,722			18,414	
53	ELECTROCARDIOLOGY			44,555				
53	01 CARDIAC REHAB			858,964			3,641	
55	MEDICAL SUPPLIES CHARGED			4,154,814			280,264	
56	DRUGS CHARGED TO PATIENTS							
58	ASC (NON-DISTINCT PART)							
58	01 SNR DAY TREATMENT- WHITE			53,444				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			76,916			244	
60	01 WELLNESS LINK			114,718				
61	EMERGENCY			3,360,121			27,698	
62	OBSERVATION BEDS (NON-DIS			291,804				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			42,137,841			727,634	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

Health Financial Systems	MCRI F32	FOR GREENVILLE REGIONAL HOSPITAL	IN LIEU OF FORM CMS-2552-96(09/1996)				
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			PROVIDER NO:	PERIOD:	PREPARED 4/28/2010		
			14-0137	FROM 1/ 1/2009	WORKSHEET D		
			COMPONENT NO:	TO 12/31/2009	PART II		
			14-6022				
TITLE XVIII, PART A			PPS				
SKILLED NURSING FACILITY							
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS      |      PROVIDER NO:      |      PERIOD:      |      PREPARED 4/28/2010  
 |      14-0137      |      FROM 1/ 1/2009      |      WORKSHEET D  
 |      COMPONENT NO:      |      TO 12/31/2009      |      PART II  
 |      14-6022      |      |      |

TITLE XVIII, PART A      SKILLED NURSING FACILITY      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
53	01 CARDIAC REHAB		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
58	ASC (NON-DISTINCT PART)		
58	01 SNR DAY TREATMENT- WHITE		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 WELLNESS LINK		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
63	50 RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			3,493,168				
	OPERATING ROOM			387,737				
39	DELIVERY ROOM & LABOR ROO			1,011,198				
40	ANESTHESIOLOGY			13,280,436			8,886	
41	RADIOLOGY-DIAGNOSTIC			9,743,562			15,746	
44	LABORATORY			1,239,304			9,666	
49	RESPIRATORY THERAPY			2,348,738			176,455	
50	PHYSICAL THERAPY			746,396			136,702	
51	OCCUPATIONAL THERAPY			165,244			36,254	
52	SPEECH PATHOLOGY			766,722				
53	ELECTROCARDIOLOGY			44,555				
53	01 CARDIAC REHAB			858,964			865	
55	MEDICAL SUPPLIES CHARGED			4,154,814			108,202	
56	DRUGS CHARGED TO PATIENTS							
58	ASC (NON-DISTINCT PART)							
58	01 SNR DAY TREATMENT- WHITE			53,444				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			76,916				
60	01 WELLNESS LINK			114,718				
61	EMERGENCY			3,360,121				
62	OBSERVATION BEDS (NON-DIS			291,804				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			42,137,841			492,776	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 SNR DAY TREATMENT- WHITE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WELLNESS LINK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						





















TITLE XVIII, PART A      SWING BED SNF

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.577816	476	275
39	DELIVERY ROOM & LABOR ROOM	.831257		
40	ANESTHESIOLOGY	.056127		
41	RADIOLOGY-DIAGNOSTIC	.177027	43,812	7,756
44	LABORATORY	.204127	212,687	43,415
49	RESPIRATORY THERAPY	.345255	84,522	29,182
50	PHYSICAL THERAPY	.363908	267,508	97,348
51	OCCUPATIONAL THERAPY	.344162	189,490	65,215
52	SPEECH PATHOLOGY	.727766	27,769	20,209
53	ELECTROCARDIOLOGY	.206587	4,323	893
53	01 CARDIAC REHAB	.996252		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.457378	73,564	107,211
56	DRUGS CHARGED TO PATIENTS	.517403	307,345	159,021
58	ASC (NON-DISTINCT PART)			
58	01 SNR DAY TREATMENT- WHITE OAKS OUTPAT SERVICE COST CNTRS	1.990626		
60	CLINIC	6.250494	202	1,263
60	01 WELLNESS LINK	2.194355		
61	EMERGENCY	.339528		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.554790	794	1,235
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,212,492	533,023
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,212,492	

TITLE XVIII, PART A      SKILLED NURSING FACILITY      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.577816		
39	DELIVERY ROOM & LABOR ROOM	.831257		
40	ANESTHESIOLOGY	.056127		
41	RADIOLOGY-DIAGNOSTIC	.177027	8,886	1,573
44	LABORATORY	.204127	15,746	3,214
49	RESPIRATORY THERAPY	.345255	9,666	3,337
50	PHYSICAL THERAPY	.363908	176,455	64,213
51	OCCUPATIONAL THERAPY	.344162	136,702	47,048
52	SPEECH PATHOLOGY	.727766	36,254	26,384
53	ELECTROCARDIOLOGY	.206587		
53	01 CARDIAC REHAB	.996252		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.457378	865	1,261
56	DRUGS CHARGED TO PATIENTS	.517403	108,202	55,984
58	ASC (NON-DISTINCT PART)			
58	01 SNR DAY TREATMENT- WHITE OAKS OUTPAT SERVICE COST CNTRS	1.990626		
60	CLINIC	6.250494		
60	01 WELLNESS LINK	2.194355		
61	EMERGENCY	.339528		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.554790		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		492,776	203,014
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		492,776	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
31	ADULTS & PEDIATRICS		456,333	
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.577816	112,763	65,156
39	DELIVERY ROOM & LABOR ROOM	.831257	146,324	121,633
40	ANESTHESIOLOGY	.056127	143,712	8,066
41	RADIOLOGY-DIAGNOSTIC	.177027	98,871	17,503
44	LABORATORY	.204127	325,903	66,526
49	RESPIRATORY THERAPY	.345255	22,661	7,824
50	PHYSICAL THERAPY	.363908	1,278	465
51	OCCUPATIONAL THERAPY	.344162		
52	SPEECH PATHOLOGY	.727766		
53	ELECTROCARDIOLOGY	.206587		
53	01 CARDIAC REHAB	.996252		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.457378	64,847	94,507
56	DRUGS CHARGED TO PATIENTS	.517403	136,738	70,749
58	ASC (NON-DISTINCT PART)			
58	01 SNR DAY TREATMENT- WHITE OAKS	1.990626		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	6.250494		
60	01 WELLNESS LINK	2.194355		
61	EMERGENCY	.339528	11,624	3,947
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.554790		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC	3.124804		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,064,721	456,376
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,064,721	



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	2,871,011	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	2,871,011	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	209,961	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	3,080,972	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	3,080,972	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	347,242	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	718	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	111,261	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	77,883	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	81,362	
22 SUBTOTAL	2,810,895	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	2,810,895	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	2,628,500	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	182,395	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		



PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)
  
- COMPUTATION OF LESSER OF COST OR CHARGES
  
- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES
  
- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)
  
- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
  
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2
  
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)













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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		1,689,252
1.09	NET IPF PPS OUTLIER PAYMENTS		77,762
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		6.610959
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		1,767,014
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		1,767,014
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		1,767,014
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		1,767,014
7	DEDUCTIBLES		134,436
8	SUBTOTAL		1,632,578
9	COINSURANCE		20,025
10	SUBTOTAL		1,612,553
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		1,612,553
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)		1,612,553
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS		1,612,553
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM		
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

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

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

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			456,349
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			456,349
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			456,349
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			456,349
42	COINSURANCE			89,167
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			7,200
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			5,040
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			372,222
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			372,222
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			372,222
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			401,082
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			-28,860
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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









DESCRIPTION

1	TOTAL PATIENT REVENUES	58,173,576
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	27,081,887
3	NET PATIENT REVENUES	31,091,689
4	LESS: TOTAL OPERATING EXPENSES	34,205,740
5	NET INCOME FROM SERVICE TO PATIENTS	-3,114,051
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	8,342
7	INCOME FROM INVESTMENTS	59,751
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	1,319
11	REBATES AND REFUNDS OF EXPENSES	45,076
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	85,610
15	REVENUE FROM RENTAL OF LIVING QUARTERS	427,156
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	116,847
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	15,447
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	311
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	3,702
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	97,249
24	HEALTH FAIR TESTS INCOME	132,152
24.01	GAIN ON SALE OF EQUIPMENT	295,032
24.02	MISCELLANEOUS INCOME	137,394
25	TOTAL OTHER INCOME	1,425,388
26	TOTAL	-1,688,663
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,688,663

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	209,961	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997		
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	8.92	
	IN THE COST REPORTING PERIOD		
4.01	NUMBER OF INTERNS AND RESIDENTS	.00	
	(SEE INSTRUCTIONS)		
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00	
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
	(SEE INSTRUCTIONS)		
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00	
	MEDICARE PART A PATIENT DAYS		
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00	
	DAYS REPORTED ON S-3, PART I		
5.02	SUM OF 5 AND 5.01	.00	
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00	
5.04	DISPROPORTIONATE SHARE ADJUSTMENT		
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	209,961	
PART II - HOLD HARMLESS METHOD			
1	NEW CAPITAL		
2	OLD CAPITAL		
3	TOTAL CAPITAL		
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000	
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE		
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT		
7	REDUCED OLD CAPITAL AMOUNT		
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL		
9	SUBTOTAL		
10	PAYMENT UNDER HOLD HARMLESS		
PART III - PAYMENT UNDER REASONABLE COST			
1	PROGRAM INPATIENT ROUTINE CAPITAL COST		
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST		
3	TOTAL INPATIENT PROGRAM CAPITAL COST		
4	CAPITAL COST PAYMENT FACTOR		
5	TOTAL INPATIENT PROGRAM CAPITAL COST		
PART IV - COMPUTATION OF EXCEPTION PAYMENTS			
1	PROGRAM INPATIENT CAPITAL COSTS		
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY		
	CIRCUMSTANCES		
3	NET PROGRAM INPATIENT CAPITAL COSTS		
4	APPLICABLE EXCEPTION PERCENTAGE	.00	
5	CAPITAL COST FOR COMPARISON TO PAYMENTS		
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00	
	CIRCUMSTANCES		
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL		
	FOR EXTRAORDINARY CIRCUMSTANCES		
8	CAPITAL MINIMUM PAYMENT LEVEL		
9	CURRENT YEAR CAPITAL PAYMENTS		
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT		
	LEVEL TO CAPITAL PAYMENTS		
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT		
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL		
	TO CAPITAL PAYMENTS		
13	CURRENT YEAR EXCEPTION PAYMENT		
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD		
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT		
16	CURRENT YEAR OPERATING AND CAPITAL COSTS		
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT		
	(SEE INSTRUCTIONS)		

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	494,874	494,874	
2	PHYSICIAN ASSISTANT	83,873	83,873	
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	76,123	76,123	4,616
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			3,809
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	654,870	654,870	8,425
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT		44,757	16,006
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT			1,914
14	SUBTOTAL (SUM OF LINES 11-13)		44,757	17,920
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		14,251	
16	TRANSPORTATION (HEALTH CARE STAFF)		8,652	
17	DEPRECIATION-MEDICAL EQUIPMENT		805	
18	PROFESSIONAL LIABILITY INSURANCE		80,820	
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		104,528	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	654,870	149,285	26,345
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY		2,573	
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		2,573	
FACILITY OVERHEAD				
29	FACILITY COSTS			
30	ADMINISTRATIVE COSTS	85,420	199,412	-165,873
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	85,420	199,412	-165,873
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	740,290	351,270	-139,528

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	494,874	-266,244	228,630
2	PHYSICIAN ASSISTANT	83,873		83,873
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE	80,739		80,739
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER	3,809		3,809
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	663,295	-266,244	397,051
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT	60,763	-21,083	39,680
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT	1,914		1,914
14	SUBTOTAL (SUM OF LINES 11-13)	62,677	-21,083	41,594
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES	14,251		14,251
16	TRANSPORTATION (HEALTH CARE STAFF)	8,652		8,652
17	DEPRECIATION-MEDICAL EQUIPMENT	805		805
18	PROFESSIONAL LIABILITY INSURANCE	80,820		80,820
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	104,528		104,528
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	830,500	-287,327	543,173
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY	2,573		2,573
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	2,573		2,573
FACILITY OVERHEAD				
29	FACILITY COSTS			
30	ADMINISTRATIVE COSTS	118,959	-793	118,166
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	118,959	-793	118,166
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	952,032	-288,120	663,912

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

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

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.71	2,792	4,200	2,982
2	PHYSICIAN ASSISTANTS	.48	1,943	2,100	1,008
3	NURSE PRACTITIONERS			2,100	
4	SUBTOTAL (SUM OF LINES 1-3)	1.19	4,735		3,990
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER	.09	83		
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.28	4,818		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	543,173			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	2,573			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	545,746			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.995285			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	118,166			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	717,045			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	835,211			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	835,211			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	831,273			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,374,446			
			GREATER OF COL. 2 OR COL. 4 5		
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	4,735			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER	.83			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	4,818			
9	PHYSICIAN SERVICES UNDER AGREEMENTS				

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



