

**Great River Medical Center
West Burlington, Iowa**

**Medicare Cost Report
Form CMS 2552-96
FYE: 6/30/2009
Provider ID No. 16-0057**

Medicare Cost Report

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	16-0057	I	FROM 7/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/20/2009 TIME 10:53

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:
 GREAT RIVER MEDICAL CENTER 16-0057
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	-245,856	1,007	0	
2	SUBPROVIDER	0	4,708	0	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
6	HOSPITAL-BASED NF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	1	0	
100	TOTAL	0	-241,148	1,008	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 AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 1221 SOUTH GEAR AVENUE P.O. BOX:
 1.01 CITY: WEST BURLINGTON STATE: IA ZIP CODE: 52655- COUNTY: DES MOINES

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	GREAT RIVER MEDICAL CENTER	16-0057		7/ 1/1965	N	P	N
03.00 SUBPROVIDER	GREAT RIVER MEDICAL CENTER	16-7057		7/ 1/1985	N	P	N
06.00 HOSPITAL-BASED SNF	GREAT RIVER MEDICAL CENTER	16-5110		5/ 1/1977	N	P	N
07.00 HOSPITAL-BASED NF	GREAT RIVER MEDICAL CENTER	16-0927		5/ 1/1977	O		O
09.00 HOSPITAL-BASED HHA	GREAT RIVER MEDICAL CENTER	16-7136		1/18/1984	N	P	N
12.00 HOSP-BASED HOSPICE	GREAT RIVER MEDICAL CENTER	16-1567		3/ 6/2002			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2008 TO: 6/30/2009 1 2
 18 TYPE OF CONTROL 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N 1600

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 100 0.8566 0.8804 0.00 2 16 99916

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	95.79%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.07%	Y
28.07 OTHER	4.14%	Y
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SJBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SJBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) Y Y Y
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). Y

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET I., PART TV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 485,278
 PAID LOSSES: 250,325
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEE
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N 0
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.

60 IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/14/2009

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL 5
1 ADULTS & PEDIATRICS	126	45,990			13,434		2,780
2 HMO							930
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	126	45,990			13,434		2,780
6 INTENSIVE CARE UNIT	12	4,380			1,397		221
11 NURSERY							921
12 TOTAL	138	50,370			14,831		3,922
13 RPCH VISITS							
14 SUBPROVIDER	15	5,475			1,149		130
15 SKILLED NURSING FACILITY	18	6,570			3,989		120
16 NURSING FACILITY	125	45,625					24,615
18 HOME HEALTH AGENCY					4,189		5,629
21 HOSPICE	6	2,190			288		28
25 TOTAL	302						109
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS					550		
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			24,646				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			24,646				
6 INTENSIVE CARE UNIT			2,095				
11 NURSERY			1,779				
12 TOTAL			28,520				
13 RPCH VISITS							
14 SUBPROVIDER			2,063				
15 SKILLED NURSING FACILITY			4,623				
16 NURSING FACILITY			43,243				
18 HOME HEALTH AGENCY			15,520				
21 HOSPICE			1,402				
25 TOTAL							
26 OBSERVATION BED DAYS	23	86	1,181	241	940		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,043	1,180	6,384
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,051.87			3,043	1,180	6,384
13 RPCH VISITS							
14 SUBPROVIDER		11.14			93	11	159
15 SKILLED NURSING FACILITY		23.14					
16 NURSING FACILITY		80.39					
18 HOME HEALTH AGENCY		32.38					
21 HOSPICE		23.31					
25 TOTAL		1,222.23					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

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
1 SALARIES						
2 TOTAL SALARY	57,363,023		57,363,023	2,535,698.00	22.62	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	336,383		336,383	5,712.00	58.89	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,096,041		1,096,041	48,125.00	22.77	
8.01 EXCLUDED AREA SALARIES	7,267,389	83,872	7,351,261	385,970.26	19.05	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	374,657		374,657	5,021.75	74.61	
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
9.04 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	316,908		316,908	2,744.00	115.49	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,788,513		1,788,513	18,127.00	98.67	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	14,225,371		14,225,371			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	2,444,822		2,444,822			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
19 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	98,332		98,332			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	525,284		525,284	19,770.16	26.57	
23 ADMINISTRATIVE & GENERAL	4,258,347	-83,872	4,174,475	48,591.18	85.91	
22.01 A & G UNDER CONTRACT	107,282		107,282	726.00	147.77	
24 MAINTENANCE & REPAIRS						
25 OPERATION OF PLANT	2,222,081		2,222,081	95,991.62	23.15	
26 LAUNDRY & LINEN SERVICE	326,402		326,402	24,490.81	13.33	
27 HOUSEKEEPING	1,376,612		1,376,612	105,654.74	13.03	
26.01 HOUSEKEEPING UNDER CONTRACT						
28 DIETARY	1,268,804		1,268,804	91,437.06	13.88	
27.01 DIETARY UNDER CONTRACT						
29 CAFETERIA						
30 MAINTENANCE OF PERSONNEL						
31 NURSING ADMINISTRATION	2,066,777		2,066,777	70,319.00	29.39	
32 CENTRAL SERVICE AND SUPPLY	1,293,541		1,293,541	82,808.45	15.62	
33 PHARMACY	1,624,480		1,624,480	47,477.01	34.22	
34 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,622,459		1,622,459	79,288.84	20.46	
35 SOCIAL SERVICE	433,017		433,017	18,370.32	23.57	
36 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	57,133,922		57,133,922	2,530,712.00	22.58	
2 EXCLUDED AREA SALARIES	8,363,430	83,872	8,447,302	434,095.26	19.46	
3 SUBTOTAL SALARIES	48,770,492	-83,872	48,686,620	2,096,616.74	23.22	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,480,078		2,480,078	25,892.75	95.78	
5 SUBTOTAL WAGE-RELATED COSTS	14,225,371		14,225,371		29.22	
6 TOTAL	65,475,941	-83,872	65,392,069	2,122,509.49	30.81	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET S-4
I HHA NO: I TO 6/30/2009 I
I 16-7136 I
I COUNTY: I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,801	6,704	1,632
2 UNDUPLICATED CENSUS COUNT		232.00	137.00	139.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	11,137
2 UNDUPLICATED CENSUS COUNT	508.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.29		.29
5 OTHER ADMINISTRATIVE PERSONEL	2.86		2.86
6 DIRECTING NURSING SERVICE	10.33		10.33
7 NURSING SUPERVISOR	1.54		1.54
8 PHYSICAL THERAPY SERVICE	1.90		1.90
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.45		.45
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.12		.12
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.03		.03
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	6.25		6.25
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		99916

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,517	0	31	19
22 SKILLED NURSING VISIT CHARGES	212,150	0	4,338	2,690
23 PHYSICAL THERAPY VISITS	970	0	5	34
24 PHYSICAL THERAPY VISIT CHARGES	138,826	0	725	4,802
25 OCCUPATIONAL THERAPY VISITS	288	0	0	8
26 OCCUPATIONAL THERAPY VISIT CHARGES	45,571	0	0	1,253
27 SPEECH PATHOLOGY VISITS	45	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	7,146	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	3	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	597	0	0	0
31 HOME HEALTH AIDE VISITS	1,264	0	3	2
32 HOME HEALTH AIDE VISIT CHARGES	101,928	0	246	164
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	4,087	0	39	63
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	506,218	0	5,309	8,909
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	112	0	9	3
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	12,442	0	162	0

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)
 HOSPITAL-BASED HOME HEALTH AGENCY I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 STATISTICAL DATA I 16-0057 I FROM 7/ 1/2008 I WORKSHEET S-4
 I HHA NO: I TO 6/30/2009 I
 I 16-7136 I
 HOME HEALTH AGENCY STATISTICAL DATA COUNTY:

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
 OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,567
22 SKILLED NURSING VISIT CHARGES	0	0	219,178
23 PHYSICAL THERAPY VISITS	0	0	1,009
24 PHYSICAL THERAPY VISIT CHARGES	0	0	144,353
25 OCCUPATIONAL THERAPY VISITS	0	0	296
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	46,824
27 SPEECH PATHOLOGY VISITS	0	0	45
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	7,146
29 MEDICAL SOCIAL SERVICE VISITS	0	0	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	597
31 HOME HEALTH AIDE VISITS	0	0	1,269
32 HOME HEALTH AIDE VISIT CHARGES	0	0	102,338
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	4,189
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	520,436
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	124
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	12,604

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	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC						
5	RVB						
6	RVA						
6	.01 RVX						
6	.02 RVL						
7	RHC		41				
8	RHB		31				
9	RHA		19				
9	.01 RHX						
9	.02 RHL						
10	RMC		26				
11	RMB		71				
12	RMA		62				
12	.01 RMX		883				
12	.02 RML		1,979				
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3		407				
16	SE2		314				
17	SE1						
18	SSC						
19	SSB						
20	SSA		156				
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		3,989				

(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): 0.8566
 Wage Index Factor (after 10/01) : 0.8804
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 16
 SNF CBSA Code : 99916

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET S-7
I I TO 6/30/2009 I

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

(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): 0.8566
 Wage Index Factor (after 10/01): 0.8804
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 16
 SNF CBSA Code : 99916

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET S-10
 I I TO 6/30/2009 I
 I I I

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 1,809,866
- 17.01 GROSS MEDICAID REVENUES 13,147,437
- 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 14,957,303

- 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) .388207
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET S-10
I		I	TO 6/30/2009	I	
I		I		I	

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	32,435,904
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	12,591,845
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,405,648
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,710,303
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	12,591,845

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 16-0057 I
I I

I PERIOD: I PREPARED 11/20/2009
I FROM 7/ 1/2008 I WORKSHEET A
I TO 6/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1 0100	GENERAL SERVICE COST CNTR					
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT					
1.02 0102	OLD CAP BLDG - KLEIN		220,489	220,489	2,657	223,146
2 0200	OLD CAP REL COSTS-MVBLE EQUTP					
3 0300	NEW CAP REL COSTS-BLDG & FIXT					
3.02 0302	NEW CRC BLDG - REHAB					
3.03 0303	NEW CRC BLDG - LAUNDRY		66,878	66,878	483	67,361
3.04 0304	NEW CRC BLDG - GRMC		5,149,797	5,149,797	100,348	5,250,145
3.05 0305	NEW CRC BLDG - MERCY					
3.06 0306	NEW CRC BLDG - EASTMAN					
3.07 0301	NEW CRC BLDG - HHA/HOSPICE		287,691	287,691		287,691
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		6,653,256	6,653,256	53,981	6,707,237
5 0500	EMPLOYEE BENEFITS	525,284	751,284	1,276,568	-5,399	1,271,169
6.03 0612	NONPATIENT TELEPHONES LD	194,044	181,620	375,664	-50,649	325,015
6.05 0620	DATA PROCESSING	1,279,221	945,177	2,224,398		2,224,398
6.06 0630	PURCHASING, RECEIVING AND STORES	318,770	351,676	670,446		670,446
6.07 0640	ADMITTING	752,175	259,104	1,011,279		1,011,279
6.08 0614	BUSINESS OFFICE	553,284	895,767	1,449,051		1,449,051
6.09 0660	OTHER ADMINISTRATIVE AND GENERAL	1,160,853	17,652,457	18,813,310	-2,200,179	16,613,131
7 0700	MAINTENANCE & REPAIRS					
7.01 0701	UTILITIES - EASTMAN					
7.02 0702	UTILITIES - MERCY					
7.03 0703	UTILITIES - KLEIN		142,401	142,401		142,401
7.04 0704	UTILITIES - CANCER		24,715	24,715		24,715
7.05 0705	UTILITIES - REHAB					
7.06 0706	UTILITIES - LAUNDRY		139,164	139,164		139,164
7.07 0707	UTILITIES - HHA/HOSPICE				26,360	26,360
8 0800	OPERATION OF PLANT	2,067,765	3,133,501	5,201,266		5,201,266
8.01 0801	OPERATION OF PLANT KLEIN	154,316	103,977	258,293		258,293
8.02 0802	OPERATION OF PLANT REHAB					
8.04 0804	OPERATION OF PLANT EASTMAN					
8.05 0805	OPERATION OF PLANT MERCY					
8.06 0803	OPERATION OF PLANT HHA/HOSPICE				13,646	13,646
9 0900	LAUNDRY & LINEN SERVICE	326,402	419,456	745,858		745,858
10 1000	HOUSEKEEPING	1,376,612	738,507	2,115,119		2,115,119
10.01 1001	HOUSEKEEPING-KLEIN		91,435	91,435		91,435
10.04 1004	HOUSEKEEPING-REHAB					
10.05 1005	HOUSEKEEPING-EASTMAN					
10.06 1006	HOUSEKEEPING-MERCY					
11 1100	DIETARY	1,268,804	1,586,269	2,855,073		2,855,073
11.01 1101	DIETARY - KLEIN		482,787	482,787		482,787
12 1200	CAFETERIA					
14 1400	NURSING ADMINISTRATION	2,066,777	934,611	3,001,388	-1,120	3,000,268
14.01 1401	NURSING ADMINISTRATION-KLEIN					
15 1500	CENTRAL SERVICES & SUPPLY	1,293,541	703,371	1,996,912		1,996,912
16 1600	PHARMACY	1,624,480	480,073	2,104,553		2,104,553
17 1700	MEDICAL RECORDS & LIBRARY	1,622,459	1,042,760	2,665,219		2,665,219
18 1800	SOCIAL SERVICE	433,017	112,899	545,916		545,916
18.01 1801	RECREATION THERAPY GRMC					
18.02 1802	RECREATION THERAPY KLEIN		85,028	85,028		85,028
25 2500	ADULTS & PEDIATRICS	9,027,084	3,230,503	12,257,587	-781	12,256,806
26 2600	INTENSIVE CARE UNIT	1,410,149	627,511	2,037,660		2,037,660
31 3100	SUBPROVIDER	578,115	211,747	789,862		789,862
33 3300	NURSERY	410,688	107,631	518,319		518,319
34 3400	SKILLED NURSING FACILITY	1,096,041	393,094	1,489,135		1,489,135
35 3500	NURSING FACILITY	3,613,012	1,109,262	4,722,274		4,722,274
37 3700	OPERATING ROOM	5,030,074	12,067,899	17,097,973	4,957,156	12,140,817
39 3900	DELIVERY ROOM & LABOR ROOM					
41 4100	RADIOLOGY-DIAGNOSTIC	3,329,393	3,608,938	6,938,331	-8,461	6,929,870
44 4400	LABORATORY	2,320,668	3,582,284	5,902,952		5,902,952
49 4900	RESPIRATORY THERAPY	1,031,197	347,896	1,379,093		1,379,093
50 5000	PHYSICAL THERAPY	477,545	184,804	662,349	-55,112	607,237
51 5100	OCCUPATIONAL THERAPY	311,810	86,984	398,794		398,794
52 5200	SPEECH PATHOLOGY	166,289	58,936	225,225		225,225
53 5300	ELECTROCARDIOLOGY	1,197,997	3,231,482	4,429,479	-2,303,126	2,126,353
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,042,281	2,042,281
55.01 5502	DEVICES AND IMPLANTS				5,288,133	5,288,133
56 5600	DRUGS CHARGED TO PATIENTS		4,032,936	4,032,936		4,032,936
58 5800	ASC (NON-DISTINCT PART)					
59 3950	AUDIOLOGY	129,323	197,059	326,382	-1,340	325,042
59.01 3951	CARDIAC REHAB					
59.02 3952	WORKFITNESS					
59.03 3953	PSYCH/PSYCHOLOGICAL					
59.04 3954	EMG & EEG	351,741	158,923	510,664		510,664
59.05 3955	O/P REHAB SERVICES	1,662,877	619,033	2,281,910	-21,934	2,259,976
59.06 3956	O/P DEPENDENCY SERVICES	186,528	72,756	259,284		259,284
59.07 3957	SPORTS FITNESS	502,792	241,508	744,300		744,300
59.08 3958	LIFE CENTER	973,575	2,114,908	3,088,483		3,088,483
59.09 3020	RECREATIONAL THERAPY	55,836	16,485	72,321		72,321
61 6100	EMERGENCY	3,406,223	3,711,327	7,117,550	-7,835	7,109,715
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 16-0057
I

I PERIOD:
I FROM 7/ 1/2008
I TO 6/30/2009 I

I PREPARED 11/20/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OUTPAT SERVICE COST CNTRS					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	1,567,973	704,291	2,272,264	-44,698	2,227,566
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,793,904	1,793,904	1,452,198	3,246,102
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	1,194,817	877,280	2,072,097		2,072,097
95	SUBTOTALS	57,049,551	87,028,679	144,078,230	-676,339	143,401,891
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 MEALS ON WHEELS					
96.02	9602 OVERNIGHT ROOM					
96.03	9603 SALES TO OUTSIDE ORGANIZATIONS		7,189	7,189		7,189
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 WELLNESS PROGRAM	31,901	13,244	45,145		45,145
98.02	9802 EMPLOYEE WELLNESS PROGRAM					
98.03	9803 ADVERTISING				625,690	625,690
98.04	9804 PARKING RAMP					
98.05	9805 PHYSICIANS' PRIVATE OFFICES					
98.06	9806 RENAL DIALYSIS					
98.07	9807 IDLE SPACE					
98.08	9808 AMERICAN PROSTHETICS					
98.09	9809 OUTREACH REHAB	281,571	94,019	375,590		375,590
98.10	9810 DAY CARE DEPT					
98.11	9811 GRMC HELICOPTER HANGER					
98.12	9812 SWITCHBOARD				50,649	50,649
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	57,363,023	87,143,131	144,506,154	-0-	144,506,154

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET A
I I TO 6/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
1.01 0101	OLD CAP BLDG - KLEIN		223,146
1.02 0102	OLD CAP BLDG - CANCER CENTER		4,512
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
3.02 0302	NEW CRC BLDG - REHAB	321,252	321,252
3.03 0303	NEW CRC BLDG - LAUNDRY		67,361
3.04 0304	NEW CRC BLDG - GRMC	568,093	5,818,238
3.05 0305	NEW CRC BLDG - MERCY	320,188	320,188
3.06 0306	NEW CRC BLDG - EASTMAN	660,928	660,928
3.07 0301	NEW CRC BLDG - HHA/HOSPICE		287,691
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-21,948	6,685,289
5 0500	EMPLOYEE BENEFITS	46,106	1,317,275
6.03 0612	NONPATIENT TELEPHONES LD	-28,834	296,181
6.05 0620	DATA PROCESSING	-14,017	2,210,381
6.06 0630	PURCHASING, RECEIVING AND STORES	-60,889	609,557
6.07 0640	ADMITTING		1,011,279
6.08 0614	BUSINESS OFFICE	-153	1,448,898
6.09 0660	OTHER ADMINISTRATIVE AND GENERAL	-11,492,184	5,120,947
7 0700	MAINTENANCE & REPAIRS		
7.01 0701	UTILITIES - EASTMAN	101,077	101,077
7.02 0702	UTILITIES - MERCY	76,211	76,211
7.03 0703	UTILITIES - KLEIN		142,401
7.04 0704	UTILITIES - CANCER	-4,909	19,806
7.05 0705	UTILITIES - REHAB	61,906	61,906
7.06 0706	UTILITIES - LAUNDRY		139,164
7.07 0707	UTILITIES - HHA/HOSPICE		26,360
8 0800	OPERATION OF PLANT	-102,486	5,098,780
8.01 0801	OPERATION OF PLANT KLEIN		258,293
8.02 0802	OPERATION OF PLANT REHAB	27,656	27,656
8.04 0804	OPERATION OF PLANT EASTMAN	80,406	80,406
8.05 0805	OPERATION OF PLANT MERCY	68,417	68,417
8.06 0803	OPERATION OF PLANT HHA/HOSPICE		13,646
9 0900	LAUNDRY & LINEN SERVICE		745,858
10 1000	HOUSEKEEPING	-23,180	2,091,939
10.01 1001	HOUSEKEEPING-KLEIN		91,435
10.04 1004	HOUSEKEEPING-REHAB		
10.05 1005	HOUSEKEEPING-EASTMAN		
10.06 1006	HOUSEKEEPING-MERCY		
11 1100	DIETARY	-895,946	1,959,127
11.01 1101	DIETARY - KLEIN	-30,888	451,899
12 1200	CAFETERIA		
14 1400	NURSING ADMINISTRATION	456,451	3,456,719
14.01 1401	NURSING ADMINISTRATION-KLEIN		
15 1500	CENTRAL SERVICES & SUPPLY	-119,865	1,877,047
16 1600	PHARMACY	-24,015	2,080,538
17 1700	MEDICAL RECORDS & LIBRARY	-17,431	2,647,788
18 1800	SOCIAL SERVICE		545,916
18.01 1801	RECREATION THERAPY GRMC		
18.02 1802	RECREATION THERAPY KLEIN	-800	84,228
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-4,992	12,251,814
26 2600	INTENSIVE CARE UNIT		2,037,660
31 3100	SUBPROVIDER		789,862
33 3300	NURSERY	-376	517,943
34 3400	SKILLED NURSING FACILITY		1,469,135
35 3500	NURSING FACILITY		4,722,274
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-28,900	12,111,917
39 3900	DELIVERY ROOM & LABOR ROOM		
41 4100	RADIOLOGY-DIAGNOSTIC	-94,283	6,835,587
44 4400	LABORATORY	-28,278	5,874,674
49 4900	RESPIRATORY THERAPY		1,379,093
50 5000	PHYSICAL THERAPY	45	607,282
51 5100	OCCUPATIONAL THERAPY	-30	398,764
52 5200	SPEECH PATHOLOGY		225,225
53 5300	ELECTROCARDIOLOGY		2,126,353
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,042,281
55.01 5502	DEVICES AND IMPLANTS		5,288,133
56 5600	DRUGS CHARGED TO PATIENTS		4,032,936
58 5800	ASC (NON-DISTINCT PART)		
59 3950	ALDIOLOGY		325,042
59.01 3951	CARDIAC REHAB		
59.02 3952	WORKFITNESS		
59.03 3953	PSYCH/PSYCHOLOGICAL		
59.04 3954	EMG & EEG		510,664
59.05 3955	O/P REHAB SERVICES	-22,640	2,237,336
59.06 3956	O/P DEPENDENCY SERVICES	-7,500	251,784
59.07 3957	SPORTS FITNESS	2,707	747,007
59.08 3958	LIFE CENTER	-1,455,533	1,632,950
59.09 3020	RECREATIONAL THERAPY		72,321
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-2,789,013	4,320,702
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET A
I I TO 6/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	OUTPAT SERVICE COST CNTRS		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		2,227,566
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-3,246,102	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		2,072,097
95	SUBTOTALS	-17,723,749	125,678,142
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 MEALS ON WHEELS		
96.02	9602 OVERNIGHT ROOM		
96.03	9603 SALES TO OUTSIDE ORGANIZATIONS		7,189
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 WELLNESS PROGRAM		45,145
98.02	9802 EMPLOYEE WELLNESS PROGRAM		
98.03	9803 ADVERTISING		625,690
98.04	9804 PARKING RAMP		
98.05	9805 PHYSICIANS' PRIVATE OFFICES		
98.06	9806 RENAL DIALYSIS		
98.07	9807 IDLE SPACE		
98.08	9808 AMERICAN PROSTHETICS		
98.09	9809 OUTREACH REHAB		375,590
98.10	9810 DAY CARE DEPT		
98.11	9811 GRMC HELICOPTER HANGER		
98.12	9812 SWITCHBOARD		50,649
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-17,723,749	126,782,405

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP BLDG - KLEIN	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP BLDG - CANCER CENTER	0102	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.02	NEW CRC BLDG - REHAB	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CRC BLDG - LAUNDRY	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CRC BLDG - GRMC	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CRC BLDG - MERCY	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CRC BLDG - EASTMAN	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CRC BLDG - HHA/HOSPICE	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.03	NONPATIENT TELEPHONES LD	0612	NONPATIENT TELEPHONES
6.05	DATA PROCESSING	0620	DATA PROCESSING
6.06	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.07	ADMITTING	0640	ADMITTING
6.08	BUSINESS OFFICE	0614	NONPATIENT TELEPHONES
6.09	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
7.01	UTILITIES - EASTMAN	0701	MAINTENANCE & REPAIRS
7.02	UTILITIES - MERCY	0702	MAINTENANCE & REPAIRS
7.03	UTILITIES - KLEIN	0703	MAINTENANCE & REPAIRS
7.04	UTILITIES - CANCER	0704	MAINTENANCE & REPAIRS
7.05	UTILITIES - REHAB	0705	MAINTENANCE & REPAIRS
7.06	UTILITIES - LAUNDRY	0706	MAINTENANCE & REPAIRS
7.07	UTILITIES - HHA/HOSPICE	0707	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT KLEIN	0801	OPERATION OF PLANT
8.02	OPERATION OF PLANT REHAB	0802	OPERATION OF PLANT
8.04	OPERATION OF PLANT EASTMAN	0804	OPERATION OF PLANT
8.05	OPERATION OF PLANT MERCY	0805	OPERATION OF PLANT
8.06	OPERATION OF PLANT HHA/HOSPICE	0803	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING-KLEIN	1001	HOUSEKEEPING
10.04	HOUSEKEEPING-REHAB	1004	HOUSEKEEPING
10.05	HOUSEKEEPING-EASTMAN	1005	HOUSEKEEPING
10.06	HOUSEKEEPING-MERCY	1006	HOUSEKEEPING
11	DIETARY	1100	
11.01	DIETARY - KLEIN	1101	DIETARY
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
14.01	NURSING ADMINISTRATION-KLEIN	1401	NURSING ADMINISTRATION
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
18.01	RECREATION THERAPY GRMC	1801	SOCIAL SERVICE
18.02	RECREATION THERAPY KLEIN	1802	SOCIAL SERVICE
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
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	
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	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.01	DEVICES AND IMPLANTS	5502	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
59	AUDIOLOGY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	CARDIAC REHAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.02	WORKFITNESS	3952	OTHER ANCILLARY SERVICE COST CENTERS
59.03	PSYCH/PSYCHOLOGICAL	3953	OTHER ANCILLARY SERVICE COST CENTERS
59.04	EMG & EEG	3954	OTHER ANCILLARY SERVICE COST CENTERS
59.05	O/P REHAB SERVICES	3955	OTHER ANCILLARY SERVICE COST CENTERS
59.06	O/P DEPENDENCY SERVICES	3956	OTHER ANCILLARY SERVICE COST CENTERS
59.07	SPORTS FITNESS	3957	OTHER ANCILLARY SERVICE COST CENTERS
59.08	LIFE CENTER	3958	OTHER ANCILLARY SERVICE COST CENTERS
59.09	RECREATIONAL THERAPY	3020	ACUPUNCTURE
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
71	HOME HEALTH AGENCY	7100	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	MEALS ON WHEELS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	OVERNIGHT ROOM	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	SALES TO OUTSIDE ORGANIZATIONS	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	WELLNESS PROGRAM	9801	PHYSICIANS' PRIVATE OFFICES
98.02	EMPLOYEE WELLNESS PROGRAM	9802	PHYSICIANS' PRIVATE OFFICES
98.03	ADVERTISING	9803	PHYSICIANS' PRIVATE OFFICES
98.04	PARKING RAMP	9804	PHYSICIANS' PRIVATE OFFICES
98.05	PHYSICIANS' PRIVATE OFFICES	9805	PHYSICIANS' PRIVATE OFFICES
98.06	RENAL DIALYSIS	9806	PHYSICIANS' PRIVATE OFFICES
98.07	IDLE SPACE	9807	PHYSICIANS' PRIVATE OFFICES
98.08	AMERICAN PROSTHETICS	9808	PHYSICIANS' PRIVATE OFFICES
98.09	OUTREACH REHAB	9809	PHYSICIANS' PRIVATE OFFICES
98.10	DAY CARE DEPT	9810	PHYSICIANS' PRIVATE OFFICES
98.11	GRMC HELICOPTER HANGER	9811	PHYSICIANS' PRIVATE OFFICES
98.12	SWITCHBOARD	9812	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 160057	PERIOD: FROM 7/ 1/2008 TO 6/30/2009	PREPARED 11/20/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	OTHER
	1	2	3	4	5
1 ADVERTISING	A	ADVERTISING	98.03	43,880	581,810
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 SWITCHBOARD EXPENSE	B	SWITCHBOARD	98.12	39,992	10,657
13 INSURANCE EXPENSE	C	OTHER CAPITAL RELATED COSTS	90		158,833
14 BILLABLE SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,042,281
15					
16					
17					
18 DEVICES AND IMPLANTS	E	DEVICES AND IMPLANTS	55.01		5,288,133
19					
20					
21 INTEREST EXPENSE	F	INTEREST EXPENSE	88		1,452,198
22 UTILITIES - HHA/HOSPICE	G	UTILITIES - HHA/HOSPICE	7.07		26,360
23 HOSPICE PLANT OPS	H	OPERATION OF PLANT HHA/HOSPICE	8.06		13,646
36 TOTAL RECLASSIFICATIONS				83,872	9,573,918

(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:	PERIOD:	PREPARED
160057	FROM 7/ 1/2008	11/20/2009
	TO 6/30/2009	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 ADVERTISING	A	EMPLOYEE BENEFITS	5			2,725	
2		OTHER ADMINISTRATIVE AND GENERAL	6.09			545,268	
3		NURSING ADMINISTRATION	14			1,120	
4		ADULTS & PEDIATRICS	25			781	
5		RADIOLOGY-DIAGNOSTIC	41			1,130	
6		AUDIOLOGY	59			1,340	
7		O/P REHAB SERVICES	59.05			21,934	
8		EMERGENCY	61			146	
9		HOME HEALTH AGENCY	71			4,692	
10		OTHER ADMINISTRATIVE AND GENERAL	6.09		43,880		
11		EMPLOYEE BENEFITS	5			2,674	
12 SWITCHBOARD EXPENSE	B	NONPATIENT TELEPHONES LD	6.03		39,992	10,657	
13 INSURANCE EXPENSE	C	OTHER ADMINISTRATIVE AND GENERAL	6.09			158,833	
14 BILLABLE SUPPLIES	D	OPERATING ROOM	37			1,192,268	
15		RADIOLOGY-DIAGNOSTIC	41			7,331	
16		ELECTROCARDIOLOGY	53			834,993	
17		EMERGENCY	61			7,689	
18 DEVICES AND IMPLANTS	E	OPERATING ROOM	37			3,764,888	
19		PHYSICAL THERAPY	50			55,112	
20		ELECTROCARDIOLOGY	53			1,468,133	
21 INTEREST EXPENSE	F	OTHER ADMINISTRATIVE AND GENERAL	6.09			1,452,198	
22 UTILITIES - HHA/HOSPICE	G	HOME HEALTH AGENCY	71			26,360	
23 HOSPICE PLANT OPS	H	HOME HEALTH AGENCY	71			13,646	
36 TOTAL RECLASSIFICATIONS					83,872	9,573,918	

(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: 160057
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET A-6
 NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : ADVERTISING

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADVERTISING	625,690
2.00		0
3.00		0
4.00		0
5.00		0
6.00		0
7.00		0
8.00		0
9.00		0
10.00		0
11.00		0
TOTAL RECLASSIFICATIONS FOR CODE A		625,690

DECREASE		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	2,725
OTHER ADMINISTRATIVE AND GENER	6.09	545,268
NURSING ADMINISTRATION	14	1,120
ADULTS & PEDIATRICS	25	781
RADIOLOGY-DIAGNOSTIC	41	1,130
AUDIOLOGY	59	1,340
O/P REHAB SERVICES	59.05	21,934
EMERGENCY	61	146
HOME HEALTH AGENCY	71	4,692
OTHER ADMINISTRATIVE AND GENER	6.09	43,880
EMPLOYEE BENEFITS	5	2,674
		625,690

RECLASS CODE: B
 EXPLANATION : SWITCHBOARD EXPENSE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	SWITCHBOARD	50,649
TOTAL RECLASSIFICATIONS FOR CODE B		50,649

DECREASE		
COST CENTER	LINE	AMOUNT
NONPATIENT TELEPHONES LD	6.03	50,649
		50,649

RECLASS CODE: C
 EXPLANATION : INSURANCE EXPENSE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	158,833
TOTAL RECLASSIFICATIONS FOR CODE C		158,833

DECREASE		
COST CENTER	LINE	AMOUNT
OTHER ADMINISTRATIVE AND GENER	6.09	158,833
		158,833

RECLASS CODE: D
 EXPLANATION : BILLABLE SUPPLIES

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	2,042,281
2.00		0
3.00		0
4.00		0
TOTAL RECLASSIFICATIONS FOR CODE D		2,042,281

DECREASE		
COST CENTER	LINE	AMOUNT
OPERATING ROOM	37	1,192,268
RADIOLOGY-DIAGNOSTIC	41	7,331
ELECTROCARDIOLOGY	53	834,993
EMERGENCY	61	7,689
		2,042,281

RECLASS CODE: E
 EXPLANATION : DEVICES AND IMPLANTS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	DEVICES AND IMPLANTS	5,288,133
2.00		0
3.00		0
TOTAL RECLASSIFICATIONS FOR CODE E		5,288,133

DECREASE		
COST CENTER	LINE	AMOUNT
OPERATING ROOM	37	3,764,888
PHYSICAL THERAPY	50	55,112
ELECTROCARDIOLOGY	53	1,468,133
		5,288,133

RECLASS CODE: F
 EXPLANATION : INTEREST EXPENSE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	INTEREST EXPENSE	1,452,198
TOTAL RECLASSIFICATIONS FOR CODE F		1,452,198

DECREASE		
COST CENTER	LINE	AMOUNT
OTHER ADMINISTRATIVE AND GENER	6.09	1,452,198
		1,452,198

RECLASS CODE: G
 EXPLANATION : UTILITIES - HHA/HOSPICE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	UTILITIES - HHA/HOSPICE	26,360
TOTAL RECLASSIFICATIONS FOR CODE G		26,360

DECREASE		
COST CENTER	LINE	AMOUNT
HOME HEALTH AGENCY	71	26,360
		26,360

RECLASS CODE: H
 EXPLANATION : HOSPICE PLANT OPS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OPERATION OF PLANT HHA/HOSPICE	13,646
TOTAL RECLASSIFICATIONS FOR CODE H		13,646

DECREASE		
COST CENTER	LINE	AMOUNT
HOME HEALTH AGENCY	71	13,646
		13,646

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(09/1996)
 ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 16-0057 I FROM 7/ 1/2008 I WORKSHEET A-7
 COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 6/30/2009 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	60,000					60,000	
2	LAND IMPROVEMENTS	22,703					22,703	
3	BUILDINGS & FIXTURE	2,092,448					2,092,448	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	1,174,739					1,174,739	
6	MOVABLE EQUIPMENT	896,168					896,168	
7	SUBTOTAL	4,246,058					4,246,058	
8	RECONCILING ITEMS							
9	TOTAL	4,246,058					4,246,058	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	5,291,356					5,291,356	
2	LAND IMPROVEMENTS	6,737,653	2,403,518		2,403,518		9,141,171	
3	BUILDINGS & FIXTURE	94,406,497	21,602		21,602		94,428,099	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	51,061,597	587,517		587,517		51,649,114	
6	MOVABLE EQUIPMENT	75,124,463	3,799,120		3,799,120		78,923,583	
7	SUBTOTAL	232,621,566	6,811,757		6,811,757		239,433,323	
8	RECONCILING ITEMS							
9	TOTAL	232,621,566	6,811,757		6,811,757		239,433,323	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP BLDG - KLEIN	4,076,804		4,076,804	.016730	2,657		2,657
1 02	OLD CAP BLDG - CANCE	2,092,448		2,092,448	.008587	1,364		1,364
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 02	NEW CRC BLDG - REHAB							
3 03	NEW CRC BLDG - LAUND	741,027		741,027	.003041	483		483
3 04	NEW CRC BLDG - GRMC	153,951,743		153,951,743	.631780	100,348		100,348
3 05	NEW CRC BLDG - MERCY							
3 06	NEW CRC BLDG - EASTM							
3 07	NEW CRC BLDG - HHA/H							
4	NEW CAP REL COSTS-MV	82,817,359		82,817,359	.339862	53,981		53,981
5	TOTAL	243,679,381		243,679,381	1.000000	158,833		158,833

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP BLDG - KIFTN	220,489						223,146
1 02	OLD CAP BLDG - CANCE	3,148						4,512
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 02	NEW CRC BLDG - REHAB	321,252						321,252
3 03	NEW CRC BLDG - LAUND	66,878				483		67,361
3 04	NEW CRC BLDG - GRMC	5,797,868		-79,978	100,348			5,818,238
3 05	NEW CRC BLDG - MERCY	320,188						320,188
3 06	NEW CRC BLDG - EASTM	660,928						660,928
3 07	NEW CRC BLDG - HHA/H	287,691						287,691
4	NEW CAP REL COSTS-MV	6,631,308				53,981		6,685,289
5	TOTAL	14,309,750		-79,978	158,833			14,388,605

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP BLDG - KLEIN	220,489						220,489
1 02	OLD CAP BLDG - CANCE	3,148						3,148
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 02	NEW CRC BLDG - REHAB							
3 03	NEW CRC BLDG - LAUND	66,878						66,878
3 04	NEW CRC BLDG - GRMC	5,149,797						5,149,797
3 05	NEW CRC BLDG - MERCY							
3 06	NEW CRC BLDG - EASTM							
3 07	NEW CRC BLDG - HHA/H	287,691						287,691
4	NEW CAP REL COSTS-MV	6,653,256						6,653,256
5	TOTAL	12,381,259						12,381,259

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 16-0057
I

I PERIOD: I PREPARED 11/20/2009
I FROM 7/ 1/2008 I WORKSHEET A-8
I TO 6/30/2009 I

1	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
				COST CENTER 3	LINE NO 4	
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NFW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS	B	-56,129	PURCHASING, RECEIVING AND	6.06	
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACF BY SUPPI TERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,918,906			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-689,579			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-797,807	DIETARY	11	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-20,738	PHARMACY	16	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-4,346	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	NCRC - REHABILITATION CENTER	A	321,252	NEW CRC BLDG - REHAB	3.02	9
38	DIALYSIS DEPRECIATION	A	-57,700	NEW CRC BLDG - GRMC	3.04	9
39	GRMC - MERCY	A	320,188	NEW CRC BLDG - MERCY	3.05	9
40	GRMC - EASTMAN	A	660,928	NEW CRC BLDG - EASTMAN	3.06	9
41	REMOVE MARKUP ON HMES TRANSACTIONS	A	-119,865	CENTRAL SERVICES & SUPPLY	15	
42	AHA DUES MEMBERSHIP - LOBBY EXPENSES	A	-28,961	OTHER ADMINISTRATIVE AND	6.09	
43	BAD DEBTS	A	-7,967,048	OTHER ADMINISTRATIVE AND	6.09	
44	OFFSET RENTAL COSTS - PETERSON - OTH	A	-92,019	OPERATION OF PLANT	8	
45	OFFSET RENTAL DEPR - OTHERS	A	-131,101	NEW CRC BLDG - GRMC	3.04	9
46	OFFSET RENTAL DEPR - OTHERS	A	-10,951	NEW CAP REL COSTS-MVBLE E	4	9
47	OFFSET RENTAL COSTS TO HCR	A	-505,802	OTHER ADMINISTRATIVE AND	6.09	
48	INTEREST EXPENSE	A	-3,246,102	INTEREST EXPENSE	88	
49	MISCELLANEOUS TRAVEL	A	-450	OTHER ADMINISTRATIVE AND	6.09	
49.01	PHONE COST OFFSET	A	-27,211	NONPATIENT TELEPHONES LD	6.03	
49.02	CAPITALIZED COSTS	A	63,900	NEW CRC BLDG - GRMC	3.04	9
49.03	PHYSICIAN COSTS	A	-961,564	OTHER ADMINISTRATIVE AND	6.09	
49.04	ALCOHOL	A	-2,000	OTHER ADMINISTRATIVE AND	6.09	
49.05	ADMINISTRATIVE COST REDUCTIONS	A	-753,265	OTHER ADMINISTRATIVE AND	6.09	
49.06	TV DEPRECIATION EXPENSE	A	-20,997	NEW CAP REL COSTS-MVBLE E	4	9
49.07	REHAB PLANT OP OTHER	A	27,656	OPERATION OF PLANT REHAB	8.02	
49.08	REHAB UTILITIES	A	61,906	UTILITIES - REHAB	7.05	
49.09	EASTMAN PLANT OP OTHER	A	80,406	OPERATION OF PLANT EASTMA	8.01	
49.10	EASTMAN UTILITIES	A	101,077	UTILITIES - EASTMAN	7.01	
49.11	MERCY PLANT OP OTHER	A	68,417	OPERATION OF PLANT MERCY	8.05	
49.12	MERCY UTILITIES	A	76,211	UTILITIES - MERCY	7.02	
49.13	CAPITALIZED INTEREST ON UNNEC BORROW	A	-79,978	NEW CRC BLDG - GRMC	3.04	11
49.14	USEFUL LIFE ADJUSTMENTS	A	772,972	NEW CRC BLDG - GRMC	3.04	9
49.15	AMORTIZATION OF BOND COSTS	A	-104,753	OTHER ADMINISTRATIVE AND	6.09	
49.16	DEFERRED COMP LIABILITY	A	49,453	EMPLOYEE BENEFITS	5	
49.17	UNEMPLOYMENT PAYABLE ADJUSTMENT	A	26,700	OTHER ADMINISTRATIVE AND	6.09	
49.18	SUPERIOR AMBULANCE	B	-409,900	EMERGENCY	61	
49.19	HR NON-OPERATING REVENUE	B	1,347	EMPLOYEE BENEFITS	5	
49.20	SWITCHBOARD MISC REVENUE	B	-1,623	NONPATIENT TELEPHONES LD	6.03	
49.21	IS MISC REVENUE	B	-14,017	DATA PROCESSING	6.05	
49.23	GRMC PATIENT FIN SERV NON-OPERATING	B	-153	BUSTNESS OFFICE	6.08	
49.24						
49.25	GRMC ACCOUNTING MISC NON-OPERATING R	B	-785	OTHER ADMINISTRATIVE AND	6.09	
49.26	GRMC ADMIN RENTAL INCOME	B	-13,526	OTHER ADMINISTRATIVE AND	6.09	
49.27	GRMC ADMIN MISC NON-OPER REV	B	-22,525	OTHER ADMINISTRATIVE AND	6.09	
49.28	GRMC VOLUNTEER SERVICES MISC REV	B	-36,972	OTHER ADMINISTRATIVE AND	6.09	
49.29	GRMC CANCER CENTER RENTAL INCOME	B	-4,909	UTILITIES - CANCER	7.04	
49.30	GRMC PLANT OPS MISC NON-OPERATING RE	B	-939	OPERATION OF PLANT	8	
49.31	GRMC PLANT OPS REVENUE MISC	B	-6,974	OPERATION OF PLANT	8	
49.32	GRMC PLANT OPS REV SUPPLIES	B	-1,140	OPERATION OF PLANT	8	
49.33	GRMC BIOMED ENGIN REV MISC	B	-1,414	OPERATION OF PLANT	8	
49.34	GRMC ENVIR SERVI REV INFECT WASTE	B	-4,545	HOUSEKEEPING	10	
49.35	GRMC ENVIR SERVI REV MISC.	B	-18,635	HOUSEKEEPING	10	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 16-0057
I

I PERIOD:
I FROM 7/ 1/2008 I PREPARED 11/20/2009
I TO 6/30/2009 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
49.36 GRMC NUTRITION SERVICES MOW	B	-97,897	DIETARY		11	
49.37 GRMC NUTRITION SERVICES POP	B	-242	DIETARY		11	
49.38 KLN NUTRITION SERV REV CAFETERIA	B	-30,888	DIETARY - KLEIN		11.01	
49.39 GRMC CORPORATE EDUCATION REV MISC.	B	-121	NURSING ADMINISTRATION		14	
49.40 GRMC CORPORATE EDUCATION MISC NON-OP	B	-330	NURSING ADMINISTRATION		14	
49.41 GRMC CORPORATE EDUCATION INT/DIV	B	-4,812	NURSING ADMINISTRATION		14	
49.42 GRMC PHARMACY REV MISC.	B	-3,277	PHARMACY		16	
49.43 GRMC QUALITY RESOURCES GRANT FUNDS	B	-13,085	MEDICAL RECORDS & LIBRARY		17	
49.44 KLN REC. THERAPY KL REV MISC.	B	-800	RECREATION THERAPY KLEIN		18.02	
49.45 GRMC WFC - PEDS & SWING KID KARE	B	-367	ADULTS & PEDIATRICS		25	
49.46 GRMC WFC - NURSERY REV. MISC	B	-376	NURSERY		33	
49.47 GRMC SURGICAL SERVICES MISC NON-OPER	B	-2,400	OPERATING ROOM		37	
49.48 GRMC PHLEB - PROCS. REV MISC.	B	-770	LABORATORY		44	
49.49 GRMC P.T. - IP REV - OB REHAB THERAP	B	45	PHYSICAL THERAPY		50	
49.50 GRMC O.T. - IP REV - OB REHAB THERAP	B	-30	OCCUPATIONAL THERAPY		51	
49.51 GRMC COMP REHAB - IP REV - OB REHAB	B	-4,400	O/P REHAB SERVICES		59.05	
49.52 GRMC PHY REHAB P.T. - OP REV MISC	B	-650	O/P REHAB SERVICES		59.05	
49.53 GRMC PHY REHAB P.T. - OP REV - OB RE	B	-90	O/P REHAB SERVICES		59.05	
49.54 GRMC PAIN MGMT RENTAL INC	B	-2,500	O/P REHAB SERVICES		59.05	
49.55 GRMC HEALTH FITNESS REV MISC.	B	2,707	SPORTS FITNESS		59.07	
49.56 GRMC WOUND & HYPERBARIC REV - OB REH	B	-18,770	LIFE CENTER		59.08	
49.57 GRMC BUSINESS HEALTH REV MISC.	B	-39,211	LIFE CENTER		59.08	
49.58 GRMC SUPERIOR AMB REV MISC.	B	-9,875	EMERGENCY		61	
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,723,749				

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

(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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	37	OPERATING ROOM	106,000	132,500	-26,500	
2	6 6	PURCHASING, RECEIVING AND PURCHASING	11,107	15,867	-4,760	
3	6 9	OTHER ADMINISTRATIVE AND ADMIN	19,125	21,250	-2,125	
4	14	NURSING ADMINISTRATION	230,463		230,463	
4.01	14	NURSING ADMINISTRATION	231,251		231,251	
4.02	6 9	OTHER ADMINISTRATIVE AND ADMIN & GENERAL	1,860,063	2,977,971	-1,117,908	
5		TOTALS	2,458,009	3,147,588	-689,579	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE: THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	GRMC	HEALTH ENTERPRISES	0.00	
2	C	GRMC	MCMS	100.00	
3				0.00	
4				0.00	
5				0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 16-0057 I
I I

I PERIOD: I
I FROM 7/ 1/2008 I
I TO 6/30/2009 I

I PREPARED 11/20/2009 I
I WORKSHEET A-8-2 I
I GROUP 1 I

WKSHT A	COST CENTER/ PHYSICIAN	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
LINE NO.	IDENTIFIER	3	4	5	6	7	8	9
1 44	LAB ADMIN - SPECIALIST	271,908		271,908	208,000	2,444	244,400	12,220
2 59	5 COMP REHAB - IP SPECIALIS	45,000		45,000	208,000	300	30,000	1,500
3 25	BEHAVIORAL HEALTH SPECIAL	4,625	4,625					
4 61	ETC PROF SERVICES SPECIAL	186,558	186,558					
5 61	ETC PROF SERV SPECIALIST	2,182,680	2,182,680					
6 59	6 ADDICTION SERV SPECIALIST	7,500	7,500					
7 59	8 PHY RFHAB WOHND SPECIALIS	1,068,617	1,068,617					
8 59	8 BUSINESS HEALTH SPECIALIS	328,935	328,935					
9 5	EMPLOYEE HEALTH SPECIALIS	2,000	2,000					
10 6	9 ADMIN SPECIALIST FEES	1,200	1,200					
11 41	RAD. THERAPY SPECIALIST F	94,283	94,283					
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,193,306	3,876,398	316,908		2,744	274,400	13,720

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET A-8-2
 I I TO 6/30/2009 I GROUP 1

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	44	LAB ADMIN - SPECIALIST					244,400	27,508	27,508
2	59	5 COMP REHAB - IP SPECIALIS					30,000	15,000	15,000
3	25	BEHAVIORAL HEALTH SPECIAL							4,625
4	61	ETC PROF SERVICES SPECIAL							186,558
5	61	ETC PROF SERV SPECIALIST							2,182,680
6	59	6 ADDICTION SERV SPECIALIST							7,500
7	59	8 PHY REHAB WOUND SPECIALIS							1,068,617
8	59	8 BUSINESS HEALTH SPECIALIS							328,935
9	5	EMPLOYEE HEALTH SPECIALIS							2,000
10	6	9 ADMIN SPECIALIST FEES							1,200
11	41	RAD. THERAPY SPECIALIST F							94,283
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					274,400	42,508	3,918,906

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
1.01	OLD CAP BLDG - KLEIN	2	SQUARE	FEET	ENTERED
1.02	OLD CAP BLDG - CANCER CENTER	3	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	5	SQUARE	FEET	NOT ENTERED
3.02	NEW CRC BLDG - REHAB	6	SQUARE	FEET	ENTERED
3.03	NEW CRC BLDG - LAUNDRY	7	SQUARE	FEET	ENTERED
3.04	NEW CRC BLDG - GRMC	8	SQUARE	FEET	ENTERED
3.05	NEW CRC BLDG - MERCY	9	SQUARE	FEET	ENTERED
3.06	NEW CRC BLDG - EASTMAN	10	SQUARE	FEET	ENTERED
3.07	NEW CRC BLDG - HHA/HOSPICE	47	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	12	FTES		ENTERED
6.03	NONPATIENT TELEPHONES LD	14	PHONES		ENTERED
6.05	DATA PROCESSING	-15	ACCUM.	COST	NOT ENTERED
6.06	PURCHASING, RECEIVING AND STORES	16	PURCHASES		ENTERED
6.07	ADMITTING	17	CHARGES		ENTERED
6.08	BUSINESS OFFICE	18	CHARGES		ENTERED
6.09	OTHER ADMINISTRATIVE AND GENERAL	-19	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	20	SQUARE	FEET	NOT ENTERED
7.01	UTILITIES - EASTMAN	21	SQUARE	FEET	ENTERED
7.02	UTILITIES - MERCY	22	SQUARE	FEET	ENTERED
7.03	UTILITIES - KLEIN	2	SQUARE	FEET	ENTERED
7.04	UTILITIES - CANCER	3	SQUARE	FEET	ENTERED
7.05	UTILITIES - REHAB	23	SQUARE	FEET	ENTERED
7.06	UTILITIES - LAUNDRY	7	SQUARE	FEET	ENTERED
7.07	UTILITIES - HHA/HOSPICE	47	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	24	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT KLEIN	2	SQUARE	FEET	ENTERED
8.02	OPERATION OF PLANT REHAB	23	SQUARE	FEET	ENTERED
8.04	OPFRATION OF PLANT EASTMAN	21	SQUARE	FEET	ENTERED
8.05	OPERATION OF PLANT MERCY	22	SQUARE	FEET	ENTERED
8.06	OPERATION OF PLANT HHA/HOSPICE	47	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	25	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	26	HOURS OF	SERVICE	ENTERED
10.01	HOUSEKEEPING-KIFTN	27	HOURS OF	SERVICE	ENTERED
10.04	HOUSEKEEPING-REHAB	23	SQUARE	FEET	ENTERED
10.05	HOUSEKEEPING-EASTMAN	21	SQUARE	FEET	ENTERED
10.06	HOUSEKEEPING-MERCY	22	SQUARE	FEET	ENTERED
11	DIETARY	28	MEALS	SERVED	ENTERED
11.01	DIETARY - KLEIN	40	MEALS	SERVED	ENTERED
12	CAFETERIA	12	FTES		ENTERED
14	NURSING ADMINISTRATION	31	DIRECT	NRSING HRS	ENTERED
14.01	NURSING ADMINISTRATION-KLEIN	27	HOURS OF	SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	PURCHASES		ENTERED
16	PHARMACY	33	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	18	CHARGES		ENTERED
18	SOCIAL SERVICE	35	TIME	SPENT	ENTERED
18.01	RECREATION THERAPY GRMC	36	TIME	SPENT	NOT ENTERED
18.02	RECREATION THERAPY KLEIN	27	HOURS OF	SERVICE	ENTERED

Health Financial Systems		MCRIF32	FOR GREAT RIVER MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(7/2009)			
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
			I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET B
			I		I	TO 6/30/2009	I	PART I
COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP BLDG - KLEIN	OLD CAP BLDG - CANCER CEN	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C - REHAB	NEW CRC BLDG
	0	1	1.01	1.02	2	3		3.02
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 01 OLD CAP BLDG - KLEIN	223,146		223,146					
001 02 OLD CAP BLDG - CANCER CEN	4,512			4,512				
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 02 NEW CRC BLDG - REHAB	321,252							321,252
003 03 NEW CRC BLDG - LAUNDRY	67,361							
003 04 NEW CRC BLDG - GRMC	5,818,238							
003 05 NEW CRC BLDG - MERCY	320,188							
003 06 NEW CRC BLDG - EASTMAN	660,928							
003 07 NEW CRC BLDG - HHA/HOSPICE	287,691							
004 NEW CAP REL COSTS-MVBLE E	6,685,289							
005 EMPLOYEE BENEFITS	1,317,275							
006 03 NONPATIENT TELEPHONES LD	296,181							
006 05 DATA PROCESSING	2,210,381							
006 06 PURCHASING, RECEIVING AND	609,557							
006 07 ADMITTING	1,011,279							
006 08 BUSINESS OFFICE	1,448,898							
006 09 OTHER ADMINISTRATIVE AND	5,120,947							95,936
007 MAINTENANCE & REPAIRS								
007 01 UTILITIES - EASTMAN	101,077							
007 02 UTILITIES - MERCY	76,211							
007 03 UTILITIES - KLEIN	142,401							
007 04 UTILITIES - CANCER	19,806							
007 05 UTILITIES - REHAB	61,906							
007 06 UTILITIES - LAUNDRY	139,164							
007 07 UTILITIES - HHA/HOSPICE	26,360							
008 OPERATION OF PLANT	5,098,780							
008 01 OPERATION OF PLANT KLEIN	258,293							
008 02 OPERATION OF PLANT REHAB	27,656							
008 04 OPERATION OF PLANT EASTMA	80,406							
008 05 OPERATION OF PLANT MERCY	68,417							
008 06 OPERATTON OF PLANT HHA/HO	13,646							
009 LAUNDRY & LINEN SERVICE	745,858							
010 HOUSEKEEPING	2,091,939							
010 01 HOUSEKEEPING-KLEIN	91,435							
010 04 HOUSEKEEPING-REHAB								
010 05 HOUSEKEEPING-EASTMAN								
010 06 HOUSEKEEPING-MERCY								
011 DIETARY	1,959,127							
011 01 DIETARY - KLEIN	451,899							
012 CAFETERIA								
014 NURSING ADMINISTRATION	3,456,719							
014 01 NURSING ADMINISTRATION-KL								
015 CENTRAL SERVICES & SUPPLY	1,877,047							
016 PHARMACY	2,080,538							
017 MEDICAL RECORDS & LIBRARY	2,647,788							
018 SOCIAL SERVICE	545,916							
018 01 RECREATION THERAPY GRMC								
018 02 RECREATION THERAPY KLEIN	84,228							
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	12,251,814							
026 INTENSIVE CARE UNIT	2,037,660							
031 SUBPROVIDER	789,862							
033 NURSERY	517,943							
034 SKILLED NURSING FACILITY	1,489,135							
035 NURSING FACILITY	4,722,274		223,146					
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	12,111,917							
039 DELIVERY ROOM & LABOR ROO								
041 RADIOLOGY-DIAGNOSTIC	6,835,587			4,512				
044 LABORATORY	5,874,674							
049 RESPIRATORY THERAPY	1,379,093							
050 PHYSICAL THERAPY	607,282							
051 OCCUPATIONAL THERAPY	398,764							
052 SPEECH PATHOLOGY	225,225							
053 ELECTROCARDIOLOGY	2,126,353							
055 MEDICAL SUPPLIES CHARGED	2,042,281							
055 01 DEVICES AND IMPLANTS	5,288,133							
056 DRUGS CHARGED TO PATIENTS	4,032,936							
058 ASC (NON-DISTINCT PART)								
059 AUDIOLOGY	325,042							
059 01 CARDIAC REHAB								
059 02 WORKFITNESS								
059 03 PSYCH/PSYCHOLOGICAL								
059 04 EMG & EEG	510,664							
059 05 O/P REHAB SERVICES	2,237,336							88,542
059 06 O/P DEPENDENCY SERVICES	251,784							
059 07 SPORTS FITNESS	747,007							28,987
059 08 LIFE CENTER	1,632,950							37,251
059 09 RECREATIONAL THERAPY	72,321							
061 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	4,320,702							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & - KLEIN	OLD CAP BLDG - 1.01	OLD CAP BLDG - 1.02	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & - REHAB	NEW CRC BLDG
	0	1	1.01	1.02	2	3	3.02
062 OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	2,227,566						
093 SPEC PURPOSE COST CENTERS HOSPICE	2,072,097						
095 SUBTOTALS	125,678,142		223,146	4,512			250,716
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA	7,189						
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							63,215
098 01 WELLNESS PROGRAM	45,145						
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING	625,690						
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							7,321
098 09 OUTREACH REHAB	375,590						
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD	50,649						
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	126,782,405		223,146	4,512			321,252

Health Financial Systems		MCRIF32		FOR GREAT RIVER MEDICAL CENTER		IN LIEU OF FORM CNS-2552-96(7/2009)CONTD	
COST ALLOCATION - GENERAL SERVICE COSTS		I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
		I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET B
		I		I	TO 6/30/2009	I	PART I
COST CENTER DESCRIPTION	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPIC	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
	3.03	3.04	3.05	3.06	3.07	4	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
002 OLD CAP BLDG - CANCER CEN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY	67,361						
003 04 NEW CRC BLDG - GRMC		5,818,238					
003 05 NEW CRC BLDG - MERCY			320,188				
003 06 NEW CRC BLDG - EASTMAN				660,928			
003 07 NEW CRC BLDG - HHA/HOSPIC					287,691		
004 NEW CAP REL COSTS-MVBLE E						6,685,289	
005 EMPLOYEE BENEFITS		39,044				34,922	1,391,241
006 03 NONPATIENT TELEPHONES LD							8,455
006 05 DATA PROCESSING		97,556	4,572			630,298	25,858
006 06 PURCHASING, RECEIVING AND		223,667				72,495	7,537
006 07 ADMITTING		39,293				749	25,445
006 08 BUSINESS OFFICE		44,982				181	17,896
006 09 OTHER ADMINISTRATIVE AND		268,809	34,121	22,513		42,493	26,199
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT		157,171				423,673	52,943
008 01 OPERATION OF PLANT KLEIN						9,421	3,579
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 LAUNDRY & LINEN SERVICE	67,361					58,534	13,503
010 HOUSEKEEPING						28,104	58,278
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY		251,314				106,509	50,431
011 01 DIETARY - KLEIN						9,481	
012 CAFETERIA							
014 NURSING ADMINISTRATION		78,052	4,572			309,388	38,787
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY		180,694				74,071	45,670
016 PHARMACY		51,490				77,068	26,191
017 MEDICAL RECORDS & LIBRARY						56,253	43,731
018 SOCIAL SERVICE		139,534					10,130
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN						1,155	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		637,344	330			215,481	205,724
026 INTENSIVE CARE UNIT		182,205	330			81,251	28,175
031 SUBPROVIDER		273,699				17,928	12,780
033 NURSERY						5,004	6,333
034 SKILLED NURSING FACILITY		131,995	330			44,743	26,546
035 NURSING FACILITY						54,840	131,113
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,550,360	330			1,301,447	103,305
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC		486,609				1,784,205	75,646
044 LABORATORY		186,081	1,016			244,081	59,574
049 RESPIRATORY THERAPY		65,251				95,443	25,640
050 PHYSICAL THERAPY						3,798	11,254
051 OCCUPATIONAL THERAPY						59	6,252
052 SPEECH PATHOLOGY							2,742
053 ELECTROCARDIOLOGY		234,904				624,372	21,246
055 MEDICAL SUPPLIES CHARGED							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY						10,218	2,294
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG		41,462				28,075	7,962
059 05 O/P REHAB SERVICES						9,467	33,315
059 06 O/P DEPENDENCY SERVICES		64,540				973	4,726
059 07 SPORTS FITNESS						10,007	12,069
059 08 LIFE CENTER			406			56,474	20,971
059 09 RECREATIONAL THERAPY							1,400
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		238,762				76,152	67,949

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPIC	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE FITS	BENE
	3.03	3.04	3.05	3.06	3.07	4	5	
062 OUTPAT SERVICE COST CNTRS								
OBSERVATION BEDS (NON-DIS								
OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY					147,107	13,184		37,146
SPEC PURPOSE COST CENTERS								
093 HOSPICE					140,584	71,101		26,741
095 SUBTOTALS	67,361	5,664,818	46,007	22,513	287,691	6,683,098		1,386,136
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		35,577						
096 01 MEALS ON WHEELS								
096 02 OVERNIGHT ROOM								
096 03 SALES TO OUTSIDE ORGANIZA						2,191		
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC			273,317	638,415				
098 01 WELLNESS PROGRAM								677
098 02 EMPLOYEE WELLNESS PROGRAM								
098 03 ADVERTISING		78,052	864					
098 04 PARKING RAMP								
098 05 PHYSICIANS' PRIVATE OFFIC								
098 06 RENAL DIALYSIS								
098 07 IDLE SPACE								
098 08 AMERICAN PROSTHETICS								
098 09 OUTREACH REHAB								4,428
098 10 DAY CARE DEPT								
098 11 GRMC HELICOPTER HANGER								
098 12 SWITCHBOARD								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS		39,791						
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	67,361	5,818,238	320,188	660,928	287,691	6,685,289		1,391,241

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES LD	SUBTOTAL	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	BUSINESS OFFICE	SUBTOTAL
	6.03	6a.03	6.05	6.06	6.07	6.08	6a.08
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER CEN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD	304,636						
006 05 DATA PROCESSING	6,311	2,974,976	2,974,976				
006 06 PURCHASING, RECEIVING AND	6,311	919,567	22,096	941,663			
006 07 ADMITTING	10,621	1,087,387	26,129	3,119	1,116,635		
006 08 BUSINESS OFFICE	5,080	1,517,037	36,453	1,005		1,554,495	
006 09 OTHER ADMINISTRATIVE AND	13,854	5,625,472	135,174	1,338			5,761,984
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN		101,077	2,429				103,506
007 02 UTILITIES - MERCY		76,211	1,831				78,042
007 03 UTILITIES - KLEIN		142,401	3,422				145,823
007 04 UTILITIES - CANCER		19,806	476		11		20,293
007 05 UTILITIES - REHAB		61,906	1,488				63,394
007 06 UTILITIES - LAUNDRY		139,164	3,344				142,508
007 07 UTILITIES - HHA/HOSPICE		26,360	633				26,993
008 OPERATION OF PLANT	34,173	5,766,740	138,569	339			5,905,648
008 01 OPERATION OF PLANT KLEIN		271,293	6,519	14			277,826
008 02 OPERATION OF PLANT REHAB		27,656	665				28,321
008 04 OPERATION OF PLANT EASTMA		80,406	1,932				82,338
008 05 OPERATION OF PLANT MERCY		68,417	1,644				70,061
008 06 OPERATION OF PLANT HHA/HO		13,646	328				13,974
009 LAUNDRY & LINEN SERVICE		885,256	21,272	1,241			907,769
010 HOUSEKEEPING	1,231	2,179,552	52,372	1,857			2,233,781
010 01 HOUSEKEEPING-KLEIN		91,435	2,197	90			93,722
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY	4,926	2,372,307	57,004	450			2,429,761
011 01 DIETARY - KLEIN		461,380	11,087	179			472,646
012 CAFETERIA							
014 NURSING ADMINISTRATION	12,161	3,899,679	93,705	317			3,993,701
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY	3,233	2,180,715	52,400	19,949			2,253,064
016 PHARMACY	2,309	2,237,596	53,767	6,932	92,523	126,368	2,517,186
017 MEDICAL RECORDS & LIBRARY	18,164	2,765,936	66,463	917			2,833,316
018 SOCIAL SERVICE	2,617	698,197	16,777	119			715,093
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN		85,383	2,052	27			87,462
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	49,569	13,360,262	321,034	78,282	100,972	137,908	13,998,458
026 INTENSIVE CARE UNIT	6,619	2,336,240	56,138	33,294	17,269	23,586	2,466,527
031 SUBPROVIDER	3,079	1,097,348	26,368	916	6,926	9,459	1,141,017
033 NURSERY		529,280	12,718	2,349	5,430	7,416	557,193
034 SKILLED NURSING FACILITY	9,852	1,702,601	40,912	11,580	12,886	17,599	1,785,578
035 NURSING FACILITY		5,131,373	123,302	8,303		29,745	5,292,723
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	25,861	15,093,220	362,681	545,970	238,473	325,354	16,565,698
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC	16,471	9,203,030	221,140	15,348	184,437	251,904	9,875,859
044 LABORATORY	9,698	6,375,124	153,188	24,480	101,971	139,272	6,794,035
049 RESPIRATORY THERAPY	1,539	1,566,966	37,653	2,387	32,329	44,155	1,683,490
050 PHYSICAL THERAPY	6,465	628,799	15,109	190	6,005	8,201	658,304
051 OCCUPATIONAL THERAPY		405,075	9,734		4,064	5,551	424,424
052 SPEECH PATHOLOGY		227,967	5,478		1,369	1,870	236,684
053 ELECTROCARDIOLOGY	10,621	3,017,496	72,507	111,868	74,623	101,920	3,378,414
055 MEDICAL SUPPLIES CHARGED		2,042,281	49,074		16,988	23,203	2,131,546
055 01 DEVICES AND IMPLANTS		5,288,133	127,069		46,648	63,712	5,525,562
056 DRUGS CHARGED TO PATIENTS		4,032,936	96,907				4,129,843
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY		337,554	8,111	20	1,822	2,489	349,996
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG	2,001	590,164	14,181	251	10,397	14,200	629,193
059 05 O/P REHAB SERVICES	19,704	2,388,364	57,390	3,545	13,899	18,983	2,482,181
059 06 O/P DEPENDENCY SERVICES	1,078	323,101	7,764	28	1,096	1,496	333,485
059 07 SPORTS FITNESS		798,070	19,177	99	2,272	3,103	822,721
059 08 LIFE CENTER		1,748,052	42,004	9,046	38,601	52,722	1,890,425
059 09 RECREATIONAL THERAPY		73,721	1,771		504	689	76,685
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	13,238	4,716,803	113,340	49,952	86,081	117,569	5,083,745

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES LD	SUBTOTAL	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	BUSINESS OFFICE	SUBTOTAL
	6.03	6a.03	6.05	6.06	6.07	6.08	6a.08
062 OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	6,311	2,431,314	58,422	2,220	7,123	9,729	2,508,808
093 HOSPICE	1,539	2,312,062	55,557	2,586	10,173	13,895	2,394,273
095 SUBTOTALS	304,636	124,534,294	2,920,957	940,618	1,114,881	1,552,098	124,475,079
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		35,577	855				36,432
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZATION		9,380	225	509			10,114
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		974,947	23,427				998,374
098 01 WELLNESS PROGRAM		45,822	1,101		180	247	47,350
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING		704,606	16,931				721,537
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFICE							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS		7,321	176				7,497
098 09 OUTREACH REHAB		380,018	9,131		1,574	2,150	392,873
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD		50,649	1,217				51,866
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS		39,791	956	536			41,283
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	304,636	126,782,405	2,974,976	941,663	1,116,635	1,554,495	126,782,405

Health Financial Systems		MCRIF32	FOR GREAT RIVER MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(7/2009)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
			I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET B
			I		I	TO 6/30/2009	I	PART I
COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	UTILITIES - E ASTMAN	UTILITIES - M ERCY	UTILITIES - K LEIN	UTILITIES - C ANCER	UTILITIES - R EHAB	
	6.09	7	7.01	7.02	7.03	7.04	7.05	
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP BLDG - KLEIN								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 02 NEW CRC BLDG - REHAB								
003 03 NEW CRC BLDG - LAUNDRY								
003 04 NEW CRC BLDG - GRMC								
003 05 NEW CRC BLDG - MERCY								
003 06 NEW CRC BLDG - EASTMAN								
003 07 NEW CRC BLDG - HHA/HOSPIC								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 03 NONPATIENT TELEPHONES LD								
006 05 DATA PROCESSING								
006 06 PURCHASING, RECEIVING AND								
006 07 ADMITTING								
006 08 BUSINESS OFFICE								
006 09 OTHER ADMINISTRATIVE AND	5,761,984							
007 MAINTENANCE & REPAIRS								
007 01 UTILITIES - EASTMAN	4,928		108,434					
007 02 UTILITIES - MERCY	3,716			81,758				
007 03 UTILITIES - KLEIN	6,943				152,766			
007 04 UTILITIES - CANCER	966					21,259		
007 05 UTILITIES - REHAB	3,018						66,412	
007 06 UTILITIES - LAUNDRY	6,785							
007 07 UTILITIES - HHA/HOSPICE	1,285							
008 OPERATION OF PLANT	281,180							
008 01 OPERATION OF PLANT KLEIN	13,228							
008 02 OPERATION OF PLANT REHAB	1,348							
008 04 OPERATION OF PLANT EASTMA	3,920							
008 05 OPERATION OF PLANT MERCY	3,336							
008 06 OPFRATION OF PLANT HHA/HO	665							
009 LAUNDRY & LINEN SERVICE	43,221							
010 HOUSEKEEPING	106,355							
010 01 HOUSEKEEPING-KLEIN	4,462							
010 04 HOUSEKEEPING-REHAB								
010 05 HOUSEKEEPING-FASTMAN								
010 06 HOUSEKEEPING-MERCY								
011 DIETARY	115,686							
011 01 DIETARY - KLEIN	22,504							
012 CAFETERIA								
014 NURSING ADMINISTRATION	190,148			1,328				
014 01 NURSING ADMINISTRATION-KL								
015 CENTRAL SERVICES & SUPPLY	107,273							
016 PHARMACY	119,848							
017 MEDICAL RECORDS & LIBRARY	134,900							
018 SOCIAL SERVICE	34,047							
018 01 RECREATION THERAPY GRMC								
018 02 RECREATION THERAPY KLEIN	4,164							
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	666,495				96			
026 INTENSIVE CARE UNIT	117,436				96			
031 SUBPROVIDER	54,326							
033 NURSERY	26,529							
034 SKILLED NURSING FACILITY	85,015				96			
035 NURSING FACILITY	251,997					152,766		
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	788,687				96			
039 DELIVERY ROOM & LABOR ROO								
041 RADIOLOGY-DIAGNOSTIC	470,209						21,259	
044 LABORATORY	323,478				295			
049 RESPIRATORY THERAPY	80,154							
050 PHYSICAL THERAPY	31,343							
051 OCCUPATIONAL THERAPY	20,208							
052 SPEECH PATHOLOGY	11,269							
053 ELECTROCARDIOLOGY	160,853							
055 MEDICAL SUPPLIES CHARGED	101,487							
055 01 DEVICES AND IMPLANTS	263,083							
056 DRUGS CHARGED TO PATIENTS	196,630							
058 ASC (NON-DISTINCT PART)								
059 AUDIOLOGY	16,664							
059 01 CARDIAC REHAB								
059 02 WORKFITNESS								
059 03 PSYCH/PSYCHOLOGICAL								
059 04 EMG & EEG	29,957							
059 05 O/P REHAB SERVICES	118,182							26,097
059 06 O/P DEPENDENCY SERVICES	15,878							
059 07 SPORTS FITNESS	39,171							8,544
059 08 LIFE CENTER	90,007				118			10,980
059 09 RECREATIONAL THERAPY	3,651							
OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	242,047							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	UTILITIES - ASTMAN	E UTILITIES - ERCY	M UTILITIES - LEIN	K UTILITIES - ANKER	C UTILITIES - EHAB	R
	6.09	7	7.01	7.02	7.03	7.04	7.05	
062 OUTPAT SERVICE COST CNTRS								
OBSERVATION BEDS (NON-DIS								
071 OTHER REIMBURS COST CNTRS								
HOME HEALTH AGENCY	119,449							
SPEC PURPOSE COST CENTERS								
093 HOSPICE	113,996							
095 SUBTOTALS	5,652,127			2,125	152,766	21,259	45,621	
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	1,735							
096 01 MEALS ON WHEELS								
096 02 OVERNIGHT ROOM								
096 03 SALES TO OUTSIDE ORGANIZA	482							
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC	47,535		108,434	79,382			18,633	
098 01 WELLNESS PROGRAM	2,254							
098 02 EMPLOYEE WELLNESS PROGRAM								
098 03 ADVERTISING	34,354			251				
098 04 PARKING RAMP								
098 05 PHYSICIANS' PRIVATE OFFIC								
098 06 RENAL DIALYSIS								
098 07 IDLE SPACE								
098 08 AMERICAN PROSTHETICS	357						2,158	
098 09 OUTREACH REHAB	18,705							
098 10 DAY CARE DEPT								
098 11 GRMC HELICOPTER HANGER								
098 12 SWITCHBOARD	2,469							
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS	1,966							
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	5,761,984		108,434	81,758	152,766	21,259	66,412	

Health Financial Systems		MCRIF32	FOR GREAT RIVER MEDICAL CENTER			IN LIEU OF FORM CMS-2552-96(7/2009)CONTD		
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
			I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET B
			I		I	TO 6/30/2009	I	PART I
COST CENTER DESCRIPTION	UTILITIES - L AUNDRY	UTILITIES - H HA/HOSPICE	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT REHAB	OPERATION OF PLANT EASTMA	OPERATION OF PLANT MERCY	
	7.06	7.07	8	8.01	8.02	8.04	8.05	
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP BLDG - KLEIN								
002 02 OLD CAP BLDG - CANCER CEN								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 02 NEW CRC BLDG - REHAB								
003 03 NEW CRC BLDG - LAUNDRY								
003 04 NEW CRC BLDG - GRMC								
003 05 NEW CRC BLDG - MERCY								
003 06 NEW CRC BLDG - EASTMAN								
003 07 NEW CRC BLDG - HHA/HOSPICE								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 03 NONPATIENT TELEPHONES LD								
006 05 DATA PROCESSING								
006 06 PURCHASING, RECEIVING AND								
006 07 ADMITTING								
006 08 BUSINESS OFFICE								
006 09 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS								
007 01 UTILITIES - EASTMAN								
007 02 UTILITIES - MERCY								
007 03 UTILITIES - KLEIN								
007 04 UTILITIES - CANCER								
007 05 UTILITIES - REHAB								
007 06 UTILITIES - LAUNDRY	149,293							
007 07 UTILITIES - HHA/HOSPICE		28,278						
008 OPERATION OF PLANT			6,186,828					
008 01 OPERATION OF PLANT KLEIN				291,054				
008 02 OPERATION OF PLANT REHAB					29,669			
008 04 OPERATION OF PLANT EASTMA						86,258		
008 05 OPERATION OF PLANT MERCY							73,397	
008 06 OPERATION OF PLANT HHA/HO								
009 LAUNDRY & LINEN SERVICE	149,293		99,336					
010 HOUSEKEEPING								
010 01 HOUSEKEEPING-KLEIN								
010 04 HOUSEKEEPING-REHAB								
010 05 HOUSEKEEPING-EASTMAN								
010 06 HOUSEKEEPING-MERCY								
011 DIETARY			309,208					
011 01 DIETARY - KLEIN								
012 CAFETERIA								
014 NURSING ADMINISTRATION			96,033				1,192	
014 01 NURSING ADMINISTRATION-KL								
015 CENTRAL SERVICES & SUPPLY			222,319					
016 PHARMACY			63,351					
017 MEDICAL RECORDS & LIBRARY			171,678					
018 SOCIAL SERVICE								
018 01 RECREATION THERAPY GRMC								
018 02 RECREATION THERAPY KLEIN								
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS			784,165				86	
026 INTENSIVE CARE UNIT			224,179				86	
031 SUBPROVIDER			336,749					
033 NURSERY								
034 SKILLED NURSING FACILITY			162,403				86	
035 NURSING FACILITY				291,054				
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM			1,907,507				86	
039 DELIVERY ROOM & LABOR ROO								
041 RADIOLOGY-DIAGNOSTIC			598,706					
044 LABORATORY			228,947				265	
049 RESPIRATORY THERAPY			80,283					
050 PHYSICAL THERAPY								
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY			289,017					
055 MEDICAL SUPPLIES CHARGED								
055 01 DEVICES AND IMPLANTS								
056 DRUGS CHARGED TO PATIENTS								
058 ASC (NON-DISTINCT PART)								
059 AUDIOLOGY								
059 01 CARDIAC REHAB								
059 02 WORKFITNESS								
059 03 PSYCH/PSYCHOLOGICAL								
059 04 EMG & EEG			51,013					
059 05 O/P REHAB SERVICES					11,659			
059 06 O/P DEPENDENCY SERVICES			79,407					
059 07 SPORTS FITNESS					3,817			
059 08 LIFE CENTER					4,905			
059 09 RECREATIONAL THERAPY							106	
OUTPAT SERVICE COST CNTRS								
061 EMERGENCY			293,764					

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	UTILITIES - L AUNDRY	UTILITIES - H HA/HOSPICE	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT REHAB	OPERATION OF PLANT EASTMA	OPERATION OF PLANT MERCY
	7.06	7.07	8	8.01	8.02	8.04	8.05
062 OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		14,460					
093 HOSPICE		13,818					
095 SUBTOTALS	149,293	28,278	5,998,065	291,054	20,381		1,907
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			43,773				
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC					8,324	86,258	71,265
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING			96,033				225
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS					964		
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS			48,957				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	149,293	28,278	6,186,828	291,054	29,669	86,258	73,397

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT HHA/HO	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-KLEIN	HOUSEKEEPING-REHAB	HOUSEKEEPING-EASTMAN	HOUSEKEEPING-MERCY
	8.06	9	10	10.01	10.04	10.05	10.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
002 02 OLD CAP BLDG - CANCER CEN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYFF BENFFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KLEIN							
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO	14,639						
009 LAUNDRY & LINEN SERVICE		1,199,619					
010 HOUSEKEEPING			2,340,136				
010 01 HOUSEKEEPING-KLEIN				98,184			
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY			29,555				
011 01 DIETARY - KLEIN							
012 CAFETERIA			2,720				
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY		6,921	29,374				
016 PHARMACY			46,418				
017 MEDICAL RECORDS & LIBRARY			9,973				
018 SOCIAL SERVICE			7,797				
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 INPAT ROUTINE SRVC CNTRS		332,814	884,123				
026 ADULTS & PEDIATRICS		37,365	120,035				
031 INTENSIVE CARE UNIT		11,527	5,077				
033 SUBPROVIDER		8,070	7,797				
034 NURSERY		63,923	340,159				
035 SKILLED NURSING FACILITY		106,693		98,184			
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS		185,919	331,456				
039 OPERATING ROOM							
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC		76,141	86,490				
044 LABORATORY		336	33,001				
049 RESPIRATORY THERAPY		248	8,703				
050 PHYSICAL THERAPY		268					
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		19,111					
055 MEDICAL SUPPLIES CHARGED							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG		3,191					
059 05 O/P REHAB SERVICES		37,719	165,003				
059 06 O/P DEPENDENCY SERVICES			10,517				
059 07 SPORTS FITNESS		29,939					
059 08 LIFE CENTER		4,067	36,990				
059 09 RECREATIONAL THERAPY							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		101,091	155,030				

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT HHA/HO	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-KLEIN	HOUSEKEEPING-REHAB	HOUSEKEEPING-EASTMAN	HOUSEKEEPING-MERCY
	8.06	9	10	10.01	10.04	10.05	10.06
062 OUTPAT SERVICE COST CNTRS							
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	7,485		29,918				
SPEC PURPOSE COST CENTERS							
093 HOSPICE	7,154	9,057					
095 SUBTOTALS	14,639	1,034,400	2,340,136	98,184			
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING							
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS		165,219					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	14,639	1,199,619	2,340,136	98,184			

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0057
 I PERIOD: FROM 7/ 1/2008 TO 6/30/2009
 I PREPARED 11/20/2009
 I WORKSHEET B
 I PART I

COST CENTER DESCRIPTION	DIETARY	DIETARY - KLE CAFETERIA IN	12	14	14.01	15	16
	11	11.01					
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
002 OLD CAP REL COSTS-CANCER CEN							
002 02 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KLEIN							
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY	2,884,210						
011 01 DIETARY - KLEIN		495,150					
012 CAFETERIA	1,717,334		1,717,334				
014 NURSING ADMINISTRATION			60,526	4,345,648			
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY			71,267	193,207		2,883,425	
016 PHARMACY			40,870			21,922	2,809,595
017 MEDICAL RECORDS & LIBRARY			68,242	69,634		2,899	
018 SOCIAL SERVICE			15,807	75,754		376	4
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN						85	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	728,573		321,031	1,538,157		247,567	1,173
026 INTENSIVE CARE UNIT	49,666		43,967	210,672		105,292	6
031 SUBPROVIDER	51,113		19,943	95,515		2,898	
033 NURSERY			9,882	47,308		7,430	51
034 SKILLED NURSING FACILITY	118,718		41,425	198,457		36,621	
035 NURSING FACILITY		495,150	204,599			26,258	10,314
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			161,205	772,384		1,726,635	101,062
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC			118,044			48,538	31,163
044 LABORATORY			92,964			77,417	1,816
049 RESPIRATORY THERAPY			40,010			7,549	67
050 PHYSICAL THERAPY			17,562			600	
051 OCCUPATIONAL THERAPY			9,756				
052 SPEECH PATHOLOGY			4,279				
053 ELECTROCARDIOLOGY			33,154	158,848		353,784	94,926
055 MEDICAL SUPPLIES CHARGED							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATIENTS							2,441,176
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY			3,580			65	308
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG			12,424			794	
059 05 O/P REHAB SERVICES			51,987			11,210	857
059 06 O/P DEPENDENCY SERVICES			7,376			87	4
059 07 SPORTS FITNESS			18,833			313	301
059 08 LIFE CENTER			32,724			28,607	31,471
059 09 RECREATIONAL THERAPY			2,184				
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			106,032	508,050		157,975	2,198

COST CENTER DESCRIPTION	DIETARY	DIETARY - KLE CAFETERIA IN		NURSING ADMIN ISTRATION	NURSING ADMIN ISTRATION-KL	CENTRAL SERVI CES & SUPPLY	PHARMACY
	11	11.01	12	14	14.01	15	16
062 OUTPAT SERVICE COST CNTRS							
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY			57,966	277,712		7,021	1,223
SPEC PURPOSE COST CENTERS							
093 HOSPICE			41,729	199,950		8,177	91,475
095 SUBTOTALS	2,665,404	495,150	1,709,368	4,345,648		2,880,120	2,809,595
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 MEALS ON WHEELS	218,806						
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA						1,610	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WELLNESS PROGRAM			1,056				
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING							
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							
098 09 OUTREACH REHAB			6,910				
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS						1,695	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,884,210	495,150	1,717,334	4,345,648		2,883,425	2,809,595

Health Financial Systems		MCRIF32		FOR GREAT RIVER MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(7/2009)CONTD	
COST ALLOCATION - GENERAL SERVICE COSTS		I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
		I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET B
		I		I	TO 6/30/2009	I	PART I
COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	RECREATION TH ERAPY GRMC	RECREATION TH ERAPY KLEIN	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	18.01	18.02	25	26	27
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KLEIN							
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY							
011 01 DIETARY - KLEIN							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	3,290,642						
018 SOCIAL SERVICE		848,878					
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN				91,711			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	317,725	568,545			20,389,008		20,389,008
026 INTENSIVE CARE UNIT	54,340	45,737			3,475,404		3,475,404
031 SUBPROVIDER	21,792	103,292			1,843,249		1,843,249
033 NURSERY	17,086				681,346		681,346
034 SKILLED NURSING FACILITY	40,547	121,456			2,994,484		2,994,484
035 NURSING FACILITY	68,530				7,089,979		7,089,979
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	749,977	438			23,291,150		23,291,150
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC	580,358	875			11,907,642		11,907,642
044 LABORATORY	320,868				7,873,422		7,873,422
049 RESPIRATORY THERAPY	101,728				2,002,732		2,002,732
050 PHYSICAL THERAPY	18,895				726,972		726,972
051 OCCUPATIONAL THERAPY	12,788				467,176		467,176
052 SPEECH PATHOLOGY	4,307				256,539		256,539
053 ELECTROCARDIOLOGY	234,813				4,722,920		4,722,920
055 MEDICAL SUPPLIES CHARGED	53,457				2,286,490		2,286,490
055 01 DEVICES AND IMPLANTS	146,785				5,935,430		5,935,430
056 DRUGS CHARGED TO PATIENTS					6,767,649		6,767,649
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY	5,734				376,347		376,347
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG	32,714				759,286		759,286
059 05 O/P REHAB SERVICES	43,736	1,313			2,949,944		2,949,944
059 06 O/P DEPENDENCY SERVICES	3,447	438			450,639		450,639
059 07 SPORTS FITNESS	7,149				930,788		930,788
059 08 LIFE CENTER	121,465				2,251,865		2,251,865
059 09 RECREATIONAL THERAPY	1,587				84,107		84,107
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	270,866	6,784			6,927,582		6,927,582

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	RECREATION ERAPY GRMC	TH RECREATION ERAPY KLEIN	TH SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	18.01	18.02	25		27
062 OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	22,415				3,046,457		3,046,457
093 SPEC PURPOSE COST CENTERS HOSPICE	32,012				2,911,641		2,911,641
095 SUBTOTALS	3,285,121	848,878		91,711	123,399,748		123,399,748
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP					81,940		81,940
096 01 MEALS ON WHEELS					218,806		218,806
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA RESEARCH					12,206		12,206
098 PHYSICIANS' PRIVATE OFFIC WELLNESS PROGRAM	568				1,418,205		1,418,205
098 02 EMPLOYEE WELLNESS PROGRAM					51,228		51,228
098 03 ADVERTISING					852,400		852,400
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS					10,976		10,976
098 09 OUTREACH REHAB	4,953				423,441		423,441
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD					54,335		54,335
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS					259,120		259,120
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,290,642	848,878		91,711	126,782,405		126,782,405

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & - KLEIN	OLD CAP BLDG - CANCER CEN	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & - REHAB	NEW CRC BLDG	
	0	1	1.01	1.02	2	3	3.02
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER CEN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPICE							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KLEIN							
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY							
011 01 DIETARY - KLEIN							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY			223,146				
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC				4,512			
044 LABORATORY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG							
059 05 O/P REHAB SERVICES							
059 06 O/P DEPENDENCY SERVICES							
059 07 SPORTS FITNESS							
059 08 LIFE CENTER							
059 09 RECREATIONAL THERAPY							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & - KLEIN	OLD CAP BLDG - CANCER CEN	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & - REHAB	NEW CRC BLDG
	0	1	1.01	1.02	2	3
						3.02
062	OUTPAT SERVICE COST CNTRS					
	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
071	HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
093	HOSPICE					
095	SUBTOTALS		223,146	4,512		
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP					
096 01	MEALS ON WHEELS					
096 02	OVERNIGHT ROOM					
096 03	SALES TO OUTSIDE ORGANIZA					
097	RESEARCH					
098	PHYSICIANS' PRIVATE OFFIC					
098 01	WELLNESS PROGRAM					
098 02	EMPLOYEE WELLNESS PROGRAM					
098 03	ADVERTISING					
098 04	PARKING RAMP					
098 05	PHYSICIANS' PRIVATE OFFIC					
098 06	RENAL DIALYSIS					
098 07	IDLE SPACE					
098 08	AMERICAN PROSTHETICS					
098 09	OUTREACH REHAB					
098 10	DAY CARE DEPT					
098 11	GRMC HELICOPTER HANGER					
098 12	SWITCHBOARD					
099	NONPAID WORKERS					
100	OTHER NONREIMBURSABLE COS					
101	CROSS FOOT ADJUSTMENTS					
102	NEGATIVE COST CENTER					
103	TOTAL		223,146	4,512		

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPIC	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	3.03	3.04	3.05	3.06	3.07	4	4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
002 OLD CAP BLDG - CANCER CEN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KLEIN							
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY							
011 01 DIETARY - KLEIN							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							223,146
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC							4,512
044 LABORATORY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG							
059 05 O/P REHAB SERVICES							
059 06 O/P DEPENDENCY SERVICES							
059 07 SPORTS FITNESS							
059 08 LIFE CENTER							
059 09 RECREATIONAL THERAPY							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	UTILITIES - EASTMAN	UTILITIES - MERCY	UTILITIES - KLEIN	UTILITIES - CANCER	UTILITIES - EHAB	UTILITIES - LAUNDRY
GENERAL SERVICE COST CNTR	7	7.01	7.02	7.03	7.04	7.05	7.06
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER CEN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KLEIN							
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY							
011 01 DIETARY - KLEIN							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG							
059 05 O/P REHAB SERVICES							
059 06 O/P DEPENDENCY SERVICES							
059 07 SPORTS FITNESS							
059 08 LIFE CENTER							
059 09 RECREATIONAL THERAPY							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	M	E	U	K	C	R	L
	UTILITIES - LEIN	UTILITIES - ERCY	UTILITIES - ASTMAN	UTILITIES - ANCKER	UTILITIES - EHAB	UTILITIES - AUNDRY	UTILITIES - L
	7.03	7.02	7.01	7	7.04	7.05	7.06
062 OUTPAT SERVICE COST CNTRS							
OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
HOSPICE							
095 SUBTOTALS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING							
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL							

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

ALLOCATION OF OLD CAPITAL RELATED COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET B
I I TO 6/30/2009 I PART II

	UTILITIES - H HA/HOSPICE	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT REHAB	OPERATION OF PLANT EASTMA	OPERATION OF PLANT MERCY	OPERATION OF PLANT HHA/HO
	7.07	8	8.01	8.02	8.04	8.05	8.06
001	GENERAL SERVICE COST CNTR						
001	OLD CAP REL COSTS-BLDG &						
001 01	OLD CAP BLDG - KLEIN						
001 02	OLD CAP BLDG - CANCER CEN						
002	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
003 02	NEW CRC BLDG - REHAB						
003 03	NEW CRC BLDG - LAUNDRY						
003 04	NEW CRC BLDG - GRMC						
003 05	NEW CRC BLDG - MERCY						
003 06	NEW CRC BLDG - EASTMAN						
003 07	NEW CRC BLDG - HHA/HOSPICE						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006 03	NONPATIENT TELEPHONES LD						
006 05	DATA PROCESSING						
006 06	PURCHASING, RECEIVING AND						
006 07	ADMITTING						
006 08	BUSINESS OFFICE						
006 09	OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
007 01	UTILITIES - EASTMAN						
007 02	UTILITIES - MERCY						
007 03	UTILITIES - KLEIN						
007 04	UTILITIES - CANCER						
007 05	UTILITIES - REHAB						
007 06	UTILITIES - LAUNDRY						
007 07	UTILITIES - HHA/HOSPICE						
008	OPERATION OF PLANT						
008 01	OPERATION OF PLANT KLEIN						
008 02	OPERATION OF PLANT REHAB						
008 04	OPERATION OF PLANT EASTMA						
008 05	OPERATION OF PLANT MERCY						
008 06	OPERATION OF PLANT HHA/HO						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
010 01	HOUSEKEEPING-KLEIN						
010 04	HOUSEKEEPING-REHAB						
010 05	HOUSEKEEPING-EASTMAN						
010 06	HOUSEKEEPING-MERCY						
011	DIETARY						
011 01	DIETARY - KLEIN						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
014 01	NURSING ADMINISTRATION-KL						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
018 01	RECREATION THERAPY GRMC						
018 02	RECREATION THERAPY KLEIN						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS						
031	INTENSIVE CARE UNIT						
033	SUBPROVIDER						
034	NURSERY						
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS						
039	OPERATING ROOM						
041	DELIVERY ROOM & LABOR ROO						
044	RADIOLOGY-DIAGNOSTIC						
049	LABORATORY						
050	RESPIRATORY THERAPY						
051	PHYSICAL THERAPY						
052	OCCUPATIONAL THERAPY						
053	SPEECH PATHOLOGY						
055	ELECTROCARDIOLOGY						
055 01	MEDICAL SUPPLIES CHARGED						
056	DEVICES AND IMPLANTS						
058	DRUGS CHARGED TO PATIENTS						
059	ASC (NON-DISTINCT PART)						
059 01	AUDIOLOGY						
059 02	CARDIAC REHAB						
059 03	WORKFITNESS						
059 04	PSYCH/PSYCHOLOGICAL						
059 05	EMG & EEG						
059 06	O/P REHAB SERVICES						
059 07	O/P DEPENDENCY SERVICES						
059 08	SPORTS FITNESS						
059 09	LIFE CENTER						
061	RECREATIONAL THERAPY						
	OUTPAT SERVICE COST CNTRS						
	EMERGENCY						

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET B
 I I TO 6/30/2009 I PART II

	UTILITIES - HA/HOSPICE	H OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT REHAB	OPERATION OF PLANT EASTMA	OPERATION OF PLANT MERCY	OPERATION OF PLANT HHA/HO
	7.07	8	8.01	8.02	8.04	8.05	8.06
062	OUTPUT SERVICE COST CNTRS						
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
071	HOME HEALTH AGENCY						
	SPEC PURPOSE COST CENTERS						
093	HOSPICE						
095	SUBTOTALS						
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
096 01	MEALS ON WHEELS						
096 02	OVERNIGHT ROOM						
096 03	SALES TO OUTSIDE ORGANIZA						
097	RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC						
098 01	WELLNESS PROGRAM						
098 02	EMPLOYEE WELLNESS PROGRAM						
098 03	ADVERTISING						
098 04	PARKING RAMP						
098 05	PHYSICIANS' PRIVATE OFFIC						
098 06	RENAL DIALYSIS						
098 07	IDLE SPACE						
098 08	AMERICAN PROSTHETICS						
098 09	OUTREACH REHAB						
098 10	DAY CARE DEPT						
098 11	GRMC HELICOPTER HANGER						
098 12	SWITCHBOARD						
099	NONPAID WORKERS						
100	OTHER NONREIMBURSABLE COS						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL						

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-KLEIN	HOUSEKEEPING-REHAB	HOUSEKEEPING-EASTMAN	HOUSEKEEPING-MERCY	DIETARY
	9	10	10.01	10.04	10.05	10.06	11
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER CEN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPICE							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KLEIN							
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY							
011 01 DIETARY - KLEIN							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG							
059 05 O/P REHAB SERVICES							
059 06 O/P DEPENDENCY SERVICES							
059 07 SPORTS FITNESS							
059 08 LIFE CENTER							
059 09 RECREATIONAL THERAPY							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-KLEIN	HOUSEKEEPING-REHAB	HOUSEKEEPING-EASTMAN	HOUSEKEEPING-MERCY	DIETARY
	9	10	10.01	10.04	10.05	10.06	11
062 OUTPAT SERVICE COST CNTRS							
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING							
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL							

COST CENTER DESCRIPTION	DIETARY - KLE CAFETERIA IN		NURSING ADMIN ISTRATION	NURSING ADMIN ISTRATION-KL	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
	11.01	12	14	14.01	15	16	17
062 OUTPAT SERVICE COST CNTRS							
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING							
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL							

COST CENTER DESCRIPTION	SOCIAL SERVIC E	RECREATION TH ERAPY GRMC	RECREATION TH ERAPY KLEIN	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
GENERAL SERVICE COST CNTR	18	18.01	18.02	25	26	27
001 OLD CAP REL COSTS-BLDG &						
001 01 OLD CAP BLDG - KLEIN						
001 02 OLD CAP BLDG - CANCER CEN						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 02 NEW CRC BLDG - REHAB						
003 03 NEW CRC BLDG - LAUNDRY						
003 04 NEW CRC BLDG - GRMC						
003 05 NEW CRC BLDG - MERCY						
003 06 NEW CRC BLDG - EASTMAN						
003 07 NEW CRC BLDG - HHA/HOSPIC						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 03 NONPATIENT TELEPHONES LD						
006 05 DATA PROCESSING						
006 06 PURCHASING, RECEIVING AND						
006 07 ADMITTING						
006 08 BUSINESS OFFICE						
006 09 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
007 01 UTILITIES - EASTMAN						
007 02 UTILITIES - MERCY						
007 03 UTILITIES - KLEIN						
007 04 UTILITIES - CANCER						
007 05 UTILITIES - REHAB						
007 06 UTILITIES - LAUNDRY						
007 07 UTILITIES - HHA/HOSPICE						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT KLEIN						
008 02 OPERATION OF PLANT REHAB						
008 04 OPERATION OF PLANT EASTMA						
008 05 OPERATION OF PLANT MERCY						
008 06 OPERATION OF PLANT HHA/HO						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
010 01 HOUSEKEEPING-KLEIN						
010 04 HOUSEKEEPING-REHAB						
010 05 HOUSEKEEPING-EASTMAN						
010 06 HOUSEKEEPING-MERCY						
011 DIETARY						
011 01 DIETARY - KLEIN						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
014 01 NURSING ADMINISTRATION-KL						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
018 01 RECREATION THERAPY GRMC						
018 02 RECREATION THERAPY KLEIN						
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS						
026 INTENSIVE CARE UNIT						
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY				223,146		223,146
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM						
039 DELIVERY ROOM & LABOR ROO						
041 RADIOLOGY-DIAGNOSTIC				4,512		4,512
044 LABORATORY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
055 MEDICAL SUPPLIES CHARGED						
055 01 DEVICES AND IMPLANTS						
056 DRUGS CHARGED TO PATIENTS						
058 ASC (NON-DISTINCT PART)						
059 AUDIOLOGY						
059 01 CARDIAC REHAB						
059 02 WORKFITNESS						
059 03 PSYCH/PSYCHOLOGICAL						
059 04 EMG & EEG						
059 05 O/P REHAB SERVICES						
059 06 O/P DEPENDENCY SERVICES						
059 07 SPORTS FITNESS						
059 08 LIFE CENTER						
059 09 RECREATIONAL THERAPY						
061 OUTPAT SERVICE COST CNTRS						
EMERGENCY						

COST CENTER DESCRIPTION	SOCIAL SERVIC E	RECREATION TH ERAPY GRMC	RECREATION TH ERAPY KLEIN	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	18.01	18.02	25	26	27
062 OUTPAT SERVICE COST CNTRS						
OBSERVATION BEDS (NON-DIS						
071 OTHER REIMBURS COST CNTRS						
HOME HEALTH AGENCY						
093 SPEC PURPOSE COST CENTERS						
HOSPICE						
095 SUBTOTALS				227,658		227,658
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP						
096 01 MEALS ON WHEELS						
096 02 OVERNIGHT ROOM						
096 03 SALES TO OUTSIDE ORGANIZA						
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC						
098 01 WELLNESS PROGRAM						
098 02 EMPLOYEE WELLNESS PROGRAM						
098 03 ADVERTISING						
098 04 PARKING RAMP						
098 05 PHYSICIANS' PRIVATE OFFIC						
098 06 RENAL DIALYSIS						
098 07 IDLE SPACE						
098 08 AMERICAN PROSTHETICS						
098 09 OUTREACH REHAB						
098 10 DAY CARE DEPT						
098 11 GRMC HELICOPTER HANGER						
098 12 SWITCHBOARD						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE COS						
101 CROSS FOOT ADJUSTMNTS						
102 NEGATIVE COST CENTER						
103 TOTAL				227,658		227,658

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & - KLEIN	OLD CAP BLDG - CANCER CEN	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & - REHAB	NEW CRC BLDG - REHAB
	0	1	1.01	1.02	2	3
						3.02
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
001 02 OLD CAP BLDG - KLEIN						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 02 NEW CRC BLDG - REHAB						
003 03 NEW CRC BLDG - LAUNDRY						
003 04 NEW CRC BLDG - GRMC						
003 05 NEW CRC BLDG - MERCY						
003 06 NEW CRC BLDG - EASTMAN						
003 07 NEW CRC BLDG - HHA/HOSPIC						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 03 NONPATIENT TELEPHONES LD						
006 05 DATA PROCESSING						
006 06 PURCHASING, RECEIVING AND						
006 07 ADMITTING						
006 08 BUSINESS OFFICE						
006 09 OTHER ADMINISTRATIVE AND						95,936
007 MAINTENANCE & REPAIRS						
007 01 UTILITIES - EASTMAN						
007 02 UTILITIES - MERCY						
007 03 UTILITIES - KLEIN						
007 04 UTILITIES - CANCER						
007 05 UTILITIES - REHAB						
007 06 UTILITIES - LAUNDRY						
007 07 UTILITIES - HHA/HOSPICE						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT KLEIN						
008 02 OPERATION OF PLANT REHAB						
008 04 OPERATION OF PLANT EASTMA						
008 05 OPERATION OF PLANT MERCY						
008 06 OPERATION OF PLANT HHA/HO						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
010 01 HOUSEKEEPING-KLEIN						
010 04 HOUSEKEEPING-REHAB						
010 05 HOUSEKEEPING-EASTMAN						
010 06 HOUSEKEEPING-MERCY						
011 DIETARY						
011 01 DIETARY - KLEIN						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
014 01 NURSING ADMINISTRATION-KL						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
018 01 RECREATION THERAPY GRMC						
018 02 RECREATION THERAPY KLEIN						
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS						
026 INTENSIVE CARE UNIT						
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM						
039 DELIVERY ROOM & LABOR ROO						
041 RADIOLOGY-DIAGNOSTIC						
044 LABORATORY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
055 MEDICAL SUPPLIES CHARGED						
055 01 DEVICES AND IMPLANTS						
056 DRUGS CHARGED TO PATIENTS						
058 ASC (NON-DISTINCT PART)						
059 AUDIOLOGY						
059 01 CARDIAC REHAB						
059 02 WORKFITNESS						
059 03 PSYCH/PSYCHOLOGICAL						
059 04 EMG & EEG						
059 05 O/P REHAB SERVICES						88,542
059 06 O/P DEPENDENCY SERVICES						
059 07 SPORTS FITNESS						28,987
059 08 LIFE CENTER						37,251
059 09 RECREATIONAL THERAPY						
061 OUTPAT SERVICE COST CNTRS						
EMERGENCY						

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & - KLEIN	OLD CAP BLDG - CANCER CEN	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & - REHAB	NEW CRC BLDG
	0	1	1.01	1.02	2	3
062	OUTPAT SERVICE COST CNTRS					
	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
071	HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
093	HOSPICE					
095	SUBTOTALS					250,716
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP					
096 01	MEALS ON WHEELS					
096 02	OVERNIGHT ROOM					
096 03	SALES TO OUTSIDE ORGANIZA					
097	RESEARCH					
098	PHYSICIANS' PRIVATE OFFIC					63,215
098 01	WELLNESS PROGRAM					
098 02	EMPLOYEE WELLNESS PROGRAM					
098 03	ADVERTISING					
098 04	PARKING RAMP					
098 05	PHYSICIANS' PRIVATE OFFIC					
098 06	RENAL DIALYSIS					
098 07	IDLE SPACE					
098 08	AMERICAN PROSTHETICS					7,321
098 09	OUTREACH REHAB					
098 10	DAY CARE DEPT					
098 11	GRMC HELICOPTER HANGER					
098 12	SWITCHBOARD					
099	NONPAID WORKERS					
100	OTHER NONREIMBURSABLE COS					
101	CROSS FOOT ADJUSTMENTS					
102	NEGATIVE COST CENTER					
103	TOTAL					321,252

COST CENTER DESCRIPTION	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPIC	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	3.03	3.04	3.05	3.06	3.07	4	4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		39,044				34,922	73,966
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING		97,556	4,572			630,298	732,426
006 06 PURCHASING, RECEIVING AND		223,667				72,495	296,162
006 07 ADMITTING		39,293				749	40,042
006 08 BUSINESS OFFICE		44,982				181	45,163
006 09 OTHER ADMINISTRATIVE AND		268,809	34,121	22,513		42,493	463,872
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT		157,171				423,673	580,844
008 01 OPERATION OF PLANT KLEIN						9,421	9,421
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 LAUNDRY & LINEN SERVICE	67,361					58,534	125,895
010 HOUSEKEEPING						28,104	28,104
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY		251,314				106,509	357,823
011 01 DIETARY - KLEIN						9,481	9,481
012 CAFETERIA							
014 NURSING ADMINISTRATION		78,052	4,572			309,388	392,012
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY		180,694				74,071	254,765
016 PHARMACY		51,490				77,068	128,558
017 MEDICAL RECORDS & LIBRARY						56,253	56,253
018 SOCIAL SERVICE		139,534					139,534
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN						1,155	1,155
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		637,344	330			215,481	853,155
026 INTENSIVE CARE UNIT		182,705	330			81,251	263,786
031 SUBPROVIDER		273,699				17,928	291,627
033 NURSERY						5,004	5,004
034 SKILLED NURSING FACILITY		131,995	330			44,743	177,068
035 NURSING FACILITY						54,840	54,840
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,550,360	330			1,301,447	2,852,137
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC		486,609				1,784,205	2,270,814
044 LABORATORY		186,081	1,016			244,081	431,178
049 RESPIRATORY THERAPY		65,251				95,443	160,694
050 PHYSICAL THERAPY						3,798	3,798
051 OCCUPATIONAL THERAPY						59	59
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		234,904				624,372	859,276
055 MEDICAL SUPPLIES CHARGED							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY						10,218	10,218
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG		41,462				28,075	69,537
059 05 O/P REHAB SERVICES						9,467	98,009
059 06 O/P DEPENDENCY SERVICES		64,540				973	65,513
059 07 SPORTS FITNESS						10,007	38,994
059 08 LIFE CENTER			406			56,474	94,131
059 09 RECREATIONAL THERAPY							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		238,762				76,152	314,914

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET B
 I I TO 6/30/2009 I PART III

COST CENTER DESCRIPTION	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPIC	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
062 OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3.03	3.04	3.05	3.06	3.07	4	4a
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					147,107	13,184	160,291
093 HOSPICE					140,584	71,101	211,685
095 SUBTOTALS	67,361	5,664,818	46,007	22,513	287,691	6,683,098	13,022,204
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		35,577					35,577
096 02 MEALS ON WHEELS							
096 03 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZATION						2,191	2,191
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE			273,317	638,415			974,947
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING		78,052	864				78,916
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFICE							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							7,321
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS		39,791					39,791
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	67,361	5,818,238	320,188	660,928	287,691	6,685,289	14,160,947

Health Financial Systems		MCRIF32	FOR GREAT RIVER MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(7/2009)CONTD				
ALLOCATION OF NEW CAPITAL RELATED COSTS			I	PROVIDER NO:	I PERIOD:	I	PREPARED	11/20/2009	
			I	16-0057	I FROM	7/ 1/2008	I	WORKSHEET B	
			I		I TO	6/30/2009	I	PART III	
COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TELEPHONE LD	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND	
	5	6.03		6.05	6.06	6.07	6.08	6.09	
001	GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &								
001 01	OLD CAP BLDG - KLEIN								
001 02	OLD CAP BLDG - CANCER CEV								
002	OLD CAP REL COSTS-MVBLE E								
003	NEW CAP REL COSTS-BLDG &								
003 02	NEW CRC BLDG - REHAB								
003 03	NEW CRC BLDG - LAUNDRY								
003 04	NEW CRC BLDG - GRMC								
003 05	NEW CRC BLDG - MERCY								
003 06	NEW CRC BLDG - EASTMAN								
003 07	NEW CRC BLDG - HHA/HOSPICE								
004	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS	73,966							
006 03	NONPATIENT TELEPHONES LD	450	450						
006 05	DATA PROCESSING	1,375	9	733,810					
006 06	PURCHASING, RECEIVING AND	401	9	5,450	302,022				
006 07	ADMITTING	1,353	16	6,445	1,000	48,856			
006 08	BUSINESS OFFICE	951	8	8,991	322		55,435		
006 09	OTHER ADMINISTRATIVE AND	1,425	20	33,342	429			499,088	
007	MAINTENANCE & REPAIRS								
007 01	UTILITIES - EASTMAN			599				427	
007 02	UTILITIES - MERCY			452				322	
007 03	UTILITIES - KLEIN			844				601	
007 04	UTILITIES - CANCER			117	4			84	
007 05	UTILITIES - REHAB			367				261	
007 06	UTILITIES - LAUNDRY			825				588	
007 07	UTILITIES - HHA/HOSPICE			156				111	
008	OPERATION OF PLANT	2,815	50	34,179	109			24,355	
008 01	OPERATION OF PLANT KLEIN	190		1,608	4			1,146	
008 02	OPERATION OF PLANT REHAB			164				117	
008 04	OPERATION OF PLANT EASTMA			477				340	
008 05	OPERATION OF PLANT MERCY			406				289	
008 06	OPERATION OF PLANT HHA/HO			81				58	
009	LAUNDRY & LINEN SERVICE	718		5,247	398			3,744	
010	HOUSEKEEPING	3,098	2	12,918	596			9,212	
010 01	HOUSEKEEPING-KLEIN			542	29			387	
010 04	HOUSEKEEPING-REHAB								
010 05	HOUSEKEEPING-EASTMAN								
010 06	HOUSEKEEPING-MERCY								
011	DIETARY	2,681		14,061	144			10,020	
011 01	DIETARY - KLEIN		7	2,735	57			1,949	
012	CAFETERIA								
014	NURSING ADMINISTRATION	2,062	18	23,113	102			16,470	
014 01	NURSING ADMINISTRATION-KL								
015	CENTRAL SERVICES & SUPPLY	2,428	5	12,925	6,398			9,292	
016	PHARMACY	1,392	3	13,262	2,223	4,045	4,506	10,381	
017	MEDICAL RECORDS & LIBRARY	2,325	27	16,394	294			11,685	
018	SOCIAL SERVICE	539	4	4,138	38			2,949	
018 01	RECREATION THERAPY GRMC								
018 02	RECREATION THERAPY KLEIN			506	9			361	
025	ADULTS & PEDIATRICS	10,938	73	79,186	25,108	4,414	4,917	57,730	
026	INTENSIVE CARE UNIT	1,498	10	13,847	10,678	755	841	10,172	
031	SUBPROVIDER	679	5	6,504	294	303	337	4,706	
033	NURSERY	337		3,137	754	237	264	2,298	
034	SKILLED NURSING FACILITY	1,411	15	10,091	3,714	563	628	7,364	
035	NURSING FACILITY	6,971		30,414	2,663		1,061	21,827	
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	5,492	38	89,461	175,111	10,464	11,608	68,315	
039	DELIVERY ROOM & LABOR ROO								
041	RADIOLOGY-DIAGNOSTIC	4,022	24	54,546	4,923	8,063	8,982	40,728	
044	LABORATORY	3,167	14	37,785	7,851	4,458	4,966	28,019	
049	RESPIRATORY THERAPY	1,363	2	9,287	766	1,413	1,574	6,943	
050	PHYSICAL THERAPY	598	10	3,727	61	263	292	2,715	
051	OCCUPATIONAL THERAPY	332		2,401		178	198	1,750	
052	SPEECH PATHOLOGY	146		1,351		60	67	976	
053	ELECTROCARDIOLOGY	1,130	16	17,885	35,880	3,262	3,634	13,933	
055	MEDICAL SUPPLIES CHARGED			12,105		743	827	8,790	
055 01	DEVICES AND IMPLANTS			31,343		2,039	2,272	22,787	
056	DRUGS CHARGED TO PATIENTS			23,903				17,031	
058	ASC (NON-DISTINCT PART)								
059	AUDIOLOGY	122		2,001	7	80	89	1,443	
059 01	CARDIAC REHAB								
059 02	WORKFITNESS								
059 03	PSYCH/PSYCHOLOGICAL								
059 04	EMG & EEG	423	3	3,498	80	455	506	2,595	
059 05	O/P REHAB SERVICES	1,771	29	14,156	1,137	608	677	10,237	
059 06	O/P DEPENDENCY SERVICES	251	2	1,915	9	48	53	1,375	
059 07	SPORTS FITNESS	642		4,730	32	99	111	3,393	
059 08	LIFE CENTER	1,115		10,361	2,901	1,688	1,880	7,796	
059 09	RECREATIONAL THERAPY	74		437		22	25	316	
	OUTPAT SERVICE COST CNTRS								
061	EMERGENCY	3,613	20	27,956	16,021	3,763	4,192	20,965	

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	EMPLOYEE FITS	BENE LEPHONES	NONPATIENT LD	TE DATA NG	PROCESSI	PURCHASING, R ECEIVING AND	ADMITTING	BUSINESS CE	OFFI	OTHER TRATIVE AND	ADMINIS
		5		6.03		6.05	6.06	6.07	6.08		6.09	
062	OUTPAT SERVICE COST CNTRS											
	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
071	HOME HEALTH AGENCY	1,975		9		14,410	712	311		347		10,346
	SPEC PURPOSE COST CENTERS											
093	HOSPICE	1,422		2		13,704	829	445		495		9,874
095	SUBTOTALS	73,695		450		720,485	301,687	48,779		55,349		489,573
	NONREIMBURS COST CENTERS											
096	GIFT, FLOWER, COFFEE SHOP					211						150
096 01	MEALS ON WHEELS											
096 02	OVERNIGHT ROOM											
096 03	SALES TO OUTSIDE ORGANIZA					56	163					42
097	RESEARCH											
098	PHYSICIANS' PRIVATE OFFIC					5,779						4,117
098 01	WELLNESS PROGRAM	36				272		8		9		195
098 02	EMPLOYEE WELLNESS PROGRAM											
098 03	ADVERTISING					4,176						2,976
098 04	PARKING RAMP											
098 05	PHYSICIANS' PRIVATE OFFIC											
098 06	RENAL DIALYSIS											
098 07	IDLE SPACE											
098 08	AMERICAN PROSTHETICS					43						31
098 09	OUTREACH REHAB	235				2,252		69		77		1,620
098 10	DAY CARE DEPT											
098 11	GRMC HELICOPTER HANGER											
098 12	SWITCHBOARD					300						214
099	NONPAID WORKERS											
100	OTHER NONREIMBURSABLE COS					236	172					170
101	CROSS FOOT ADJUSTMENTS											
102	NEGATIVE COST CENTER											
103	TOTAL	73,966		450		733,810	302,022	48,856		55,435		499,088

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET B
 I I TO 6/30/2009 I PART III

COST CENTER DESCRIPTION	MAINTENANCE & UTILITIES - E	UTILITIES - M	UTILITIES - K	UTILITIES - C	UTILITIES - R	UTILITIES - L	
	REPAIRS	ASTMAN	ERCY	LEIN	ANCER	EHAB	AUNDRY
	7	7.01	7.02	7.03	7.04	7.05	7.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
002 02 OLD CAP BLDG - CANCER CEN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN		1,026					
007 02 UTILITIES - MERCY			774				
007 03 UTILITIES - KLEIN				1,445			
007 04 UTILITIES - CANCER					205		
007 05 UTILITIES - REHAB						628	
007 06 UTILITIES - LAUNDRY							1,413
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KLEIN							
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATTON OF PIANT HHA/HO							
009 LAUNDRY & LINEN SERVICE							1,413
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY							
011 01 DIETARY - KLEIN							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG							
059 05 O/P REHAB SERVICES							247
059 06 O/P DEPENDENCY SERVICES							
059 07 SPORTS FITNESS							81
059 08 LIFE CENTER							104
059 09 RECREATIONAL THERAPY							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET B
 I I TO 6/30/2009 I PART III

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	UTILITIES - ASTMAN	E UTILITIES - ERCY	M UTILITIES - LEIN	K UTILITIES - ANCER	C UTILITIES - EHAB	R UTILITIES - AUNDRY	L UTILITIES - AUNDRY
062 OUTPAT SERVICE COST CNTRS	7	7.01	7.02	7.03	7.04	7.05	7.06	
062 OBSERVATION BEDS (NON-DIS								
071 OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY								
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE								
095 SUBTOTALS			21	1,445	205	432	1,413	
095 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
096 01 MEALS ON WHEELS								
096 02 OVERNIGHT ROOM								
096 03 SALES TO OUTSIDE ORGANIZA								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC		1,026	751			176		
098 01 WELLNESS PROGRAM								
098 02 EMPLOYEE WELLNESS PROGRAM								
098 03 ADVERTISING			2					
098 04 PARKING RAMP								
098 05 PHYSICIANS' PRIVATE OFFIC								
098 06 RENAL DIALYSIS								
098 07 IDLE SPACE								
098 08 AMERICAN PROSTHETICS							20	
098 09 OUTREACH REHAB								
098 10 DAY CARE DEPT								
098 11 GRMC HELICOPTER HANGER								
098 12 SWITCHBOARD								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		1,026	774	1,445	205	628	1,413	

	UTILITIES - H HA/HOSPICE	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT REHAB	OPERATION OF PLANT EASTMA	OPERATION OF PLANT MERCY	OPERATION OF PLANT HHA/HO
	7.07	8	8.01	8.02	8.04	8.05	8.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPIC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE	267						
008 OPERATION OF PLANT		642,352					
008 01 OPERATION OF PLANT KLEIN			12,369				
008 02 OPERATION OF PLANT REHAB				281			
008 04 OPERATION OF PLANT EASTMA					817		
008 05 OPERATION OF PLANT MERCY						695	
008 06 OPERATION OF PLANT HHA/HO							139
009 LAUNDRY & LINEN SERVICE		10,314					
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY		32,104					
011 01 DIETARY - KLEIN							
012 CAFETERIA							
014 NURSING ADMINISTRATION		9,971				11	
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY		23,082					
016 PHARMACY		6,577					
017 MEDICAL RECORDS & LIBRARY		17,825					
018 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		81,417					1
026 INTENSIVE CARE UNIT		23,276					1
031 SUBPROVIDER		34,963					
033 NURSERY							
034 SKILLED NURSING FACILITY		16,862					1
035 NURSING FACILITY			12,369				
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		198,047					1
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC		62,161					
044 LABORATORY		23,771					3
049 RESPIRATORY THERAPY		8,335					
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		30,007					
055 MEDICAL SUPPLIES CHARGED							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG		5,296					
059 05 O/P REHAB SERVICES				111			
059 06 O/P DEPENDENCY SERVICES		8,245					
059 07 SPORTS FITNESS				36			
059 08 LIFE CENTER				46			
059 09 RECREATIONAL THERAPY						1	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		30,500					

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-KLEIN	HOUSEKEEPING-REHAB	HOUSEKEEPING-EASTMAN	HOUSEKEEPING-MERCY	DIETARY
	9	10	10.01	10.04	10.05	10.06	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
002 02 OLD CAP BLDG - CANCER CEN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPICE							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KLEIN							
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 LAUNDRY & LINEN SERVICE	147,729						
010 HOUSEKEEPING		53,930					
010 01 HOUSEKEEPING-KLEIN			958				
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY			681				417,521
011 01 DIETARY - KLEIN							
012 CAFETERIA							248,602
014 NURSING ADMINISTRATION			63				
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY	852		677				
016 PHARMACY			1,070				
017 MEDICAL RECORDS & LIBRARY			230				
018 SOCIAL SERVICE			180				
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 ADULTS & PEDIATRICS	40,986		20,374				105,469
026 INTENSIVE CARE UNIT	4,601		2,766				7,190
031 SUBPROVIDER	1,420		117				7,399
033 NURSERY	994		180				
034 SKILLED NURSING FACILITY	7,872		7,839				17,186
035 NURSING FACILITY	13,139						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	22,895		7,639				
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC	9,377		1,993				
044 LABORATORY	41		761				
049 RESPIRATORY THERAPY	30		201				
050 PHYSICAL THERAPY	33						
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,353						
055 MEDICAL SUPPLIES CHARGED							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG	393						
059 05 O/P REHAB SERVICES	4,645		3,803				
059 06 O/P DEPENDENCY SERVICES			242				
059 07 SPORTS FITNESS	3,687						
059 08 LIFE CENTER	501		852				
059 09 RECREATIONAL THERAPY							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	12,449		3,573				

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING 10	HOUSEKEEPING-KLEIN 10.01	HOUSEKEEPING-REHAB 10.04	HOUSEKEEPING-EASTMAN 10.05	HOUSEKEEPING-MERCY 10.06	DIETARY 11
062 OUTPAT SERVICE COST CNTRS	9	10	10.01	10.04	10.05	10.06	11
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		689					
SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,115						
095 SUBTOTALS	127,383	53,930	958				385,846
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 MEALS ON WHEELS							31,675
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING							
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	20,346						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	147,729	53,930	958				417,521

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY - KLE CAFETERIA IN		NURSING ADMINISTRATION	NURSING ADMINISTRATION-KL	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11.01	12					
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG & OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER CEN							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMAN							
003 07 NEW CRC BLDG - HHA/HOSPICE							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPICE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KLEIN							
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMA							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY							
011 01 DIETARY - KLEIN	14,222						
012 CAFETERIA		248,602					
014 NURSING ADMINISTRATION		8,762	452,597				
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY		10,317	20,122		340,863		
016 PHARMACY		5,916			2,591	180,524	
017 MEDICAL RECORDS & LIBRARY		9,879	7,252		343		122,507
018 SOCIAL SERVICE		2,288	7,890		44		
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN					10		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		46,475	160,199		29,266	75	11,818
026 INTENSIVE CARE UNIT		6,365	21,941		12,447		2,021
031 SUBPROVIDER		2,887	9,948		343		811
033 NURSERY		1,430	4,927		878	3	636
034 SKILLED NURSING FACILITY		5,997	20,669		4,329		1,508
035 NURSING FACILITY	14,222	29,618			3,104	663	2,549
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		23,336	80,443		204,115	6,493	28,004
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC		17,088			5,738	2,002	21,587
044 LABORATORY		13,457			9,152	117	11,935
049 RESPIRATORY THERAPY		5,792			892	4	3,784
050 PHYSICAL THERAPY		2,542			71		703
051 OCCUPATIONAL THERAPY		1,412					476
052 SPEECH PATHOLOGY		619					160
053 ELECTROCARDIOLOGY		4,799	16,544		41,822	6,099	8,734
055 MEDICAL SUPPLIES CHARGED							1,988
055 01 DEVICES AND IMPLANTS							5,460
056 DRUGS CHARGED TO PATIENTS						156,854	
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY		518			8	20	213
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG		1,798			94		1,217
059 05 O/P REHAB SERVICES		7,526			1,325	55	1,627
059 06 O/P DEPENDENCY SERVICES		1,068			10		128
059 07 SPORTS FITNESS		2,726			37	19	266
059 08 LIFE CENTER		4,737			3,382	2,022	4,518
059 09 RECREATIONAL THERAPY		316					59
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		15,349	52,913		18,675	141	10,075

COST CENTER DESCRIPTION	DIETARY - KLE CAFETERIA IN	11.01	12	14	NURSING ADMIN ISTRATION	14.01	NURSING ADMIN ISTRATION-KL	CENTRAL SERVI CES & SUPPLY	15	16	PHARMACY	MEDICAL RECOR DS & LIBRARY	17
062 OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS													
071 HOME HEALTH AGENCY			8,391	28,924				830			79		834
093 SPEC PURPOSE COST CENTERS HOSPICE			6,041	20,825				967			5,878		1,191
095 SUBTOTALS	14,222		247,449	452,597				340,473			180,524		122,302
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP													
096 01 MEALS ON WHEELS													
096 02 OVERNIGHT ROOM													
096 03 SALES TO OUTSIDE ORGANIZA RESEARCH								190					
098 PHYSICIANS' PRIVATE OFFIC WELLNESS PROGRAM			153										21
098 02 EMPLOYEE WELLNESS PROGRAM													
098 03 ADVERTISING													
098 04 PARKING RAMP													
098 05 PHYSICIANS' PRIVATE OFFIC													
098 06 RENAL DIALYSIS													
098 07 IDLE SPACE													
098 08 AMERICAN PROSTHETICS													
098 09 OUTREACH REHAB			1,000										184
098 10 DAY CARE DEPT													
098 11 GRMC HELICOPTER HANGER													
098 12 SWITCHBOARD													
099 NONPAID WORKERS													
100 OTHER NONREIMBURSABLE COS								200					
101 CROSS FOOT ADJUSTMENTS													
102 NEGATIVE COST CENTER													
103 TOTAL	14,222		248,602	452,597				340,863			180,524		122,507

COST CENTER DESCRIPTION	SOCIAL SERVICE	RECREATION THERAPY GRMC	RECREATION THERAPY KLEIN	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	18.01	18.02	25	26	27
GENERAL SERVICE COST CNTR						
001 OLD CAP REL COSTS-BLDG &						
001 01 OLD CAP BLDG - KLEIN						
001 02 OLD CAP BLDG - CANCER CEN						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 02 NEW CRC BLDG - REHAB						
003 03 NEW CRC BLDG - LAUNDRY						
003 04 NEW CRC BLDG - GRMC						
003 05 NEW CRC BLDG - MERCY						
003 06 NEW CRC BLDG - EASTMAN						
003 07 NEW CRC BLDG - HHA/HOSPICE						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 03 NONPATIENT TELEPHONES LD						
006 05 DATA PROCESSING						
006 06 PURCHASING, RECEIVING AND						
006 07 ADMITTING						
006 08 BUSINESS OFFICE						
006 09 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
007 01 UTILITIES - EASTMAN						
007 02 UTILITIES - MERCY						
007 03 UTILITIES - KLEIN						
007 04 UTILITIES - CANCER						
007 05 UTILITIES - REHAB						
007 06 UTILITIES - LAUNDRY						
007 07 UTILITIES - HHA/HOSPICE						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT KLEIN						
008 02 OPERATION OF PLANT REHAB						
008 04 OPERATION OF PLANT EASTMA						
008 05 OPERATION OF PLANT MERCY						
008 06 OPERATION OF PLANT HHA/HO						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
010 01 HOUSEKEEPING-KLEIN						
010 04 HOUSEKEEPING-REHAB						
010 05 HOUSEKEEPING-EASTMAN						
010 06 HOUSEKEEPING-MERCY						
011 DIETARY						
011 01 DIETARY - KLEIN						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
014 01 NURSING ADMINISTRATION-KL						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE	157,604					
018 01 RECREATION THERAPY GRMC						
018 02 RECREATION THERAPY KLEIN			2,041			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	105,556			1,637,158		1,637,158
026 INTENSIVE CARE UNIT	8,492			390,688		390,688
031 SUBPROVIDER	19,177			381,520		381,520
033 NURSERY				21,079		21,079
034 SKILLED NURSING FACILITY	22,550			305,668		305,668
035 NURSING FACILITY			2,041	197,884		197,884
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	81			3,783,681		3,783,681
039 DELIVERY ROOM & LABOR ROO						
041 RADIOLOGY-DIAGNOSTIC	163			2,512,416		2,512,416
044 LABORATORY				576,678		576,678
049 RESPIRATORY THERAPY				201,080		201,080
050 PHYSICAL THERAPY				14,813		14,813
051 OCCUPATIONAL THERAPY				6,806		6,806
052 SPEECH PATHOLOGY				3,379		3,379
053 ELECTROCARDIOLOGY				1,045,374		1,045,374
055 MEDICAL SUPPLIES CHARGED				24,453		24,453
055 01 DEVICES AND IMPLANTS				63,901		63,901
056 DRUGS CHARGED TO PATIENTS				197,788		197,788
058 ASC (NON-DISTINCT PART)						
059 AUDIOLOGY				14,719		14,719
059 01 CARDIAC REHAB						
059 02 WORKFITNESS						
059 03 PSYCH/PSYCHOLOGICAL						
059 04 EMG & EEG				85,895		85,895
059 05 O/P REHAB SERVICES	244			146,207		146,207
059 06 O/P DEPENDENCY SERVICES	81			78,940		78,940
059 07 SPORTS FITNESS				54,853		54,853
059 08 LIFE CENTER				136,036		136,036
059 09 RECREATIONAL THERAPY				1,249		1,249
OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	1,260			536,379		536,379

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVIC E	RECREATION TH ERAPY GRMC	RECREATION TH ERAPY KLEIN	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
062 OUTPAT SERVICE COST CNTRS	18	18.01	18.02	25	26	27
062 OBSERVATION BEDS (NON-DIS						
071 OTHER REIMBURS COST CNTRS				228,356		228,356
071 HOME HEALTH AGENCY						
093 SPEC PURPOSE COSI CENTERS				274,671		274,671
093 HOSPICE						
095 SUBTOTALS	157,604		2,041	12,921,671		12,921,671
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				40,483		40,483
096 01 MEALS ON WHEELS				31,675		31,675
096 02 OVERNIGHT ROOM						
096 03 SALES TO OUTSIDE ORGANIZA				2,642		2,642
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC				988,366		988,366
098 01 WELLNESS PROGRAM				694		694
098 02 EMPLOYEE WELLNESS PROGRAM						
098 03 ADVERTISING				96,043		96,043
098 04 PARKING RAMP						
098 05 PHYSICIANS' PRIVATE OFFIC						
098 06 RENAL DIALYSIS						
098 07 IDLE SPACE						
098 08 AMERICAN PROSTHETICS				7,424		7,424
098 09 OUTREACH REHAB				5,437		5,437
098 10 DAY CARE DEPT						
098 11 GRMC HELICOPTER HANGER						
098 12 SWITCHBOARD				514		514
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE COS				65,998		65,998
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	157,604		2,041	14,160,947		14,160,947

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP BLDG	OLD CAP BLDG	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG &	- KLEIN	- CANCER CEN	OSTS-MVBLE E	OSTS-BLDG &	- REHAB
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(SQUARE FEET
	1	1.01	1.02	2	3	3.02
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP BLDG - KLEIN		88,304				
001 02 OLD CAP BLDG - CANCER			10,192			
002 OLD CAP REL COSTS-MVB				6,653,257		
003 NEW CAP REL COSTS-BLD						
003 02 NEW CRC BLDG - REHAB						34,755
003 03 NEW CRC BLDG - LAUNDR						
003 04 NEW CRC BLDG - GRMC						
003 05 NEW CRC BLDG - MERCY						
003 06 NEW CRC BLDG - EASTMA						
003 07 NEW CRC BLDG - HHA/HO						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS				34,755		
006 03 NONPATIENT TELEPHONES						
006 05 DATA PROCESSING				627,278		
006 06 PURCHASING, RECEIVING				72,148		
006 07 ADMITTING				745		
006 08 BUSINESS OFFICE				180		
006 09 OTHER ADMINISTRATIVE				42,289		10,379
007 MAINTENANCE & REPAIRS						
007 01 UTILITIES - EASTMAN						
007 02 UTILITIES - MERCY						
007 03 UTILITIES - KLEIN						
007 04 UTILITIES - CANCER						
007 05 UTILITIES - REHAB						
007 06 UTILITIES - LAUNDRY						
007 07 UTILITIES - HHA/HOSPI						
008 OPERATION OF PLANT				421,643		
008 01 OPERATION OF PLANT KL				9,376		
008 02 OPERATION OF PLANT RE						
008 04 OPERATION OF PLANT EA						
008 05 OPERATION OF PLANT ME						
008 06 OPERATION OF PLANT HH						
009 LAUNDRY & LINEN SERVI				58,254		
010 HOUSEKEEPING				27,969		
010 01 HOUSEKEEPING-KLEIN						
010 04 HOUSEKEEPING-REHAB						
010 05 HOUSEKEEPING-EASTMAN						
010 06 HOUSEKFFPING-MFRCY						
011 DIETARY				105,999		
011 01 DIETARY - KLEIN				9,436		
012 CAFETERIA						
014 NURSING ADMINISTRATIO				307,906		
014 01 NURSING ADMINISTRATIO						
015 CENTRAL SERVICES & SU				73,716		
016 PHARMACY				76,699		
017 MEDICAL RECORDS & LIB				55,983		
018 SOCIAL SERVICE						
018 01 RECREATION THERAPY GR						
018 02 RECREATION THERAPY KL				1,149		
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS				214,449		
026 INTENSIVE CARE UNIT				80,862		
031 SUBPROVIDER				17,842		
033 NURSERY				4,980		
034 SKILLED NURSING FACIL				44,529		
035 NURSING FACILITY		88,304		54,577		
ANCILLARY SRVC COST C						
037 OPERATING ROOM				1,295,212		
039 DELIVERY ROOM & LABOR						
041 RADIOLOGY-DIAGNOSTIC			10,192	1,775,653		
044 LABORATORY				242,912		
049 RESPIRATORY THERAPY				94,986		
050 PHYSICAL THERAPY				3,780		
051 OCCUPATIONAL THERAPY				59		
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY				621,381		
055 MEDICAL SUPPLIES CHAR						
055 01 DEVICES AND IMPLANTS						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR						
059 AUDIOLOGY				10,169		
059 01 CARDIAC REHAB						
059 02 WORKFITNESS						
059 03 PSYCH/PSYCHOLOGICAL						
059 04 EMG & EEG				27,940		
059 05 O/P REHAB SERVICES				9,422		9,579
059 06 O/P DEPENDENCY SERVIC				968		
059 07 SPORTS FITNESS				9,959		3,136

Health Financial Systems		MCRIF32		FOR GREAT RIVER MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(7/2009)CONTD	
COST ALLOCATION - STATISTICAL BASIS		I PROVIDER NO:	I PERIOD:	I PREPARED 11/20/2009		I WORKSHEET B-1	
		I 16-0057	I FROM 7/ 1/2008	I TO 6/30/2009		I	
COST CENTER DESCRIPTION	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPIC	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENE FITS
	(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(DOLLAR)VALUE	(FTES)
	3.03	3.04	3.05	3.06	3.07	4	5
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDRY	4,541						
003 04 NEW CRC BLDG - GRMC		327,243					
003 05 NEW CRC BLDG - MERCY			63,031				
003 06 NEW CRC BLDG - EASTMA				74,276			
003 07 NEW CRC BLDG - HHA/HO					16,760		
004 NEW CAP REL COSTS-MVB						6,653,257	
005 EMPLOYEE BENEFITS						34,755	121,273
006 03 NONPATIENT TELEPHONES		2,196					737
006 05 DATA PROCESSING		5,487	900			627,278	2,254
006 06 PURCHASING, RECEIVING		12,580				72,148	657
006 07 ADMITTING		2,210				745	2,218
006 08 BUSINESS OFFICE		2,530				180	1,560
006 09 OTHER ADMINISTRATIVE		15,119	6,717	2,530		42,289	2,336
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPI							
008 OPERATION OF PLANT		8,840				421,643	4,615
008 01 OPERATION OF PLANT KL						9,376	312
008 02 OPERATION OF PLANT RE							
008 04 OPERATION OF PLANT EA							
008 05 OPERATION OF PLANT ME							
008 06 OPERATION OF PLANT HH							
009 LAUNDRY & LINEN SERVI	4,541					58,254	1,177
010 HOUSEKEEPING						27,969	5,080
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY		14,135				105,999	4,396
011 01 DIETARY - KLEIN						9,436	
012 CAFETERIA							
014 NURSING ADMINISTRATIO		4,390	900			307,906	3,381
014 01 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU		10,163				73,716	3,981
016 PHARMACY		2,896				76,699	2,283
017 MEDICAL RECORDS & LIB						55,983	3,812
018 SOCIAL SERVICE		7,848					883
018 01 RECREATION THERAPY GR							
018 02 RECREATION THERAPY KL						1,149	
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS		35,847	65			214,449	17,933
031 INTENSIVE CARE UNIT		10,248	65			80,862	2,456
033 SUBPROVIDER		15,394				17,842	1,114
034 NURSERY						4,980	552
035 SKILLED NURSING FACIL		7,424	65			44,529	2,314
035 NURSING FACILITY						54,577	11,429
037 ANCILLARY SRVC COST C							
039 OPERATING ROOM		87,199	65			1,295,212	9,005
041 DELIVERY ROOM & LABOR							
044 RADIOLOGY-DIAGNOSTIC		27,369				1,775,653	6,594
044 LABORATORY		10,466	200			242,912	5,193
049 RESPIRATORY THERAPY		3,670				94,986	2,235
050 PHYSICAL THERAPY						3,780	981
051 OCCUPATIONAL THERAPY						59	545
052 SPEECH PATHOLOGY							239
053 ELECTROCARDIOLOGY		13,212				621,381	1,852
055 MEDICAL SUPPLIES CHAR							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATI							
058 ASC (NON-DISTINCT PAR							
059 AUDIOLOGY						10,169	200
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG		2,332				27,940	694
059 05 O/P REHAB SERVICES						9,422	2,904
059 06 O/P DEPENDENCY SERVIC		3,630				968	412
059 07 SPORTS FITNESS						9,959	1,052

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	RECONCILIATION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING (CHARGES)	BUSINESS OFFICE (CHARGES)	RECONCILIATION
	(PHONES))	(ACCUM. COST	(PURCHASES))))
	6.03	6a.05	6.05	6.06	6.07	6.08	6a.09
GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLDG							
001 02 OLD CAP BLDG - KLEIN							
002 01 OLD CAP REL COSTS-MVB							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDR							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMA							
003 07 NEW CRC BLDG - HHA/HO							
004 01 NEW CAP REL COSTS-MVB							
005 01 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES	1,979						
006 05 DATA PROCESSING	41	-2,974,976	123,807,429				
006 06 PURCHASING, RECEIVING	41		919,567	7,062,012			
006 07 ADMITTING	69		1,087,387	23,393	308,934,150		
006 08 BUSINESS OFFICE	33		1,517,037	7,536		314,960,329	
006 09 OTHER ADMINISTRATIVE	90		5,625,472	10,033			-5,761,984
007 01 MAINTENANCE & REPAIRS							
007 02 UTILITIES - EASTMAN			101,077				
007 03 UTILITIES - MERCY			76,211				
007 04 UTILITIES - KLEIN			142,401				
007 05 UTILITIES - CANCER			19,806	84			
007 06 UTILITIES - REHAB			61,906				
007 07 UTILITIES - LAUNDRY			139,164				
007 08 UTILITIES - HHA/HOSPI			26,360				
008 01 OPERATION OF PLANT	222		5,766,740	2,539			
008 02 OPERATION OF PLANT KL			271,293	107			
008 04 OPERATION OF PLANT RE			27,656				
008 05 OPERATION OF PLANT EA			80,406				
008 06 OPERATION OF PLANT ME			68,417				
008 07 OPERATION OF PLANT HH			13,646				
009 01 LAUNDRY & LINEN SERVI			885,256	9,306			
010 01 HOUSEKEEPING	8		2,179,552	13,930			
010 02 HOUSEKEEPING-KLEIN			91,435	674			
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 01 DIETARY	32		2,372,307	3,373	82	82	
011 02 DIETARY - KLEIN			461,380	1,341			
012 01 CAFETERIA							
014 01 NURSING ADMINISTRATIO	79		3,899,679	2,381			
015 01 CENTRAL SERVICES & SU	21		2,180,715	149,606			
016 01 PHARMACY	15		2,237,596	51,985	25,601,372	25,601,372	
017 01 MEDICAL RECORDS & LIB	118		2,765,936	6,874			
018 01 SOCIAL SERVICE	17		698,197	891			
018 02 RECREATION THERAPY GR							
018 03 RECREATION THERAPY KL			85,383	201			
025 01 INPAT ROUTINE SRVC CN	322		13,360,262	587,078	27,939,227	27,939,227	
026 01 ADULTS & PEDIATRICS	43		2,336,240	249,689	4,778,429	4,778,429	
031 01 INTENSIVE CARE UNIT	20		1,097,348	6,873	1,916,310	1,916,310	
033 01 SUBPROVIDER			529,280	17,620	1,502,490	1,502,490	
034 01 NURSERY	64		1,702,601	86,843	3,565,530	3,565,530	
035 01 SKILLED NURSING FACIL			5,131,373	62,269	6,026,179	6,026,179	
037 01 NURSING FACILITY							
037 02 ANCILLARY SRVC COST C							
037 03 OPERATING ROOM	168		15,093,220	4,094,517	65,944,869	65,944,869	
039 01 DELIVERY ROOM & LABOR							
041 01 RADIOLOGY-DIAGNOSTIC	107		9,203,030	115,102	51,033,969	51,033,969	
044 01 LABORATORY	63		6,375,124	183,586	28,215,580	28,215,580	
049 01 RESPIRATORY THERAPY	10		1,566,966	17,902	8,945,449	8,945,449	
050 01 PHYSICAL THERAPY	42		628,799	1,423	1,661,528	1,661,528	
051 01 OCCUPATIONAL THERAPY			405,075		1,124,502	1,124,502	
052 01 SPEECH PATHOLOGY			227,967		378,777	378,777	
053 01 ELECTROCARDIOLOGY	69		3,017,496	838,958	20,648,306	20,648,306	
055 01 MEDICAL SUPPLIES CHAR			2,042,281		4,700,717	4,700,717	
055 02 DEVICES AND IMPLANTS			5,288,133		12,907,544	12,907,544	
056 01 DRUGS CHARGED TO PATI			4,032,936				
058 01 ASC (NON-DISTINCT PAR							
059 01 AUDIOLOGY			337,554	153	504,223	504,223	
059 02 CARDIAC REHAB							
059 03 WORKFITNESS							
059 04 PSYCH/PSYCHOLOGICAL							
059 05 EMG & EEG	13		590,164	1,882	2,876,733	2,876,733	
059 06 O/P REHAB SERVICES	128		2,388,364	26,583	3,845,919	3,845,919	
059 07 O/P DEPENDENCY SERVIC	7		323,101	207	303,128	303,128	
059 08 SPORTS FITNESS			798,070	742	628,688	628,688	

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES		DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	BUSINESS OFFICE	RECONCILIATION
		(PHONES)	RECONCILIATION	(ACCUM. COST)	(PURCHASES)	(CHARGES)	(CHARGES)	
		6.03	6a.05	6.05	6.06	6.07	6.08	6a.09
059 08	ANCILLARY SRVC COST C LIFE CENTER			1,748,052	67,839	10,681,050	10,681,050	
059 09	RECREATIONAL THERAPY OUTPAT SERVICE COST C			73,721		139,524	139,524	
061	EMERGENCY	86		4,716,803	374,619	23,818,658	23,818,658	
062	OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY SPEC PURPOSE COST CEN	41		2,431,314	16,650	1,971,080	1,971,080	
093	HOSPICE	10		2,312,062	19,390	2,814,992	2,814,992	
095	SUBTOTALS	1,979	-2,974,976	121,559,318	7,054,174	308,448,676	314,474,855	-5,761,984
096	NONREIMBURS COST CENT GIFT, FLOWER, COFFEE			35,577				
096 01	MEALS ON WHEELS							
096 02	OVERNIGHT ROOM							
096 03	SALES TO OUTSIDE ORGA			9,380	3,818			
097	RESEARCH							
098	PHYSICIANS' PRIVATE O			974,947				
098 01	WELLNESS PROGRAM			45,822		49,941	49,941	
098 02	EMPLOYEE WELLNESS PRO							
098 03	ADVERTISING			704,606				
098 04	PARKING RAMP							
098 05	PHYSICIANS' PRIVATE O							
098 06	RENAL DIALYSIS							
098 07	IDLE SPACE							
098 08	AMERICAN PROSTHETICS			7,321				
098 09	OUTREACH REHAB			380,018		435,533	435,533	
098 10	DAY CARE DEPT							
098 11	GRMC HELICOPTER HANGE							
098 12	SWITCHBOARD			50,649				
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE			39,791	4,020			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	304,636		2,974,976	941,663	1,116,635	1,554,495	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	153.934310		.024029	.133342	.003614	.004936	
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)	450		733,810	302,022	48,856	55,435	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.227388		.005927	.042767	.000158	.000176	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OTHER ADMINIS	MAINTENANCE & UTILITIES - E	UTILITIES - M	UTILITIES - K	UTILITIES - C	UTILITIES - R	
	TRATIVE AND	REPAIRS	ASTMAN	ERCY	LEIN	ANCER	EHAB
	(ACCUM. COST)	(SQUARE) FEET	(SQUARE) FEET	(SQUARE) FEET	(SQUARE) FEET	(SQUARE) FEET	(SQUARE) FEET
	6.09	7	7.01	7.02	7.03	7.04	7.05
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDR							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMA							
003 07 NEW CRC BLDG - HHA/HO							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE	121,020,421						
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN	103,506		71,746				
007 02 UTILITIES - MERCY	78,042			55,414			
007 03 UTILITIES - KLEIN	145,823				88,304		
007 04 UTILITIES - CANCER	20,293					10,192	
007 05 UTILITIES - REHAB	63,394						24,376
007 06 UTILITIES - LAUNDRY	142,508						
007 07 UTILITIES - HHA/HOSPI	26,993						
008 OPERATION OF PLANT	5,905,648						
008 01 OPERATION OF PLANT KL	277,826						
008 02 OPERATION OF PLANT RE	28,321						
008 04 OPERATION OF PLANT EA	82,338						
008 05 OPERATION OF PLANT ME	70,061						
008 06 OPERATION OF PLANT HH	13,974						
009 LAUNDRY & LINEN SERVI	907,769						
010 HOUSEKEEPING	2,233,781						
010 01 HOUSEKEEPING-KLEIN	93,722						
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY	2,429,761						
011 01 DIETARY - KLEIN	472,646						
012 CAFETERIA							
014 NURSING ADMINISTRATIO	3,993,701			900			
014 01 NURSTNG ADMINISTRATIO							
015 CENTRAL SERVICES & SU	2,253,064						
016 PHARMACY	2,517,186						
017 MEDICAL RECORDS & LIB	2,833,316						
018 SOCIAL SERVICE	715,093						
018 01 RECREATION THERAPY GR							
018 02 RECREATION THERAPY KL	87,462						
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	13,998,458			65			
026 INTENSIVE CARE UNIT	2,466,527			65			
031 SUBPROVIDER	1,141,017						
033 NURSERY	557,193						
034 SKILLED NURSING FACIL	1,785,578			65			
035 NURSING FACILITY	5,292,723				88,304		
ANCILLARY SRVC COST C							
037 OPERATING ROOM	16,565,698			65			
039 DELIVERY ROOM & LABOR							
041 RADIOLOGY-DIAGNOSTIC	9,875,859					10,192	
044 LABORATORY	6,794,035			200			
049 RESPIRATORY THERAPY	1,683,490						
050 PHYSICAL THERAPY	658,304						
051 OCCUPATIONAL THERAPY	424,424						
052 SPEECH PATHOLOGY	236,684						
053 ELECTROCARDIOLOGY	3,378,414						
055 MEDICAL SUPPLIES CHAR	2,131,546						
055 01 DEVICES AND IMPLANTS	5,525,562						
056 DRUGS CHARGED TO PATI	4,129,843						
058 ASC (NON-DISTINCT PAR							
059 AUDIOLOGY	349,996						
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG	629,193						
059 05 O/P REHAB SERVICES	2,482,181						9,579
059 06 O/P DEPENDENCY SERVIC	333,485						
059 07 SPORTS FITNESS	822,721						3,136

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	UTILITIES - ASTMAN	UTILITIES - ERCY	UTILITIES - M LEIN	UTILITIES - K ANGER	UTILITIES - C EHAB	UTILITIES - R
	(ACCUM. COST	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET
	6.09	7	7.01	7.02	7.03	7.04	7.05	
059 08 ANCILLARY SRVC COST C								
059 09 LIFE CENTER	1,890,425			80			4,030	
061 09 RECREATIONAL THERAPY	76,685							
062 061 OUTPAT SERVICE COST C	5,083,745							
062 062 EMERGENCY								
071 062 OBSERVATION BEDS (NON OTHER REIMBURS COST C								
071 071 HOME HEALTH AGENCY	2,508,808							
093 071 SPEC PURPOSE COST CEN								
095 093 HOSPICE	2,394,273							
095 095 SUBTOTALS	118,713,095			1,440	88,304	10,192	16,745	
096 095 NONREIMBURS COST CENT								
096 096 GIFT, FLOWER, COFFEE	36,432							
096 096 01 MEALS ON WHEELS								
096 096 02 OVERNIGHT ROOM								
096 096 03 SALES TO OUTSIDE ORGA	10,114							
097 096 RESEARCH								
098 097 PHYSICIANS' PRIVATE O	998,374		71,746	53,804			6,839	
098 098 01 WELLNESS PROGRAM	47,350							
098 098 02 EMPLOYEE WELLNESS PRO								
098 098 03 ADVERTISING	721,537			170				
098 098 04 PARKING RAMP								
098 098 05 PHYSICIANS' PRIVATE O								
098 098 06 RENAL DIALYSIS								
098 098 07 IDLE SPACE								
098 098 08 AMERICAN PROSTHETICS	7,497						792	
098 098 09 OUTREACH REHAB	392,873							
098 098 10 DAY CARE DEPT								
098 098 11 GRMC HELICOPTER HANGE								
098 098 12 SWITCHBOARD	51,866							
099 098 NONPAID WORKERS								
100 099 OTHER NONREIMBURSABLE	41,283							
101 100 CROSS FOOT ADJUSTMENT								
102 101 NEGATIVE COST CENTER								
103 102 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,761,984		108,434	81,758	152,766	21,259	66,412	
104 103 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.047612		1.511360	1.475403	1.730001	2.085852	2.724483	
105 104 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 105 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 106 COST TO BE ALLOCATED (WRKSHT B, PART III)	499,088		1,026	774	1,445	205	628	
108 107 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.004124		.014300	.013968	.016364	.020114	.025763	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET B-1
 I I TO 6/30/2009 I

COST CENTER DESCRIPTION	UTILITIES - L	UTILITIES - H	OPERATION OF				
	AUNDRY	HA/HOSPICE	PLANT	PLANT KLEIN	PLANT REHAB	PLANT EASTMA	PLANT MERCY
	(SQUARE FEET	(SQUARE)FEET					
	7.06	7.07	8	8.01	8.02	8.04	8.05
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDR							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMA							
003 07 NEW CRC BLDG - HHA/HO							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY	4,541						
007 07 UTILITIES - HHA/HOSPI		16,760					
008 OPERATION OF PLANT			282,822				
008 01 OPERATION OF PLANT KL				88,304			
008 02 OPERATION OF PLANT RE					24,376		
008 04 OPERATION OF PLANT EA						71,746	
008 05 OPERATION OF PLANT ME							55,414
008 06 OPERATION OF PLANT HH							
009 LAUNDRY & LINEN SERVI	4,541		4,541				
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY			14,135				
011 01 DIETARY - KLEIN							
012 CAFETERIA							
014 NURSING ADMINISTRATIO			4,390				900
014 01 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU			10,163				
016 PHARMACY			2,896				
017 MEDICAL RECORDS & LIB			7,848				
018 SOCIAL SERVICE							
018 01 RFCRFATTON THFRAPY GR							
018 02 RECREATION THERAPY KL							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS			35,847				65
026 INTENSIVE CARE UNIT			10,248				65
031 SUBPROVIDER			15,394				
033 NURSERY							
034 SKILLED NURSING FACIL			7,424				65
035 NURSING FACILITY				88,304			
ANCILLARY SRVC COST C							
037 OPERATING ROOM			87,199				65
039 DELIVERY ROOM & LABOR							
041 RADIOLOGY-DIAGNOSTIC			27,369				
044 LABORATORY			10,466				200
049 RESPIRATORY THERAPY			3,670				
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			13,212				
055 MEDICAL SUPPLIES CHAR							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATI							
058 ASC (NON-DISTINCT PAR							
059 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG			2,332				
059 05 O/P REHAB SERVICES					9,579		
059 06 O/P DEPENDENCY SERVIC			3,630				
059 07 SPORTS FITNESS					3,136		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	UTILITIES - L	UTILITIES - H	OPERATION OF				
	AUNDRY	HA/HOSPICE	PLANT	PLANT KLEIN	PLANT REHAB	PLANT EASTMA	PLANT MERCY
	(SQUARE FEET)						
	7.06	7.07	8	8.01	8.02	8.04	8.05
059 08 ANCILLARY SRVC COST C							
059 09 LIFE CENTER					4,030		80
059 09 RECREATIONAL THERAPY							
061 09 OUTPAT SERVICE COST C							
062 09 EMERGENCY			13,429				
062 09 OBSERVATION BEDS (NON							
071 09 OTHER REIMBURS COST C							
071 09 HOME HEALTH AGENCY		8,570					
071 09 SPEC PURPOSE COST CEN							
093 09 HOSPICE		8,190					
095 09 SUBTOTALS	4,541	16,760	274,193	88,304	16,745		1,440
096 09 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE			2,001				
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGA							
097 03 RESEARCH							
098 03 PHYSICIANS' PRIVATE O					6,839	71,746	53,804
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PRO							
098 03 ADVERTISING			4,390				170
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE O							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS					792		
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGE							
098 12 SWITCHBOARD							
099 12 NONPAID WORKERS							
100 12 OTHER NONREIMBURSABLE			2,238				
101 12 CROSS FOOT ADJUSTMENT							
102 12 NEGATIVE COST CENTER							
103 12 COST TO BE ALLOCATED	149,293	28,278	6,186,828	291,054	29,669	86,258	73,397
104 12 (WRKSHT B, PART I)							
104 12 UNIT COST MULTIPLIER	32.876679	1.687232	21.875342	3.296045	1.217140	1.202269	1.324521
105 12 (WRKSHT B, PT I)							
105 12 COST TO BE ALLOCATED							
106 12 (WRKSHT B, PART II)							
106 12 UNIT COST MULTIPLIER							
106 12 (WRKSHT B, PT II)							
107 12 COST TO BE ALLOCATED	1,413	267	642,352	12,369	281	817	695
107 12 (WRKSHT B, PART III)							
108 12 UNIT COST MULTIPLIER	.311165	.015931	2.271224	.140073	.011528	.011387	.012542
108 12 (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	OPERATION OF PLANT HHA/HO	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-KLEIN	HOUSEKEEPING-REHAB	HOUSEKEEPING-EASTMAN	HOUSEKEEPING-MERCY
	(SQUARE FEET)	(POUNDS OF)LAUNDRY	(HOURS OF)SERVICE	(HOURS OF)SERVICE	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET
	8.06	9	10	10.01	10.04	10.05	10.06
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDR							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMA							
003 07 NEW CRC BLDG - HHA/HO							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPI							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KL							
008 02 OPERATION OF PLANT RE							
008 04 OPERATION OF PLANT EA							
008 05 OPERATION OF PLANT ME							
008 06 OPERATION OF PLANT HH	16,760						
009 LAUNDRY & LINEN SERVI		1,879,921					
010 HOUSEKEEPING			12,906				
010 01 HOUSEKEEPING-KLEIN				100			
010 04 HOUSEKEEPING-REHAB					24,376		
010 05 HOUSEKEEPING-EASTMAN						71,746	
010 06 HOUSEKEEPING-MERCY							55,414
011 DIETARY			163				
011 01 DIETARY - KLEIN							
012 CAFETERIA							
014 NURSING ADMINISTRATIO			15				900
014 01 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU		10,846	162				
016 PHARMACY			256				
017 MEDICAL RECORDS & LIB			55				
018 SOCIAL SERVICE			43				
018 01 RECREATION THERAPY GR							
018 02 RECREATION THERAPY KL							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		521,551	4,876				65
026 INTENSIVE CARE UNIT		58,554	662				65
031 SUBPROVIDER		18,064	28				
033 NURSERY		12,647	43				
034 SKILLED NURSING FACIL		100,174	1,876				65
035 NURSING FACILITY		167,199		100			
ANCILLARY SRVC COST C							
037 OPERATING ROOM		291,353	1,828				65
039 DELIVERY ROOM & LABOR							
041 RADIOLOGY-DIAGNOSTIC		119,321	477				
044 LABORATORY		527	182				200
049 RESPIRATORY THERAPY		388	48				
050 PHYSICAL THERAPY		420					
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		29,949					
055 MEDICAL SUPPLIES CHAR							
055 01 DEVICES AND IMPLANTS							
056 DRUGS CHARGED TO PATI							
058 ASC (NON-DISTINCT PAR							
059 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG		5,001					
059 05 O/P REHAB SERVICES		59,109	910		9,579		
059 06 O/P DEPENDENCY SERVIC			58				
059 07 SPORTS FITNESS		46,918			3,136		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT HHA/HO (SQUARE FEET)	LAUNDRY & LIN EN SERVICE (POUNDS OF)LAUNDRY	HOUSEKEEPING (HOURS OF)SERVICE	HOUSEKEEPING-KLEIN (HOURS OF)SERVICE	HOUSEKEEPING-REHAB (SQUARE)FEET	HOUSEKEEPING-EASTMAN (SQUARE)FEET	HOUSEKEEPING-MERCY (SQUARE)FEET
	8.06	9	10	10.01	10.04	10.05	10.06
059 08 ANCILLARY SRVC COST C LIFE CENTER		6,374	204		4,030		80
059 09 RECREATIONAL THERAPY OUTPAT SERVICE COST C EMERGENCY		158,419	855				
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C HOME HEALTH AGENCY SPEC PURPOSE COST CEN	8,570		165				
093 HOSPICE	8,190	14,193					
095 SUBTOTALS	16,760	1,621,007	12,906	100	16,745		1,440
096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE							
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGA RESEARCH							
098 PHYSICIANS' PRIVATE O WELLNESS PROGRAM					6,839	71,746	53,804
098 02 EMPLOYEE WELLNESS PRO							
098 03 ADVERTISING							170
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE O							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS					792		
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGE							
098 12 SWITCHBOARD							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE		258,914					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	14,639	1,199,619	2,340,136	98,184			
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.873449	.638122	181.321556	981.840000			
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)	139	147,729	53,930	958			
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.008294	.078583	4.178677	9.580000			

COST CENTER DESCRIPTION	DIETARY	DIETARY - KLE CAFETERIA IN		NURSING ADMINISTRATION	NURSING ADMINISTRATION-KL	CENTRAL SERVI CES & SUPPLY	PHARMACY
	(MEALS SERVED)	(MEALS SERVED)	(FTEs)	(DIRECT NRSNG HRS)	(HOURS OF SERVICE)	(PURCHASES)	(COSTED REQUIS.)
	11	11.01	12	14	14.01	15	16
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 02 NEW CRC BLDG - REHAB							
003 03 NEW CRC BLDG - LAUNDR							
003 04 NEW CRC BLDG - GRMC							
003 05 NEW CRC BLDG - MERCY							
003 06 NEW CRC BLDG - EASTMA							
003 07 NEW CRC BLDG - HHA/HO							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING							
006 07 ADMITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN							
007 02 UTILITIES - MERCY							
007 03 UTILITIES - KLEIN							
007 04 UTILITIES - CANCER							
007 05 UTILITIES - REHAB							
007 06 UTILITIES - LAUNDRY							
007 07 UTILITIES - HHA/HOSPI							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KL							
008 02 OPERATION OF PLANT RE							
008 04 OPERATION OF PLANT EA							
008 05 OPERATION OF PLANT ME							
008 06 OPERATION OF PLANT HH							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY	304,995						
011 01 DIETARY - KLEIN		100					
012 CAFETERIA	181,602		95,931				
014 NURSING ADMINISTRATIO			3,381	1,053,802			
014 01 NURSING ADMINISTRATIO					100		
015 CENTRAL SERVICES & SU			3,981	46,852		6,837,714	
016 PHARMACY			2,283			51,985	4,549,828
017 MEDICAL RECORDS & LIB			3,812	16,886		6,874	
018 SOCIAL SERVICE			883	18,370		891	6
018 01 RECREATION THERAPY GR							
018 02 RECREATION THERAPY KL						201	
025 ADULTS & PEDIATRICS	77,044		17,933	372,997		587,078	1,899
026 INTENSIVE CARE UNIT	5,252		2,456	51,087		249,689	9
031 SUBPROVIDER	5,405		1,114	23,162		6,873	
033 NURSERY			552	11,472		17,620	83
034 SKILLED NURSING FACIL	12,554		2,314	48,125		86,843	
035 NURSING FACILITY		100	11,429		100	62,269	16,702
ANCILLARY SRVC COST C							
037 OPERATING ROOM			9,005	187,300		4,094,517	163,658
039 DELIVERY ROOM & LABOR							
041 RADIOLOGY-DIAGNOSTIC			6,594			115,102	50,465
044 LABORATORY			5,193			183,586	2,941
049 RESPIRATORY THERAPY			2,235			17,902	109
050 PHYSICAL THERAPY			981			1,423	
051 OCCUPATIONAL THERAPY			545				
052 SPEECH PATHOLOGY			239				
053 ELECTROCARDIOLOGY			1,852	38,520		838,958	153,722
055 MEDICAL SUPPLIES CHAR							
055 01 DEVICES AND IMPLANTS							3,953,217
056 DRUGS CHARGED TO PATI							
058 ASC (NON-DISTINCT PAR							
059 AUDIOLOGY			200			153	498
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG			694			1,882	
059 05 O/P REHAB SERVICES			2,904			26,583	1,388
059 06 O/P DEPENDENCY SERVIC			412			207	6
059 07 SPORTS FITNESS			1,052			742	487

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET B-1
 I I TO 6/30/2009 I

COST CENTER DESCRIPTION	DIETARY	DIETARY - KLE CAFETERIA IN		NURSING ADMIN ISTRATION	NURSING ADMIN ISTRATION-KL	CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED)REQUIS.)
	(MEALS SERVED	(MEALS)ERVED	S(FTES)	(DIRECT)NRSING HRS	(HOURS OF)SERVICE	(PURCHASES)	
	11	11.01	12	14	14.01	15	16
059 08 ANCILLARY SRVC COST C LIFE CENTER			1,828			67,839	50,963
059 09 RECREATIONAL THERAPY OUTPAT SERVICE COST C EMERGENCY			122				
061 062 OBSERVATION BEDS (NON OTHER REIMBURS COST C HOME HEALTH AGENCY SPEC PURPOSE COST CEN			5,923	123,200		374,619	3,560
071 HOSPICE			2,331	48,487		19,390	148,134
095 SUBTOTALS	281,857	100	95,486	1,053,802	100	6,829,876	4,549,828
096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE							
096 01 MEALS ON WHEELS	23,138						
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGA RESEARCH						3,818	
098 PHYSICIANS' PRIVATE O WELLNESS PROGRAM			59				
098 02 EMPLOYEE WELLNESS PRO							
098 03 ADVERTISING							
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE O							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							
098 09 OUTREACH REHAB			386				
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGE							
098 12 SWITCHBOARD							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE						4,020	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,884,210	495,150	1,717,334	4,345,648		2,883,425	2,809,595
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	9.456581	4,951.500000	17.901763	4.123780		.421694	.617517
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)	417,521	14,222	248,602	452,597		340,863	180,524
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.368944	142.220000	2.591467	.479490		.049850	.039677

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	RECREATION ERAPY GRMC	RECREATION TH ERAPY KLEIN
	(CHARGES	(TIME)SPENT	(TIME)SPENT	(HOURS OF)SERVICE
	17	18	18.01	18.02
GENERAL SERVICE COST				
001 OLD CAP REL COSTS-BLD				
001 01 OLD CAP BLDG - KLEIN				
001 02 OLD CAP BLDG - CANCER				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
003 02 NEW CRC BLDG - REHAB				
003 03 NEW CRC BLDG - LAUNDR				
003 04 NEW CRC BLDG - GRMC				
003 05 NEW CRC BLDG - MERCY				
003 06 NEW CRC BLDG - EASTMA				
003 07 NEW CRC BLDG - HHA/HO				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 03 NONPATIENT TELEPHONES				
006 05 DATA PROCESSING				
006 06 PURCHASING, RECEIVING				
006 07 ADMITTING				
006 08 BUSINESS OFFICE				
006 09 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
007 01 UTILITIES - EASTMAN				
007 02 UTILITIES - MERCY				
007 03 UTILITIES - KLEIN				
007 04 UTILITIES - CANCER				
007 05 UTILITIES - REHAB				
007 06 UTILITIES - LAUNDRY				
007 07 UTILITIES - HHA/HOSPI				
008 OPERATION OF PLANT				
008 01 OPERATION OF PLANT KL				
008 02 OPERATION OF PLANT RE				
008 04 OPERATION OF PLANT EA				
008 05 OPERATION OF PLANT ME				
008 06 OPERATION OF PLANT HH				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
010 01 HOUSEKEEPING-KLEIN				
010 04 HOUSEKEEPING-REHAB				
010 05 HOUSEKEEPING-EASTMAN				
010 06 HOUSEKEEPING-MERCY				
011 DIETARY				
011 01 DIETARY - KLEIN				
012 CAFETERIA				
014 NURSING ADMINISTRATIO				
014 01 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB	289,358,875			
018 SOCIAL SERVICE		3,879		
018 01 RECREATION THERAPY GR				
018 02 RECREATION THERAPY KL				100
025 ADULTS & PEDIATRICS	27,939,227	2,598		
026 INTENSIVE CARE UNIT	4,778,429	209		
031 SUBPROVIDER	1,916,310	472		
033 NURSERY	1,502,490			
034 SKILLED NURSING FACIL	3,565,530	555		
035 NURSING FACILITY	6,026,179			100
037 ANCILLARY SRVC COST C				
037 OPERATING ROOM	65,944,869	2		
039 DELIVERY ROOM & LABOR				
041 RADIOLOGY-DIAGNOSTIC	51,033,969	4		
044 LABORATORY	28,215,580			
049 RESPIRATORY THERAPY	8,945,449			
050 PHYSICAL THERAPY	1,661,528			
051 OCCUPATIONAL THERAPY	1,124,502			
052 SPEECH PATHOLOGY	378,777			
053 ELECTROCARDIOLOGY	20,648,306			
055 MEDICAL SUPPLIES CHAR	4,700,717			
055 01 DEVICES AND IMPLANTS	12,907,544			
056 DRUGS CHARGED TO PATI				
058 ASC (NON-DISTINCT PAR				
059 AUDIOLOGY	504,223			
059 01 CARDIAC REHAB				
059 02 WORKFITNESS				
059 03 PSYCH/PSYCHOLOGICAL				
059 04 EMG & EEG	2,876,733			
059 05 O/P REHAB SERVICES	3,845,919	6		
059 06 O/P DEPENDENCY SERVIC	303,128	2		
059 07 SPORTS FITNESS	678,688			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET B-1
 I I TO 6/30/2009 I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	RECREATION ERAPY GRMC	TH RECREATION ERAPY KLEIN
	(CHARGES	(TIME)SPENT	(TIME)SPENT	(HOURS OF)SERVICE
	17	18	18.01	18.02
059 08 ANCILLARY SRVC COST C LIFE CENTER	10,681,050			
059 09 RECREATIONAL THERAPY OUTPAT SERVICE COST C EMERGENCY	139,524			
061 062 OBSERVATION BEDS (NON OTHER REIMBURS COST C HOME HEALTH AGENCY SPEC PURPOSE COST CEN	23,818,658	31		
093 095 HOSPICE SUBTOTALS	2,814,992	3,879		100
096 096 01 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE MEALS ON WHEELS OVERNIGHT ROOM SALES TO OUTSIDE ORGA RESEARCH				
098 098 01 PHYSICIANS' PRIVATE O WELLNESS PROGRAM	49,941			
098 098 02 EMPLOYEE WELLNESS PRO ADVERTISING PARKING RAMP PHYSICIANS' PRIVATE O RENAL DIALYSIS IDLE SPACE AMERICAN PROSTHETICS OUTREACH REHAB DAY CARE DEPT GRMC HELICOPTER HANGE SWITCHBOARD				
098 098 08 AMERICAN PROSTHETICS	435,533			
100 101 102 OTHER NONREIMBURSABLE CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I)	3,290,642	848,878		91,711
104 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II)	.011372	218.839392		917.110000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)				
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)	122,507	157,604		2,041
108 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000423	40.630059		20.410000

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET C
 I I TO 6/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	20,389,008		20,389,008		20,389,008
26	INTENSIVE CARE UNIT	3,475,404		3,475,404		3,475,404
31	SUBPROVIDER	1,843,249		1,843,249		1,843,249
33	NURSERY	681,346		681,346		681,346
34	SKILLED NURSING FACILITY	2,994,484		2,994,484		2,994,484
35	NURSING FACILITY	7,089,979		7,089,979		7,089,979
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	23,291,150		23,291,150		23,291,150
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC	11,907,642		11,907,642		11,907,642
44	LABORATORY	7,873,422		7,873,422	27,508	7,900,930
49	RESPIRATORY THERAPY	2,002,232		2,002,232		2,002,232
50	PHYSICAL THERAPY	726,972		726,972		726,972
51	OCCUPATIONAL THERAPY	467,176		467,176		467,176
52	SPEECH PATHOLOGY	256,539		256,539		256,539
53	ELECTROCARDIOLOGY	4,722,920		4,722,920		4,722,920
55	MEDICAL SUPPLIES CHARGED	2,286,490		2,286,490		2,286,490
55	01 DEVICES AND IMPLANTS	5,935,430		5,935,430		5,935,430
56	DRUGS CHARGED TO PATIENTS	6,767,649		6,767,649		6,767,649
58	ASC (NON-DISTINCT PART)					
59	AUDIOLOGY	376,347		376,347		376,347
59	01 CARDIAC REHAB					
59	02 WORKFITNESS					
59	03 PSYCH/PSYCHOLOGICAL					
59	04 EMG & EEG	759,286		759,286		759,286
59	05 O/P REHAB SERVICES	2,949,944		2,949,944	15,000	2,964,944
59	06 O/P DEPENDENCY SERVICES	450,639		450,639		450,639
59	07 SPORTS FITNESS	930,788		930,788		930,788
59	08 LIFE CENTER	2,251,865		2,251,865		2,251,865
59	09 RECREATIONAL THERAPY	84,107		84,107		84,107
61	OUTPAT SERVICE COST CNTRS EMERGENCY	6,927,582		6,927,582		6,927,582
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	932,340		932,340		932,340
101	SUBTOTAL	118,373,990		118,373,990	42,508	118,416,498
102	LESS OBSERVATION BEDS	932,340		932,340		932,340
103	TOTAL	117,441,650		117,441,650	42,508	117,484,158

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET C
 I I TO 6/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,939,227		27,939,227			
26	INTENSIVE CARE UNIT	4,778,429		4,778,429			
31	SUBPROVIDER	1,916,310		1,916,310			
33	NURSERY	1,502,490		1,502,490			
34	SKILLED NURSING FACILITY	3,565,530		3,565,530			
35	NURSING FACILITY	6,026,179		6,026,179			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,443,861	40,501,008	65,944,869	.353191	.353191	.353191
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	9,054,861	41,979,108	51,033,969	.233328	.233328	.233328
44	LABORATORY	12,414,324	15,801,256	28,215,580	.279045	.279045	.280020
49	RESPIRATORY THERAPY	7,304,659	1,640,790	8,945,449	.223827	.223827	.223827
50	PHYSICAL THERAPY	1,645,958	15,570	1,661,528	.437532	.437532	.437532
51	OCCUPATIONAL THERAPY	1,116,634	7,868	1,124,502	.415451	.415451	.415451
52	SPEECH PATHOLOGY	377,083	1,694	378,777	.677282	.677282	.677282
53	ELECTROCARDIOLOGY	6,478,697	14,169,609	20,648,306	.228732	.228732	.228732
55	MEDICAL SUPPLIES CHARGED	2,461,305	2,239,412	4,700,717	.486413	.486413	.486413
55	01 DEVICES AND IMPLANTS	4,475,125	8,432,419	12,907,544	.459842	.459842	.459842
56	DRUGS CHARGED TO PATIENTS	17,733,365	7,868,007	25,601,372	.264347	.264347	.264347
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY	1,501	502,722	504,223	.746390	.746390	.746390
59	01 CARDIAC REHAB						
59	02 WORKFITNESS						
59	03 PSYCH/PSYCHOLOGICAL						
59	04 EMG & EEG	1,046,072	1,830,661	2,876,733	.263940	.263940	.263940
59	05 O/P REHAB SERVICES	4,448	3,841,471	3,845,919	.767032	.767032	.770933
59	06 O/P DEPENDENCY SERVICES	31,190	271,938	303,128	1.486629	1.486629	1.486629
59	07 SPORTS FITNESS	240	628,448	628,688	1.480525	1.480525	1.480525
59	08 LIFE CENTER	356,481	8,381,605	8,738,086	.257707	.257707	.257707
59	09 RECREATIONAL THERAPY	139,524		139,524	.602814	.602814	.602814
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,550,394	14,479,079	17,029,473	.406800	.406800	.406800
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	276,046	1,290,535	1,566,581	.595143	.595143	.595143
101	SUBTOTAL	138,639,933	163,883,200	302,523,133			
102	LESS OBSERVATION BEDS						
103	TOTAL	138,639,933	163,883,200	302,523,133			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET C
I I TO 6/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	20,389,008		20,389,008		20,389,008
26	INTENSIVE CARE UNIT	3,475,404		3,475,404		3,475,404
31	SUBPROVIDER	1,843,249		1,843,249		1,843,249
33	NURSERY	681,346		681,346		681,346
34	SKILLED NURSING FACILITY	2,994,484		2,994,484		2,994,484
35	NURSING FACILITY	7,089,979		7,089,979		7,089,979
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	23,291,150		23,291,150		23,291,150
39	DEFTVFRY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC	11,907,642		11,907,642		11,907,642
44	LABORATORY	7,873,422		7,873,422	27,508	7,900,930
49	RESPIRATORY THERAPY	2,002,232		2,002,232		2,002,232
50	PHYSICAL THERAPY	726,972		726,972		726,972
51	OCCUPATIONAL THERAPY	467,176		467,176		467,176
52	SPEECH PATHOLOGY	256,539		256,539		256,539
53	ELECTROCARDIOLOGY	4,722,920		4,722,920		4,722,920
55	MEDICAL SUPPLIES CHARGED	2,286,490		2,286,490		2,286,490
55 01	DEVICES AND IMPLANTS	5,935,430		5,935,430		5,935,430
56	DRUGS CHARGED TO PATTTENTS	6,767,649		6,767,649		6,767,649
58	ASC (NON-DISTINCT PART)					
59	AUDIOLOGY	376,347		376,347		376,347
59 01	CARDIAC REHAB					
59 02	WORKFITNESS					
59 03	PSYCH/PSYCHOLOGICAL					
59 04	EMG & EEG	759,286		759,286		759,286
59 05	O/P REHAB SERVICES	2,949,944		2,949,944	15,000	2,964,944
59 06	O/P DEPENDENCY SERVICES	450,639		450,639		450,639
59 07	SPORTS FITNESS	930,788		930,788		930,788
59 08	LIFE CENTER	2,251,865		2,251,865		2,251,865
59 09	RECREATIONAL THERAPY	84,107		84,107		84,107
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,927,582		6,927,582		6,927,582
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	932,340		932,340		932,340
101	SUBTOTAL	118,373,990		118,373,990	42,508	118,416,498
102	LESS OBSERVATION BEDS	932,340		932,340		932,340
103	TOTAL	117,441,650		117,441,650	42,508	117,484,158

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,939,227		27,939,227			
26	INTENSIVE CARE UNIT	4,778,429		4,778,429			
31	SUBPROVIDER	1,916,310		1,916,310			
33	NURSERY	1,502,490		1,502,490			
34	SKILLED NURSING FACILITY	3,565,530		3,565,530			
35	NURSING FACILITY	6,026,179		6,026,179			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,443,861	40,501,008	65,944,869	.353191	.353191	.353191
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	9,054,861	41,979,108	51,033,969	.233328	.233328	.233328
44	LABORATORY	12,414,324	15,801,256	28,215,580	.279045	.279045	.280020
49	RESPIRATORY THERAPY	7,304,659	1,640,790	8,945,449	.223827	.223827	.223827
50	PHYSICAL THERAPY	1,645,958	15,570	1,661,528	.437532	.437532	.437532
51	OCCUPATONAI THFRAPY	1,116,634	7,868	1,124,502	.415451	.415451	.415451
52	SPEECH PATHOLOGY	377,083	1,694	378,777	.677282	.677282	.677282
53	ELECTROCARDIOLOGY	6,478,697	14,169,609	20,648,306	.228732	.228732	.228732
55	MEDICAL SUPPLIES CHARGED	2,461,305	2,239,412	4,700,717	.486413	.486413	.486413
55 01	DEVICES AND IMPLANTS	4,475,125	8,432,419	12,907,544	.459842	.459842	.459842
56	DRUGS CHARGED TO PATIENTS	17,733,365	7,868,007	25,601,372	.264347	.264347	.264347
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY	1,501	502,722	504,223	.746390	.746390	.746390
59 01	CARDIAC REHAB						
59 02	WORKFITNESS						
59 03	PSYCH/PSYCHOLOGICAL						
59 04	EMG & EEG	1,046,072	1,830,661	2,876,733	.263940	.263940	.263940
59 05	O/P REHAB SERVICES	4,448	3,841,471	3,845,919	.767032	.767032	.770933
59 06	O/P DEPENDENCY SERVICES	31,190	271,938	303,128	1.486629	1.486629	1.486629
59 07	SPORTS FITNESS	240	628,448	628,688	1.480525	1.480525	1.480525
59 08	LIFE CENTER	356,481	8,381,605	8,738,086	.257707	.257707	.257707
59 09	RECREATIONAL THERAPY	139,524		139,524	.602814	.602814	.602814
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,550,394	14,479,079	17,029,473	.406800	.406800	.406800
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	276,046	1,290,535	1,566,581	.595143	.595143	.595143
101	SUBTOTAL	138,639,933	163,883,200	302,523,133			
102	LESS OBSERVATION BEDS						
103	TOTAL	138,639,933	163,883,200	302,523,133			

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	23,291,150	3,783,681	19,507,469			23,291,150
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	11,907,642	2,516,928	9,390,714			11,907,642
44	LABORATORY	7,873,422	576,678	7,296,744			7,873,422
49	RESPIRATORY THERAPY	2,002,232	201,080	1,801,152			2,002,232
50	PHYSICAL THERAPY	726,972	14,813	712,159			726,972
51	OCCUPATIONAL THERAPY	467,176	6,806	460,370			467,176
52	SPEECH PATHOLOGY	256,539	3,379	253,160			256,539
53	ELECTROCARDIOLOGY	4,722,920	1,045,374	3,677,546			4,722,920
55	MEDICAL SUPPLIES CHARGED	2,286,490	24,453	2,262,037			2,286,490
55 01	DEVICES AND IMPLANTS	5,935,430	63,901	5,871,529			5,935,430
56	DRUGS CHARGED TO PATIENTS	6,767,649	197,788	6,569,861			6,767,649
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY	376,347	14,719	361,628			376,347
59 01	CARDIAC REHAB						
59 02	WORKFITNESS						
59 03	PSYCH/PSYCHOLOGICAL						
59 04	EMG & EEG	759,286	85,895	673,391			759,286
59 05	O/P REHAB SERVICES	2,949,944	146,207	2,803,737			2,949,944
59 06	O/P DEPENDENCY SERVICES	450,639	78,940	371,699			450,639
59 07	SPORTS FITNESS	930,788	54,853	875,935			930,788
59 08	LIFE CENTER	2,251,865	136,036	2,115,829			2,251,865
59 09	RECREATIONAL THERAPY	84,107	1,249	82,858			84,107
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,927,582	536,379	6,391,203			6,927,582
62	OBSERVATION BEDS (NON-DIS	932,340	74,863	857,477			932,340
	OTHER REIMBURS COST CNTRS						
101	SURTOTAI	81,900,520	9,564,022	72,336,498			81,900,520
102	LESS OBSERVATION BEDS	932,340	74,863	857,477			932,340
103	TOTAL	80,968,180	9,489,159	71,479,021			80,968,180

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET C
 I I TO 6/30/2009 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	65,944,869	.353191	.353191
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	51,033,969	.233328	.233328
44	LABORATORY	28,215,580	.279045	.279045
49	RESPIRATORY THERAPY	8,945,449	.223827	.223827
50	PHYSICAL THERAPY	1,661,528	.437532	.437532
51	OCCUPATIONAL THERAPY	1,124,502	.415451	.415451
52	SPEECH PATHOLOGY	378,777	.677282	.677282
53	ELECTROCARDIOLOGY	20,648,306	.228732	.228732
55	MEDICAL SUPPLIES CHARGED	4,700,717	.486413	.486413
55 01	DEVICES AND IMPLANTS	12,907,544	.459842	.459842
56	DRUGS CHARGED TO PATIENTS	25,601,372	.264347	.264347
58	ASC (NON-DISTINCT PART)			
59	AUDIOLOGY	504,223	.746390	.746390
59 01	CARDIAC REHAB			
59 02	WORKFITNESS			
59 03	PSYCH/PSYCHOLOGICAL			
59 04	EMG & EEG	2,876,733	.263940	.263940
59 05	O/P REHAB SERVICES	3,845,919	.767032	.767032
59 06	O/P DEPENDENCY SERVICES	303,128	1.486629	1.486629
59 07	SPORTS FITNESS	628,688	1.480525	1.480525
59 08	LIFE CENTER	8,738,086	.257707	.257707
59 09	RECRFATONAL THERAPY	139,524	.602814	.602814
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	17,029,473	.406800	.406800
62	OBSERVATION BEDS (NON-DIS	1,566,581	.595143	.595143
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	256,794,968		
102	LESS OBSERVATION BEDS	1,566,581		
103	TOTAL	255,228,387		

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	23,291,150	3,783,681	19,507,469			23,291,150
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	11,907,642	2,516,928	9,390,714			11,907,642
44	LABORATORY	7,873,422	576,678	7,296,744			7,873,422
49	RESPIRATORY THERAPY	2,002,232	201,080	1,801,152			2,002,232
50	PHYSICAL THERAPY	726,972	14,813	712,159			726,972
51	OCCUPATIONAL THERAPY	467,176	6,806	460,370			467,176
57	SPFFCH PATHOLOGY	256,539	3,379	253,160			256,539
53	ELECTROCARDIOLOGY	4,722,920	1,045,374	3,677,546			4,722,920
55	MEDICAL SUPPLIES CHARGED	2,286,490	24,453	2,262,037			2,286,490
55 01	DEVICES AND IMPLANTS	5,935,430	63,901	5,871,529			5,935,430
56	DRUGS CHARGED TO PATIENTS	6,767,649	197,788	6,569,861			6,767,649
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY	376,347	14,719	361,628			376,347
59 01	CARDIAC REHAB						
59 02	WORKFITNESS						
59 03	PSYCH/PSYCHOLOGICAL						
59 04	FMG & FFG	759,286	85,895	673,391			759,286
59 05	O/P REHAB SERVICES	2,949,944	146,207	2,803,737			2,949,944
59 06	O/P DEPENDENCY SERVICES	450,639	78,940	371,699			450,639
59 07	SPORTS FITNESS	930,788	54,853	875,935			930,788
59 08	LIFE CENTER	2,251,865	136,036	2,115,829			2,251,865
59 09	RECREATIONAL THERAPY	84,107	1,249	82,858			84,107
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,927,582	536,379	6,391,203			6,927,582
62	OBSERVATION BEDS (NON-DIS	932,340	74,863	857,477			932,340
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	81,900,570	9,564,022	72,336,498			81,900,520
102	LESS OBSERVATION BEDS	932,340	74,863	857,477			932,340
103	TOTAL	80,968,180	9,489,159	71,479,021			80,968,180

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	65,944,869	.353191	.353191
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	51,033,969	.233328	.233328
44	LABORATORY	28,215,580	.279045	.279045
49	RESPIRATORY THERAPY	8,945,449	.223827	.223827
50	PHYSICAL THERAPY	1,661,528	.437532	.437532
51	OCCUPATIONAL THERAPY	1,124,502	.415451	.415451
52	SPEECH PATHOLOGY	378,777	.677282	.677282
53	ELECTROCARDIOLOGY	20,648,306	.228732	.228732
55	MEDICAL SUPPLIES CHARGED	4,700,717	.486413	.486413
55	01 DEVICES AND IMPLANTS	12,907,544	.459842	.459842
56	DRUGS CHARGED TO PATIENTS	25,601,372	.264347	.264347
58	ASC (NON-DISTINCT PART)			
59	AUDIOLOGY	504,223	.746390	.746390
59	01 CARDIAC REHAB			
59	02 WORKFITNESS			
59	03 PSYCH/PSYCHOLOGICAL			
59	04 EMG & EEG	2,876,733	.263940	.263940
59	05 O/P REHAB SERVICES	3,845,919	.767032	.767032
59	06 O/P DEPENDENCY SERVICES	303,128	1.486629	1.486629
59	07 SPORTS FITNESS	628,688	1.480525	1.480525
59	08 LIFE CENTER	8,738,086	.257707	.257707
59	09 RECREATIONAL THERAPY	139,524	.602814	.602814
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	17,029,473	.406800	.406800
62	OBSERVATION BEDS (NON-DIS	1,566,581	.595143	.595143
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	256,794,968		
102	LESS OBSERVATION BEDS	1,566,581		
103	TOTAL	255,228,387		

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(09/1997)
 APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D
 I I TO 6/30/2009 I PART I
 TITLE XVIII, PART A PPS

WKST A	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II)	OLD CAPITAL SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, III)	NEW CAPITAL SWING BED ADJUSTMENT	REDUCED CAP RELATED COST
LINE NO.		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,637,158		1,637,158
26	INTENSIVE CARE UNIT				390,688		390,688
31	SUBPROVIDER				381,520		381,520
33	NURSERY				21,079		21,079
101	TOTAL				2,430,445		2,430,445

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(09/1997)
 APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D
 I I TO 6/30/2009 I PART I
 TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	25,827	13,434			63.39	851,581
26	INTENSIVE CARE UNIT	2,095	1,397			186.49	260,527
31	SUBPROVIDER	2,063	1,149			184.93	212,485
33	NURSERY	1,779				11.85	
101	TOTAL	31,764	15,980				1,324,593

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	PPS		OLD CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2		INPAT PROGRAM CHARGES 4	CST/CHRG RATIO 5	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		3,783,681	65,944,869	12,379,382		
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	4,512	2,512,416	51,033,969	5,068,306	.000088	446
44	LABORATORY		576,678	28,215,580	7,069,052		
49	RESPIRATORY THERAPY		201,080	8,945,449	3,248,343		
50	PHYSICAL THERAPY		14,813	1,661,528	658,416		
51	OCCUPATIONAL THERAPY		6,806	1,124,502	378,356		
52	SPEECH PATHOLOGY		3,379	378,777	103,670		
53	ELECTROCARDIOLOGY		1,045,374	20,648,306	3,505,957		
55	MEDICAL SUPPLIES CHARGED		24,453	4,700,717	2,115,275		
55 01	DEVICES AND IMPLANTS		63,901	12,907,544	4,360,745		
56	DRUGS CHARGED TO PATIENTS		197,788	25,601,372	9,183,669		
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY		14,719	504,223	182		
59 01	CARDIAC REHAB						
59 02	WORKFITNESS						
59 03	PSYCH/PSYCHOLOGICAL						
59 04	EMG & EEG		85,895	2,876,733	373,873		
59 05	O/P REHAB SERVICES		146,207	3,843,919	2,246		
59 06	O/P DEPENDENCY SERVICES		78,940	303,128	2,040		
59 07	SPORTS FITNESS		54,853	628,688	160		
59 08	LIFE CENTER		136,036	8,738,086	124,692		
59 09	RECREATIONAL THERAPY		1,249	139,524			
61	OUTPAT SERVICE COST CNTRS EMERGENCY		536,379	17,029,473	2,361,162		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		74,863	1,566,581	182,301		
101	TOTAL	4,512	9,559,510	256,794,968	51,117,827		446

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-0057 I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.057376	710,279
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.049230	249,513
44	LABORATORY	.020438	144,477
49	RESPIRATORY THERAPY	.022478	73,016
50	PHYSICAL THERAPY	.008915	5,870
51	OCCUPATIONAL THERAPY	.006052	2,290
52	SPEECH PATHOLOGY	.008921	925
53	ELECTROCARDIOLOGY	.050628	177,500
55	MEDICAL SUPPLIES CHARGED	.005202	11,004
55 01	DEVICES AND IMPLANTS	.004951	21,590
56	DRUGS CHARGED TO PATIENTS	.007726	70,953
58	ASC (NON-DISTINCT PART)		
59	AUDIOLOGY	.029191	5
59 01	CARDIAC REHAB		
59 02	WORKFITNESS		
59 03	PSYCH/PSYCHOLOGICAL		
59 04	EMG & EEG	.029859	11,163
59 05	O/P REHAB SERVICES	.038016	85
59 06	O/P DEPENDENCY SERVICES	.260418	531
59 07	SPORTS FITNESS	.087250	14
59 08	LIFE CENTER	.015568	1,941
59 09	RECREATIONAL THERAPY	.008952	
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.031497	74,370
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.047788	8,712
101	TOTAL		1,564,238

PPS

Health Financial Systems MCRIF32

FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96(11/1998)

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

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D
I I TO 6/30/2009 I 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					25,827	
26	INTENSIVE CARE UNIT					2,095	
31	SUBPROVIDER					2,063	
33	NURSERY					1,779	
34	SKILLED NURSING FACILITY					4,623	
35	NURSING FACILITY					43,243	
101	TOTAL					79,630	

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009

SERVICE OTHER PASS THROUGH COSTS I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D

TITLE XVIII, PART A I I TO 6/30/2009 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		13,434
26	INTENSIVE CARE UNIT		1,397
31	SUBPROVIDER		1,149
33	NURSERY		
34	SKILLED NURSING FACILITY		3,989
35	NURSING FACILITY		
101	TOTAL		19,969

TITLE XVIII, PART A

HOSPITAL

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	01 DEVICES AND IMPLANTS						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY						
59	01 CARDIAC REHAB						
59	02 WORKFITNESS						
59	03 PSYCH/PSYCHOLOGICAL						
59	04 EMG & EEG						
59	05 O/P REHAB SERVICES						
59	06 O/P DEPENDENCY SERVICES						
59	07 SPORTS FITNESS						
59	08 LIFE CENTER						
59	09 RECREATIONAL THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			65,944,869			12,379,382	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			51,033,969			5,068,306	
44	LABORATORY			28,215,580			7,069,052	
49	RESPIRATORY THERAPY			8,945,449			3,248,343	
50	PHYSICAL THERAPY			1,661,528			658,416	
51	OCCUPATIONAL THERAPY			1,124,502			378,356	
52	SPEECH PATHOLOGY			378,777			103,670	
53	ELECTROCARDIOLOGY			20,648,306			3,505,957	
55	MEDICAL SUPPLIES CHARGED			4,700,717			2,115,275	
55	01 DEVICES AND IMPLANTS			12,907,544			4,360,745	
56	DRUGS CHARGED TO PATIENTS			25,601,372			9,183,669	
58	ASC (NON-DISTINCT PART)							
59	AUDIOLOGY			504,223			182	
59	01 CARDIAC REHAB							
59	02 WORKFITNESS							
59	03 PSYCH/PSYCHOLOGICAL							
59	04 EMG & EEG			2,876,733			373,873	
59	05 O/P REHAB SERVICES			3,845,919			2,246	
59	06 O/P DEPENDENCY SERVICES			303,128			2,040	
59	07 SPORTS FITNESS			628,688			160	
59	08 LIFE CENTER			8,738,086			124,692	
59	09 RECREATIONAL THERAPY			139,524				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			17,029,473			2,361,162	
62	OBSERVATION BEDS (NON-DIS			1,566,581			182,301	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			256,794,968			51,117,827	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPUT PROG		OUTPUT PROG		OUTPUT PROG PASS THRU COST	COL 8.01	COL 8.02
		CHARGES	D,V COL 5.03	D,V COL 5.04	* COL 5		* COL 5	
		8	8.01	8.02	9		9.01	9.02
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	16,352,837						
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC	15,630,304						
44	LABORATORY	1,356,255						
49	RESPIRATORY THERAPY	778,679						
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	8,776,449						
55	MEDICAL SUPPLIES CHARGED							
55 01	DEVICES AND IMPLANTS							
56	DRUGS CHARGED TO PATIENTS	3,301,996						
58	ASC (NON-DISTINCT PART)							
59	AUDIOLOGY	40,575						
59 01	CARDIAC REHAB							
59 02	WORKFITNESS							
59 03	PSYCH/PSYCHOLOGICAL							
59 04	EMG & EEG	529,395						
59 05	O/P REHAB SERVICES	94,906						
59 06	O/P DEPENDENCY SERVICES	11,365						
59 07	SPORTS FITNESS							
59 08	LIFE CENTER	2,903,118						
59 09	RECREATIONAL THERAPY							
	OUTPUT SERVICE COST CNTRS							
61	EMERGENCY	2,916,640						
62	OBSERVATION BEDS (NON-DIS	670,132						
	OTHER REIMBURS COST CNTRS							
101	TOTAL	53,362,651						

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.353191	.353191			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC	.233328	.233328			
44 LABORATORY	.279045	.279045			
49 RESPIRATORY THERAPY	.223827	.223827			
50 PHYSICAL THERAPY	.437532	.437532			
51 OCCUPATIONAL THERAPY	.415451	.415451			
52 SPEECH PATHOLOGY	.677282	.677282			
53 ELECTROCARDIOLOGY	.228732	.228732			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.486413	.486413			
55 01 DEVICES AND IMPLANTS	.459842	.459842			
56 DRUGS CHARGED TO PATIENTS	.264347	.264347			
58 ASC (NON-DISTINCT PART)					
59 AUDIOLOGY	.746390	.746390			
59 01 CARDIAC REHAB					
59 02 WORKFITNESS					
59 03 PSYCH/PSYCHOLOGICAL					
59 04 EMG & EEG	.263940	.263940			
59 05 O/P REHAB SERVICES	.767032	.767032			
59 06 O/P DEPENDENCY SERVICES	1.486629	1.486629			
59 07 SPORTS FITNESS	1.480525	1.480525			
59 08 LIFE CENTER	.257707	.257707			
59 09 RECREATIONAL THERAPY	.602814	.602814			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.406800	.406800			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.595143	.595143			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		16,352,837	2,623		
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		15,630,304			
44	LABORATORY		1,356,255			
49	RESPIRATORY THERAPY		778,679			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		8,776,449	199		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 01	DEVICES AND IMPLANTS					
56	DRUGS CHARGED TO PATIENTS		3,301,996			
58	ASC (NON-DISTINCT PART)					
59	AUDIOLOGY		40,575			
59 01	CARDIAC REHAB					
59 02	WORKFITNESS					
59 03	PSYCH/PSYCHOLOGICAL					
59 04	EMG & EEG		529,395			
59 05	O/P REHAB SERVICES		94,906			
59 06	O/P DEPENDENCY SERVICES		11,365			
59 07	SPORTS FITNESS					
59 08	LIFE CENTER		2,903,118			
59 09	RECREATIONAL THERAPY					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		2,916,640	827		
62	OBSERVATION BEDS (NON-DISTINCT PART)		670,132			
101	SUBTOTAL		53,362,651	3,649		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		53,362,651	3,649		

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				5,775,675	926
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				3,646,988	
44 LABORATORY				378,456	
49 RESPIRATORY THERAPY				174,289	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				2,007,455	46
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 01 DEVICES AND IMPLANTS					
56 DRUGS CHARGED TO PATIENTS				872,873	
58 ASC (NON-DISTINCT PART)					
59 AUDIOLOGY				30,285	
59 01 CARDIAC REHAB					
59 02 WORKFITNESS					
59 03 PSYCH/PSYCHOLOGICAL					
59 04 EMG & EEG				139,729	
59 05 O/P REHAB SERVICES				72,796	
59 06 O/P DEPENDENCY SERVICES				16,896	
59 07 SPORTS FITNESS					
59 08 LIFE CENTER				748,154	
59 09 RECREATIONAL THERAPY					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				1,186,489	336
62 OBSERVATION BEDS (NON-DISTINCT PART)				398,824	
101 SUBTOTAL				15,448,909	1,308
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				15,448,909	1,308

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
3/ OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 01 DEVICES AND IMPLANTS			
56 DRUGS CHARGED TO PATIENTS			
58 ASC (NON-DISTINCT PART)			
59 AUDIOLOGY			
59 01 CARDIAC REHAB			
59 02 WORKFITNESS			
59 03 PSYCH/PSYCHOLOGICAL			
59 04 EMG & EEG			
59 05 O/P REHAB SERVICES			
59 06 O/P DEPENDENCY SERVICES			
59 07 SPORTS FITNESS			
59 08 LIFE CENTER			
59 09 RECREATIONAL THERAPY			
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART VI
 I 16-0057 I
 TITLE XVIII, PART B HOSPITAL
 PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.264347
2	PROGRAM VACCINE CHARGES		16,248
3	PROGRAM COSTS		4,295

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-1057 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		3,783,681	65,944,869	20,978		
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	4,512	2,512,416	51,033,969	59,164	.000088	5
44	LABORATORY		576,678	28,215,580	7,204		
49	RESPIRATORY THERAPY		201,080	8,945,449	75,114		
50	PHYSICAL THERAPY		14,813	1,661,528	228,696		
51	OCCUPATIONAL THERAPY		6,806	1,124,502	205,713		
52	SPEECH PATHOLOGY		3,379	378,777	139,905		
53	ELECTROCARDIOLOGY		1,045,374	20,648,306	8,800		
55	MEDICAL SUPPLIES CHARGED		24,453	4,700,717	23,561		
55	01 DEVICES AND IMPLANTS		63,901	12,907,544	114,380		
56	DRUGS CHARGED TO PATIENTS		197,788	25,601,372	283,913		
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY		14,719	504,223			
59	01 CARDIAC REHAB						
59	02 WORKFITNESS						
59	03 PSYCH/PSYCHOLOGICAL						
59	04 EMG & EEG		85,895	2,876,733	3,073		
59	05 O/P REHAB SERVICES		146,207	3,845,919			
59	06 O/P DEPENDENCY SERVICES		78,940	303,128			
59	07 SPORTS FITNESS		54,853	628,688			
59	08 LIFE CENTER		136,036	8,738,086	115		
59	09 RECREATIONAL THERAPY		1,249	139,524	76,439		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		536,379	17,029,473	16,032		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		74,863	1,566,581			
101	TOTAL	4,512	9,559,510	256,794,968	1,263,087		5

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-T057 I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.057376	1,204
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.049230	2,913
44	LABORATORY	.020438	147
49	RESPIRATORY THERAPY	.022478	1,688
50	PHYSICAL THERAPY	.008915	2,039
51	OCCUPATIONAL THERAPY	.006052	1,245
52	SPEECH PATHOLOGY	.008921	1,248
53	ELECTROCARDIOLOGY	.050628	446
55	MEDICAL SUPPLIES CHARGED	.005202	123
55 01	DEVICES AND IMPLANTS	.004951	566
56	DRUGS CHARGED TO PATIENTS	.007726	2,194
58	ASC (NON-DISTINCT PART)		
59	AUDIOLOGY	.029191	
59 01	CARDIAC REHAB		
59 02	WORKFITNESS		
59 03	PSYCH/PSYCHOLOGICAL		92
59 04	EMG & EEG	.029859	
59 05	O/P REHAB SERVICES	.038016	
59 06	O/P DEPENDENCY SERVICES	.260418	
59 07	SPORTS FITNESS	.087250	
59 08	LIFE CENTER	.015568	2
59 09	RECREATIONAL THERAPY	.008952	684
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.031497	505
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.047788	
101	TOTAL		15,096

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(07/2009)

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART IV
 I 16-1057 I

TITLE XVIII, PART A

SUBPROVIDER 1

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	01 DEVICES AND IMPLANTS						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY						
59	01 CARDIAC REHAB						
59	02 WORKFITNESS						
59	03 PSYCH/PSYCHOLOGICAL						
59	04 EMG & EEG						
59	05 O/P REHAB SERVICES						
59	06 O/P DEPENDENCY SERVICES						
59	07 SPORTS FITNESS						
59	08 LIFE CENTER						
59	09 RECREATIONAL THERAPY						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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							
	OPERATING ROOM			65,944,869			20,978	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			51,033,969			59,164	
44	LABORATORY			28,215,580			7,204	
49	RESPIRATORY THERAPY			8,945,449			75,114	
50	PHYSICAL THERAPY			1,661,528			228,696	
51	OCCUPATIONAL THERAPY			1,124,502			205,713	
52	SPEECH PATHOLOGY			378,777			139,905	
53	ELECTROCARDIOLOGY			20,648,306			8,800	
55	MEDICAL SUPPLIES CHARGED			4,700,717			23,561	
55	01 DEVICES AND IMPLANTS			12,907,544			114,380	
56	DRUGS CHARGED TO PATIENTS			25,601,372			283,913	
58	ASC (NON-DISTINCT PART)							
59	AUDIOLOGY			504,223				
59	01 CARDIAC REHAB							
59	02 WORKFITNESS							
59	03 PSYCH/PSYCHOLOGICAL							
59	04 EMG & EEG			2,876,733			3,073	
59	05 O/P REHAB SERVICES			3,845,919				
59	06 O/P DEPENDENCY SERVICES			303,128				
59	07 SPORTS FITNESS			628,688				
59	08 LIFE CENTER			8,738,086			115	
59	09 RECREATIONAL THERAPY			139,524			76,439	
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY			17,029,473			16,032	
62	OBSERVATION BEDS (NON-DIS			1,566,581				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			256,794,968			1,263,087	

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(07/2009) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 OTHER PASS THROUGH COSTS I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART IV
 I 16-T057 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01		8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
55	01 DEVICES AND IMPLANTS							
56	DRUGS CHARGED TO PATIENTS							
58	ASC (NON-DISTINCT PART)							
59	AUDIOLOGY							
59	01 CARDIAC REHAB							
59	02 WORKFITNESS							
59	03 PSYCH/PSYCHOLOGICAL							
59	04 EMG & EEG							
59	05 O/P REHAB SERVICES							
59	06 O/P DEPENDENCY SERVICES							
59	07 SPORTS FITNESS							
59	08 LIFE CENTER							
59	09 RECREATIONAL THERAPY							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL							

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(09/1996)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-5110 I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 01	DEVICES AND IMPLANTS						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY						
59 01	CARDIAC REHAB						
59 02	WORKFITNESS						
59 03	PSYCH/PSYCHOLOGICAL						
59 04	EMG & EEG						
59 05	O/P REHAB SERVICES						
59 06	O/P DEPENDENCY SERVICES						
59 07	SPORTS FITNESS						
59 08	LIFE CENTER						
59 09	RECREATIONAL THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
39	DELIVERY ROOM & LABOR ROO	
41	RADIOLOGY-DIAGNOSTIC	
44	LABORATORY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
51	OCCUPATIONAL THERAPY	
52	SPEECH PATHOLOGY	
53	ELECTROCARDIOLOGY	
55	MEDICAL SUPPLIES CHARGED	
55 01	DEVICES AND IMPLANTS	
56	DRUGS CHARGED TO PATIENTS	
58	ASC (NON-DISTINCT PART)	
59	AUDIOLOGY	
59 01	CARDIAC REHAB	
59 02	WORKFITNESS	
59 03	PSYCH/PSYCHOLOGICAL	
59 04	EMG & EEG	
59 05	O/P REHAB SERVICES	
59 06	O/P DEPENDENCY SERVICES	
59 07	SPORTS FITNESS	
59 08	LIFE CENTER	
59 09	RECREATIONAL THERAPY	
	OUTPAT SERVICE COST CNTRS	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
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	2	2.01	2.02	2.03
		1.01				
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROD					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
55 01	DEVICES AND IMPLANTS					
56	DRUGS CHARGED TO PATIENTS					
58	ASC (NON-DISTINCT PART)					
59	AUDIOLOGY					
59 01	CARDIAC REHAB					
59 02	WORKFITNESS					
59 03	PSYCH/PSYCHOLOGICAL					
59 04	EMG & EEG					
59 05	O/P REHAB SERVICES					
59 06	O/P DEPENDENCY SERVICES					
59 07	SPORTS FITNESS					
59 08	LIFE CENTER					
59 09	RECREATIONAL THERAPY					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
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			65,944,869			23,237	
	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			51,033,969			127,555	
44	LABORATORY			28,215,580			518,368	
49	RESPIRATORY THERAPY			8,945,449			633,346	
50	PHYSICAL THERAPY			1,661,528			332,892	
51	OCCUPATIONAL THERAPY			1,124,502			204,525	
52	SPEECH PATHOLOGY			378,777			19,684	
53	ELECTROCARDIOLOGY			20,648,306			14,323	
55	MEDICAL SUPPLIES CHARGED			4,700,717				
55 01	DEVICES AND IMPLANTS			12,907,544				
56	DRUGS CHARGED TO PATIENTS			25,601,372			1,561,975	
58	ASC (NON-DISTINCT PART)							
59	AUDIOLOGY			504,223			182	
59 01	CARDIAC REHAB							
59 02	WORKFITNESS							
59 03	PSYCH/PSYCHOLOGICAL							
59 04	EMG & EEG			2,876,733			878	
59 05	O/P REHAB SERVICES			3,845,919			434	
59 06	O/P DEPENDENCY SERVICES			303,128				
59 07	SPORTS FITNESS			628,688				
59 08	LIFE CENTER			8,738,086			235	
59 09	RECREATIONAL THERAPY			139,524				
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY			17,029,473			438	
62	OBSERVATION BEDS (NON-DIS			1,566,581				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			256,794,968			3,438,072	

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(07/2009) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 OTHER PASS THROUGH COSTS I 16-0057 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART IV
 I 16-5110 I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	01 DEVICES AND IMPLANTS						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY						
59	01 CARDIAC REHAB						
59	02 WORKFITNESS						
59	03 PSYCH/PSYCHOLOGICAL						
59	04 EMG & EEG						
59	05 O/P REHAB SERVICES						
59	06 O/P DEPENDENCY SERVICES						
59	07 SPORTS FITNESS						
59	08 LIFE CENTER						
59	09 RECREATIONAL THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	25,827
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	25,827
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25,827
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13,434
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	20,389,008
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	20,389,008

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GFNFRAI INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	32,978,481
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	32,978,481
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.618252
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,276.90
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	20,389,008

TITLE XVIII PART A HOSPITAL PPS
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 789.45
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 10,605,471
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 10,605,471

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,475,404	2,095	1,658.90	1,397	2,317,483
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					16,245,606
49 TOTAL PROGRAM INPATIENT COSTS					29,168,560

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,112,108
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,564,684
 52 TOTAL PROGRAM EXCLUDABLE COST 2,676,792
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 26,491,768

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,181
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	789.45
85	OBSERVATION BED COST	932,340

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	20,389,008		932,340	
87	NEW CAPITAL-RELATED COST	1,637,158	.080296	932,340	74,863
88	NON PHYSICIAN ANESTHETIST	20,389,008		932,340	
89	MEDICAL EDUCATION	20,389,008		932,340	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,063
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,063
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,063
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,149
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,843,249
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,843,249

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,916,310
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,916,310
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.961874
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	928.89
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,843,249

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				893.48
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				1,026,609
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				1,026,609

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
					514,888
49	TOTAL PROGRAM INPATIENT COSTS				
					1,541,497

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				212,485
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				15,101
52	TOTAL PROGRAM EXCLUDABLE COST				227,586
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				1,313,911

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER I PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 893.48
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		1,843,249			
87 NEW CAPITAL-RELATED COST	381,520	1,843,249	.206982		
88 NON PHYSICIAN ANESTHETIST		1,843,249			
89 MEDICAL EDUCATION		1,843,249			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,623
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,623
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,623
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,989
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,994,484
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,994,484

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,565,530
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,565,530
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.839843
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	771.26
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,994,484

TITLE XVIII PART A SNF PPS

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

	1
66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,994,484
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	647.74
68 PROGRAM ROUTINE SERVICE COST	2,583,835
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,583,835
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	305,668
72 PER DIEM CAPITAL-RELATED COSTS	66.12
73 PROGRAM CAPITAL-RELATED COSTS	263,753
74 INPATIENT ROUTINE SERVICE COST	2,320,082
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,320,082
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78 INPATIENT ROUTINE SERVICE COST LIMITATION	
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,583,835
80 PROGRAM INPATIENT ANCILLARY SERVICES	985,449
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	3,569,284

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,623
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,623
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,623
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	120
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,565,530
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,565,530
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	771.26
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	305,668
72	PER DIEM CAPITAL-RELATED COSTS	66.12
73	PROGRAM CAPITAL-RELATED COSTS	7,934
74	INPATIENT ROUTINE SERVICE COST	-7,934
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-7,934
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P NF OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	43,243
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	43,243
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMT-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	43,243
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	24,615
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,089,979
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,089,979

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,026,179
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,026,179
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.176530
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	139.36
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7,089,979

TITLE XIX - I/P NF OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	7,089,979
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	163.96	
68	PROGRAM ROUTINE SERVICE COST	4,035,875	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4,035,875	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	421,030	
72	PER DIEM CAPITAL-RELATED COSTS	9.74	
73	PROGRAM CAPITAL-RELATED COSTS	239,750	
74	INPATIENT ROUTINE SERVICE COST	3,796,125	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	3,796,125	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	239,750	
80	PROGRAM INPATIENT ANCILLARY SERVICES		
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	239,750	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
	ADULTS & PEDIATRICS		15,662,782		
26	INTENSIVE CARE UNIT		3,229,005		
31	SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.353191	12,379,382	4,372,286	
39	DELIVERY ROOM & LABOR ROOM				
41	RADIOLOGY-DIAGNOSTIC	.233328	5,068,306	1,182,578	
44	LABORATORY	.280020	7,069,052	1,979,476	
49	RESPIRATORY THERAPY	.223827	3,248,343	727,067	
50	PHYSICAL THERAPY	.437532	658,416	288,078	
51	OCCUPATIONAL THERAPY	.415451	378,356	157,188	
52	SPEECH PATHOLOGY	.677282	103,670	70,214	
53	ELECTROCARDIOLOGY	.228732	3,505,957	801,925	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.486413	2,115,275	1,028,897	
55 01	DEVICES AND IMPLANTS	.459842	4,360,745	2,005,254	
56	DRUGS CHARGED TO PATIENTS	.264347	9,183,669	2,427,675	
58	ASC (NON-DISTINCT PART)				
59	AUDIOLOGY	.746390	182	136	
59 01	CARDIAC REHAB				
59 02	WORKFITNESS				
59 03	PSYCH/PSYCHOLOGICAL				
59 04	EMG & EEG	.263940	373,873	98,680	
59 05	O/P REHAB SERVICES	.770933	2,246	1,732	
59 06	O/P DEPENDENCY SERVICES	1.486629	2,040	3,033	
59 07	SPORTS FITNESS	1.480525	160	237	
59 08	LIFE CENTER	.257707	124,692	32,134	
59 09	RECREATIONAL THERAPY	.602814			
	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY	.406800	2,361,162	960,521	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.595143	182,301	108,495	
	OTHER REIMBURS COST CNTRS				
101	TOTAL		51,117,827	16,245,606	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		51,117,827		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,075,909	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.353191	20,978	7,409
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.233328	59,164	13,805
44	LABORATORY	.280020	7,204	2,017
49	RESPIRATORY THERAPY	.223827	75,114	16,813
50	PHYSICAL THERAPY	.437532	228,696	100,062
51	OCCUPATIONAL THERAPY	.415451	205,713	85,464
52	SPEECH PATHOLOGY	.677282	139,905	94,755
53	ELECTROCARDIOLOGY	.228732	8,800	2,013
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.486413	23,561	11,460
55 01	DEVICES AND IMPLANTS	.459842	114,380	52,597
56	DRUGS CHARGED TO PATIENTS	.264347	283,913	75,052
58	ASC (NON-DISTINCT PART)			
59	AUDIOLOGY	.746390		
59 01	CARDIAC REHAB			
59 02	WORKFITNESS			
59 03	PSYCH/PSYCHOLOGICAL			
59 04	EMG & EEG	.263940	3,073	811
59 05	O/P REHAB SERVICES	.770933		
59 06	O/P DEPENDENCY SERVICES	1.486629		
59 07	SPORTS FITNESS	1.480525		
59 08	LIFE CENTER	.257707	115	30
59 09	RECREATIONAL THERAPY	.602814	76,439	46,078
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.406800	16,032	6,522
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.595143		
101	TOTAL		1,263,087	514,888
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,263,087	

WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.353191	23,237	8,207
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.233328	127,555	29,762
44	LABORATORY	.279045	518,368	144,648
49	RESPIRATORY THERAPY	.223827	633,346	141,760
50	PHYSICAL THERAPY	.437532	332,892	145,651
51	OCCUPATIONAL THERAPY	.415451	204,525	84,970
52	SPEECH PATHOLOGY	.677282	19,684	13,332
53	ELECTROCARDIOLOGY	.228732	14,323	3,276
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.486413		
55 01	DEVICES AND IMPLANTS	.459842		
56	DRUGS CHARGED TO PATIENTS	.264347	1,561,975	412,903
58	ASC (NON-DISTINCT PART)			
59	AUDIOLOGY	.746390	182	136
59 01	CARDIAC REHAB			
59 02	WORKFITNESS			
59 03	PSYCH/PSYCHOLOGICAL			
59 04	EMG & EEG	.263940	878	232
59 05	O/P REHAB SERVICES	.767032	434	333
59 06	O/P DEPENDENCY SERVICES	1.486629		
59 07	SPORTS FITNESS	1.480525		
59 08	LIFE CENTER	.257707	235	61
59 09	RECREATIONAL THERAPY	.602814		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.406800	438	178
62	OBSERVATION BEDS (NON-DISTINCT PART)	.595143		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,438,072	985,449
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,438,072	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2009 I PART A
 I 16-0057 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	5,431,835	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,431,835	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	10,863,671	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	742,729	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	135.42	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005		
E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.95
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET 5-3, PART I		16.95
4.02 SUM OF LINES 4 AND 4.01		21.90
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		7.28
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,581,750
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST 5-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2009 I PART A
 I 16-0057 I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
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 INSTRU		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	24,051,820	
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)	24,051,820	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,910,049
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	25,961,869	
17 PRIMARY PAYER PAYMENTS		8,435
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	25,953,434	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		2,419,578
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		61,037
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	23,472,819	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	23,472,819	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	23,718,675	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-245,856
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		262,901
----- 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)		

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		23,718,675		10,473,482
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		23,718,675		10,473,482
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER				1,007
SETTLEMENT TO PROGRAM		245,856		
7 TOTAL MEDICARE PROGRAM LIABILITY		23,472,819		10,474,489

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,586,797		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD..IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		1,586,797		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01	4,708	
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY			1,591,505	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:
 SIGNATURE OF AUTHORIZED PERSON: _____
 DATE: ___/___/___

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

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,413,431		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		1,413,431		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01		
	SETTLEMENT TO PROGRAM	.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,413,431		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: / /

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

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
CALCULATION OF REIMBURSEMENT SETTLEMENT	I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET E-3
	I	COMPONENT NO:	I	TO 6/30/2009	I	PART I
	I	16-T057	I		I	

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,591,505
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,586,797
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	4,708
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	30,923

----- 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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2009	I	PART III
I	16-5110	I		I	

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
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
	OTHER THAN OUTLIER PAYMENTS			1,464,929
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
				1,464,929
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
				1,464,929
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
				1,464,929
36	COINSURANCE			
				51,498
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
				1,413,431
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
				1,413,431
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
				1,413,431
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
				1,413,431
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
I	16-0057	I	FROM 7/1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2009	I	PART III
I	16-5110	I		I	

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

58 BALANCE DUE PROVIDER/PROGRAM
 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

BALANCE SHEET

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	18,317,936			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	19,572,958			
5	OTHER RECEIVABLES	936,883			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,589,531			
8	PREPAID EXPENSES	1,852,162			
9	OTHER CURRENT ASSETS	8,324			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	43,277,794			
FIXED ASSETS					
12	LAND	5,234,256			
12.01	LAND IMPROVEMENTS	9,280,974			
13	LESS ACCUMULATED DEPRECIATION	-3,080,088			
14	BUILDINGS	96,647,081			
14.01	LESS ACCUMULATED DEPRECIATION	-23,374,029			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	52,823,852			
16.01	LESS ACCUMULATED DEPRECIATION	-22,869,121			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	80,192,809			
18.01	LESS ACCUMULATED DEPRECIATION	-60,324,665			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	134,531,069			
OTHER ASSETS					
22	INVESTMENTS	65,159,236			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	11,745,330			
26	TOTAL OTHER ASSETS	76,904,566			
27	TOTAL ASSETS	254,713,429			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		155,154,398		
2 NET INCOME (LOSS)		13,391,846		
3 TOTAL		168,546,244		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		168,546,244		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		168,546,244		

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

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	296,628,778
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	143,128,779
3	NET PATIENT REVENUES	153,499,999
4	LESS: TOTAL OPERATING EXPENSES	144,504,155
5	NET INCOME FROM SERVICE TO PATIENTS	8,995,844
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	274,783
7	INCOME FROM INVESTMENTS	1,985,286
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	1,642,589
24.01	NET ASSETS RELEASED - KLEIN	446,835
24.02	NET ASSETS RELEASED - PROPERTY	52,831
24.03	MISCELLANEOUS	284,970
24.04	EFFECTIVE HEDGING INSTRUMENT SWAP	1,604,754
24.05	CHANGE IN BENEFICIAL INT IN TRUST	3,350,553
24.06	CONTRIBUTIONS FOR CAPITAL	28,525
25	TOTAL OTHER INCOME	9,671,126
26	TOTAL	18,666,970
	OTHER EXPENSES	
27	LOSS ON EXTINGUISHMENT OF DEBT	851,340
28	UNREALIZED LOSS ON INT RATE SWAP	3,662,958
29	NET ASSETS RELEASED FROM RESTRICTION	499,666
29.01	CHANGE IN INTEREST IN PERP TRUST	261,160
30	TOTAL OTHER EXPENSES	5,275,124
31	NET INCOME (OR LOSS) FOR THE PERIOD	13,391,846

Health Financial Systems MCRIF32
 ANALYSIS OF PROVIDER-BASED
 HOME HEALTH AGENCY COSTS

FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET H
 I HHA NO: I TO 6/30/2009 I
 I 16-7136 I

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	271,336	86,239			201,413	558,988
HHA REIMBURSABLE SERVICES						
6	851,202	270,539				1,121,741
7	133,473	29,589				163,062
8	37,424	8,296				45,720
9	9,658	2,141				11,799
10	1,664	529				2,193
11	178,158	56,624				234,782
12					16,386	16,386
13					1,981	1,981
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17	85,058	29,255			1,299	115,612
18						
19						
20						
21						
22						
23						
23.50						
24	1,567,973	483,212			221,079	2,272,264

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-44,698	514,290		514,290
HHA REIMBURSABLE SERVICES				
6		1,121,741		1,121,741
7		163,062		163,062
8		45,720		45,720
9		11,799		11,799
10		2,193		2,193
11		234,782		234,782
12		16,386		16,386
13		1,981		1,981
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17		115,612		115,612
18				
19				
20				
21				
22				
23				
23.50				
24	-44,698	2,227,566		2,227,566

Health Financial Systems MCRIF32
 COST ALLOCATION -
 HHA STATISTICAL BASIS

FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET H-4
 I HHA NO: I TO 6/30/2009 I PART II
 I 16-7136 I

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5					-514,290	1,713,276
HHA REIMBURSABLE SERVICES						
6						1,121,741
7						163,062
8						45,720
9						11,799
10						2,193
11						234,782
12						16,386
13						1,981
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						115,612
18						
19						
20						
21						
22						
23						
23.50						
24					-514,290	1,713,276
25						514,290
26						.300179

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP BLDG - KLEIN	OLD CAP BLDG - CANCER CE	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &
	0	1	1.01	1.02	2	3
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	1,458,464					
3 PHYSICAL THERAPY	212,010					
4 OCCUPATIONAL THERAPY	59,444					
5 SPEECH PATHOLOGY	15,341					
6 MEDICAL SOCIAL SERVICES	2,851					
7 HOME HEALTH AIDE	305,259					
8 SUPPLIES	21,305					
9 DRUGS	2,576					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	150,316					
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,227,566					
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NEW CRC BLDG - REHAB	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPI
	3.02	3.03	3.04	3.05	3.06	3.07
1 ADMIN & GENERAL						147,107
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						147,107
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	NONPATIENT T ELEPHONES LD 6.03	SUBTOTAL 6A.03	DATA PROCESS ING 6.05	PURCHASING, RECEIVING AN 6.06
1 ADMIN & GENERAL	13,184	6,929	6,311	173,531	4,170	
2 SKILLED NURSING CARE		17,047		1,475,511	35,454	
3 PHYSICAL THERAPY		2,180		214,190	5,147	
4 OCCUPATIONAL THERAPY		516		59,960	1,441	
5 SPEECH PATHOLOGY		138		15,479	372	
6 MEDICAL SOCIAL SERVICES				2,851	69	
7 HOME HEALTH AIDE		7,170		312,429	7,507	
8 SUPPLIES				21,305	512	2,220
9 DRUGS				2,576	62	
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING CLINIC		3,166		153,482	3,688	
14 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	13,184	37,146	6,311	2,431,314	58,422	2,220
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	ADMITTING 6.07	BUSINESS OFF ICE 6.08	SUBTOTAL 6A.08	OTHER ADMINI STRATIVE AND 6.09	MAINTENANCE & REPAIRS 7	UTILITIES - EASTMAN 7.01
1 ADMIN & GENERAL			177,701	8,461		
2 SKILLED NURSING CARE	3,044	4,159	1,518,168	72,281		
3 PHYSICAL THERAPY	1,108	1,513	221,958	10,568		
4 OCCUPATIONAL THERAPY	383	524	62,308	2,967		
5 SPEECH PATHOLOGY	116	158	16,125	768		
6 MEDICAL SOCIAL SERVICES	5	7	2,932	140		
7 HOME HEALTH AIDE	2,105	2,874	324,915	15,470		
8 SUPPLIES			24,037	1,144		
9 DRUGS			2,638	126		
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING CLINIC	362	494	158,026	7,524		
14 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	7,123	9,729	2,508,808	119,449		
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS

FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)
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 I 16-7136 I I

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HHA COST CENTER	UTILITIES - MERCY 7.02	UTILITIES - KLEIN 7.03	UTILITIES - CANCER 7.04	UTILITIES - REHAB 7.05	UTILITIES - LAUNDRY 7.06	UTILITIES - HHA/HOSPICE 7.07
1 ADMIN & GENERAL						14,460
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (?)						14,460
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	OPERATION OF PLANT 8	OPERATION OF PLANT KLEIN 8.01	OPERATION OF PLANT REHAB 8.02	OPERATION OF PLANT EASTM 8.04	OPERATION OF PLANT MERCY 8.05	OPERATION OF PLANT HHA/H 8.06
1 ADMIN & GENERAL						7,485
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (?)						7,485
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS

FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)
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HHA COST CENTER	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	HOUSEKEEPING -KLEIN 10.01	HOUSEKEEPING -REHAB 10.04	HOUSEKEEPING -EASTMAN 10.05	HOUSEKEEPING -MERCY 10.06
1 ADMIN & GENERAL		29,918				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		29,918				
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	DIETARY 11	DIETARY - KL EIN 11.01	CAFETERIA 12	NURSING ADMI NISTRATION 14	NURSING ADMI NISTRATION-K 14.01	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL			10,813			
2 SKILLED NURSING CARE			26,601	277,712		
3 PHYSICAL THERAPY			3,401			
4 OCCUPATIONAL THERAPY			806			
5 SPEECH PATHOLOGY			215			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			11,189			
8 SUPPLIES						7,021
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING			4,941			
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			57,966	277,712		7,021
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

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HHA COST CENTER	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	RECREATION T HERAPY GRMC 18.01	RECREATION T HERAPY KLEIN 18.02	SUBTOTAL 25
1 ADMIN & GENERAL						248,838
2 SKILLED NURSING CARE		9,582				1,904,344
3 PHYSICAL THERAPY		3,486				239,413
4 OCCUPATIONAL THERAPY		1,206				67,287
5 SPEECH PATHOLOGY		364				17,472
6 MEDICAL SOCIAL SERVICES		16				3,088
7 HOME HEALTH AIDE		6,622				358,196
8 SUPPLIES						32,202
9 DRUGS	1,223					3,987
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING		1,139				171,630
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,223	77,415				3,046,457
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		248,838		
2 SKILLED NURSING CARE		1,904,344	169,384	2,073,728
3 PHYSICAL THERAPY		239,413	21,295	260,708
4 OCCUPATIONAL THERAPY		67,287	5,985	73,272
5 SPEECH PATHOLOGY		17,472	1,554	19,026
6 MEDICAL SOCIAL SERVICES		3,088	275	3,363
7 HOME HEALTH AIDE		358,196	31,860	390,056
8 SUPPLIES		32,202	2,864	35,066
9 DRUGS		3,987	355	4,342
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING		171,630	15,266	186,896
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		3,046,457	248,838	3,046,457
21 UNIT COST MULTIPLIER			0.088946	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)
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HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET	OLD CAP BLDG - KLEIN (SQUARE FEET	OLD CAP BLDG - CANCER CE (SQUARE FEET	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CRC BLDG - REHAB (SQUARE FEET
	1	1.01	1.02	2	3	3.02
1 ADMIN & GENERAL				13,121		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				13,121		
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	NEW CRC BLDG - LAUNDRY (SQUARE FEET	NEW CRC BLDG - GRMC (SQUARE FEET	NEW CRC BLDG - MERCY (SQUARE FEET	NEW CRC BLDG - EASTMAN (SQUARE FEET	NEW CRC BLDG - HHA/HOSPI (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE
	3.03	3.04	3.05	3.06	3.07	4
1 ADMIN & GENERAL					8,570	13,121
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)					8,570	13,121
21 COST TO BE ALLOCATED					147,107	13,184
22 UNIT COST MULTIPLIER					17.165344	1.004801

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

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HHA COST CENTER	EMPLOYEE BENEFITS (FTES)	NONPATIENT TELEPHONES (PHONES)	RECONCILIATION	DATA PROCESSING (ACCU. COST)	PURCHASING, RECEIVING AND (PURCHASES)	ADMITTING (CHARGES)
	5	6.03	6A.05	6.05	6.06	6.07
1 ADMIN & GENERAL	604	41		173,531		
2 SKILLED NURSING CARE	1,486			1,475,511		842,616
3 PHYSICAL THERAPY	190			214,190		306,504
4 OCCUPATIONAL THERAPY	45			59,960		106,072
5 SPEECH PATHOLOGY	12			15,479		32,040
6 MEDICAL SOCIAL SERVICES				2,851		1,371
7 HOME HEALTH AIDE	625			312,429		582,327
8 SUPPLIES				21,305	16,650	
9 DRUGS				2,576		
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	276			153,482		100,150
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	3,238	41		2,431,314	16,650	1,971,080
21 COST TO BE ALLOCATED	37,146	6,311		58,422	2,220	7,123
22 UNIT COST MULTIPLIER	11.471896	153.926829		0.024029	0.133333	0.003614

HHA COST CENTER	BUSINESS OFFICE (CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCU. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	UTILITIES - EASTMAN (SQUARE FEET)	UTILITIES - MERCY (SQUARE FEET)
	6.08	6A.09	6.09	7	7.01	7.02
1 ADMIN & GENERAL			177,701			
2 SKILLED NURSING CARE	842,616		1,518,168			
3 PHYSICAL THERAPY	306,504		221,958			
4 OCCUPATIONAL THERAPY	106,072		62,308			
5 SPEECH PATHOLOGY	32,040		16,125			
6 MEDICAL SOCIAL SERVICES	1,371		2,932			
7 HOME HEALTH AIDE	582,327		324,915			
8 SUPPLIES			24,037			
9 DRUGS			2,638			
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	100,150		158,026			
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,971,080		2,508,808			
21 COST TO BE ALLOCATED	9,729		119,449			
22 UNIT COST MULTIPLIER	0.004936		0.047612			

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 ALLOCATION OF GENERAL SERVICE
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HHA COST CENTER	UTILITIES - KLEIN (SQUARE FEET	UTILITIES - CANCER (SQUARE FEET	UTILITIES - REHAB (SQUARE FEET	UTILITIES - LAUNDRY (SQUARE FEET	UTILITIES - HHA/HOSPICE (SQUARE FEET	OPERATION OF PLANT (SQUARE FEET
	7.03	7.04	7.05	7.06	7.07	8
1 ADMIN & GENERAL					8,570	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPFFCH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)					8,570	
21 COST TO BE ALLOCATED					14,460	
22 UNIT COST MULTIPLIER					1.687281	

HHA COST CENTER	OPERATION OF PLANT KLEIN (SQUARE FEET	OPERATION OF PLANT REHAB (SQUARE FEET	OPERATION OF PLANT EASTM (SQUARE FEET	OPERATION OF PLANT MERCY (SQUARE FFFT	OPERATION OF PLANT HHA/H (SQUARE FFFT	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY
	8.01	8.02	8.04	8.05	8.06	9
1 ADMIN & GENERAL					8,570	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)					8,570	
21 COST TO BE ALLOCATED					7,485	
22 UNIT COST MULTIPLIER					0.873396	

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 ALLOCATION OF GENERAL SERVICE
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FOR GREAT RIVER MEDICAL CENTER

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HHA COST CENTER	HOUSEKEEPING (HOURS OF SERVICE) 10	HOUSEKEEPING -KLEIN (HOURS OF SERVICE) 10.01	HOUSEKEEPING -REHAB (SQUARE FEET) 10.04	HOUSEKEEPING -EASTMAN (SQUARE FEET) 10.05	HOUSEKEEPING -MERCY (SQUARE FEET) 10.06	DIETARY (MEALS SERVED) 11
1 ADMIN & GENERAL	165					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	165					
21 COST TO BE ALLOCATED	29,918					
22 UNIT COST MULTIPLIER	181.321212					

HHA COST CENTER	DIETARY - KL EIN (MEALS SERVED) 11.01	CAFETERIA (FTES) 12	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	NURSING ADMINISTRATION-K (HOURS OF SERVICE) 14.01	CENTRAL SERVICES & SUPPL (PURCHASES) 15	PHARMACY (COSTED REQUIS.) 16
1 ADMIN & GENERAL		604				
2 SKILLED NURSING CARE		1,486	67,344			
3 PHYSICAL THERAPY		190				
4 OCCUPATIONAL THERAPY		45				
5 SPEECH PATHOLOGY		12				
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		625				
8 SUPPLIES					16,650	
9 DRUGS						1,981
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING		276				
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		3,238	67,344		16,650	1,981
21 COST TO BE ALLOCATED		57,966	277,712		7,021	1,223
22 UNIT COST MULTIPLIER		17.901791	4.123782		0.421682	0.617365

Health Financial Systems MCRIF=32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR GREAT RIVER MEDICAL CENTER

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HHA COST CENTER	MEDICAL RECO RDS & LIBRAR (CHARGES	17	SOCIAL SERVI CE (TIME) SPENT	18	RECREATION T HERAPY GRMC (TIME) SPENT	18.01	RECREATION T HERAPY KLEIN (HOURS OF) SERVICE	18.02
1 ADMIN & GENERAL								
2 SKILLED NURSING CARE		842,616						
3 PHYSICAL THERAPY		306,504						
4 OCCUPATIONAL THERAPY		106,072						
5 SPFFCH PATHOLOGY		32,040						
6 MEDICAL SOCIAL SERVICES		1,371						
7 HOME HEALTH AIDE		582,327						
8 SUPPLIES								
9 DRUGS								
9.20 COST ADMINISTERING DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SVCS								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING		100,150						
14 CLINIC								
15 HEALTH PROM ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DEL MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHER								
19.50 TELEMEDICINE								
20 TOTAL (SUM OF 1-19)		1,971,080						
21 COST TO BE ALLOCATED		22,415						
22 UNIT COST MULTIPLIER		0.011372						

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM
							VISITS
PATIENT SERVICES							6
1 SKILLED NURSING	2	2,073,728		2,073,728	6,353	326.42	947
2 PHYSICAL THERAPY	3	260,708	134,105	394,813	1,769	223.18	702
3 OCCUPATIONAL THERAPY	4	73,272	44,068	117,340	496	236.57	220
4 SPEECH PATHOLOGY	5	19,026	21,700	40,726	128	318.17	45
5 MEDICAL SOCIAL SERVICES	6	3,363		3,363	13	258.69	3
6 HOME HEALTH AIDE SERVICE	7	390,056		390,056	6,761	57.69	512
7 TOTAL		2,820,153	199,873	3,020,026	15,520		2,429

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----				TOTAL PROGRAM COST
	-----PART B-----		-----PART B-----				
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11	12	
1 SKILLED NURSING		620	309,120	202,380		511,500	
2 PHYSICAL THERAPY		307	156,672	68,516		225,188	
3 OCCUPATIONAL THERAPY		76	52,045	17,979		70,024	
4 SPEECH PATHOLOGY			14,318			14,318	
5 MEDICAL SOCIAL SERVICES			776			776	
6 HOME HEALTH AIDE SERVICES		757	29,537	43,671		73,208	
7 TOTAL		1,760	562,468	332,546		895,014	

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS 5	PROGRAM
							VISITS
							PART A
8 SKILLED NURSING							6
9 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE							
14 TOTAL							

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----				TOTAL PROGRAM COST
	-----PART B-----		-----PART B-----				
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11	12	
8 SKILLED NURSING							
9 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE							
14 TOTAL							

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	35,066	667	35,733	12,604	2.835052	7,026
16 COST OF DRUGS	9.00	4,342		4,342			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		COST OF SERVICES-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES	5,578		19,919	15,814	
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDP CENSUS FROM WRKST 5-4		
17 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.437532	306,504	134,105	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.415451	106,072	44,068	COL 2, LN 3
3 SPEECH PATHOLOGY	52	.677282	32,040	21,700	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.486413	1,371	667	COL 2, LN 15
4.01 DEVICES AND IMPLANTS	55.01	.459842			
5 DRUGS CHARGED TO PATIENTS	56	.264347			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM VISITS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	1	223.18	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3	236.57					
3 SPEECH PATHOLOGY	4	318.17					
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COTNS	PART B SUBJECT TO DED & COTNS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4 AMOUNT 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(B)			
5 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6 TOTAL CUSTOMARY CHARGES			
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	381,630	239,234
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	1,523	2,086
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	3,496	1,809
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	386,649	243,129
13 EXCESS REASONABLE COST		
14 SUBTOTAL	386,649	243,129
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	386,649	243,129
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	386,649	243,129
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	386,649	243,129
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	386,649	243,129
25 INTERIM PAYMENTS	386,649	243,128
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		1
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		386,649		243,128
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		386,649		243,128
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		1
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		386,649		243,129

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K
I HOSPICE NO: I TO 6/30/2009 I
I 16-1567 I

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	526,865	137,037		
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				84,502
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				4,872
13 NURSING CARE	250,778	65,227		
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				32
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES	212,504	55,272		
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER	156,952	40,823		
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				3,072
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING	47,717	6,486		
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	1,194,816	304,845		92,478

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K
I HOSPICE NO: I TO 6/30/2009 I
I 16-1567 I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.	70,760	70,760		70,760
4 PLANT OPERATION AND MAINTENANCE	49,133	49,133		49,133
5 TRANSPORTATION - STAFF	54,753	54,753		54,753
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL		663,902		663,902
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE		84,502		84,502
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES	16,350	21,222		21,222
13 NURSING CARE		316,005		316,005
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		32		32
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES		267,776		267,776
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER		197,775		197,775
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER	5,187	5,187		5,187
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER	225,322	228,394		228,394
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING	33,608	87,811		87,811
42 OTHER PROGRAM COSTS	24,845	24,845		24,845
43 TOTAL (SUM OF LINES 1 THRU 33)	479,958	2,072,097		2,072,097

RECLASSIFICATION AND ADJUSTMENT	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
OF TRIAL BALANCE EXPENSES	I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET K
	I	HOSPICE NO:	I	TO 6/30/2009	I	
	I	16-1567	I		I	

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
1 GENERAL SERVICE COST CENTERS		
2 CAPITAL RELATED COSTS-BLDG AND FIXT.		
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		70,760
4 PLANT OPERATION AND MAINTENANCE		49,133
5 TRANSPORTATION - STAFF		54,753
6 VOLUNTEER SERVICE COORDINATION		
7 ADMINISTRATIVE AND GENERAL		663,902
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		
10 INPATIENT - RESPITE CARE		84,502
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		21,222
13 NURSING CARE		316,005
14.20 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		32
16 OCCUPATIONAL THERAPY		
17 SPEECH/LANGUAGE PATHOLOGY		
18 MEDICAL SOCIAL SERVICES		267,776
19 SPIRITUAL COUNSELING		
20 DIETARY COUNSELING		
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		197,775
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		5,187
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		
27.30 ANALGESICS		
28.31 SEDATIVES / HYPNOTICS		
29.32 OTHER - SPECIFY		
30 DURABLE MEDICAL EQUIPMENT/OXYGEN		
31 PATIENT TRANSPORTATION		
32 IMAGING SERVICES		
33 LABS AND DIAGNOSTICS		
34 MEDICAL SUPPLIES		
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		228,394
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		87,811
42 OTHER PROGRAM COSTS		24,845
43 TOTAL (SUM OF LINES 1 THRU 33)		2,072,097

Health Financial Systems MCRIF32

FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96-K-1 (05/2007)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 6/30/2009	I	
I	16-1567	I		I	

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	32,099
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPTTF CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	32,099

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K-1
I HOSPICE NO: I TO 6/30/2009 I
I 16-1567 I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				494,766
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	250,778			
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				212,504
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			156,952	
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				47,717
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	250,778		156,952	754,987

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 6/30/2009	I	
I	16-1567	I		I	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	526,865
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
9	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	250,778
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	212,504
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	156,952
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	47,717
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,194,816

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

Health Financial Systems MCRIF32

FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96-K-2 (05/2007)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET K-2
I	HOSPICE NO:	I	TO 6/30/2009	I	
I	16-1567	I		I	

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

1	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	8,349
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	8,349

PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 16-0057 I FROM 7/ 1/2008 I WORKSHEET K-2
 HOSPICE NO: I TO 6/30/2009 I
 16-1567 I

COMPENSATION ANALYSIS
 SALARIES AND WAGES

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				128,688
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	65,227			
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				55,272
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			40,823	
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				6,486
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	65,227		40,823	190,446

Health Financial Systems MCRIF32

FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96-K-2 (05/2007)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET K-2
I	HOSPICE NO:	I	TO 6/30/2009	I	
I	16-1567	I		I	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	137,037
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRATORY CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	65,227
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	55,272
15	SPIRITUAL COUNSELING	
16	DIEETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	40,823
18.20	HH AIDE & HOME MAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	6,486
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	304,845

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

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-K-3 (05/2007)

COMPENSATION ANALYSIS	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
SALARIES AND WAGES	I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET K-3
	I	HOSPICE NO:	I	TO 6/30/2009	I	
	I	16-1567	I		I	

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
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18.20				
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20.30				
20.31				
20.32				
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27				
28				
29				
30				
31				
32				
33				
34				

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET K-3
I	HOSPICE NO:	I	TO 6/30/2009	I	
I	16-1567	I		I	

HOSPICE 1

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

84,502

4,872

32

3,072

92,478

Health Financial Systems MCRIF32

FOR GREAT RIVER MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96-K-3 (05/2007)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET K-3
I	HOSPICE NO:	I	TO 6/30/2009	I	
I	16-1567	I		I	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPTTE CARE	84,502
	VISITING SERVICES	
9	PHYSICIAN SERVICES	4,872
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	32
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	3,072
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	92,478

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K-4
I HOSPICE NO: I TO 6/30/2009 I PART I
I 16-1567 I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	70,760		70,760	
3 PLANT OPERATION AND MAINTENANCE	49,133			49,133
4 TRANSPORTATION - STAFF	54,753			
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	663,902		70,760	49,133
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE	84,502			
9 VISITING SERVICES				
9 PHYSICIAN SERVICES	21,222			
10 NURSING CARE	316,005			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	32			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	267,776			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	197,775			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
19 OTHER HOSPICE SERVICE COSTS				
19 OTHER	5,187			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER	228,394			
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING	87,811			
33 OTHER PROGRAM COSTS	24,845			
34 TOTAL (SUM OF LINES 1 THRU 33)	2,072,097		70,760	49,133

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K-4
I HOSPICE NO: I TO 6/30/2009 I PART I
I 16-1567 I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF	54,753			
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	54,753		838,548	838,548
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE			84,502	57,443
VISITING SERVICES				
9 PHYSICIAN SERVICES			21,222	14,426
10 NURSING CARE			316,005	214,816
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY			32	22
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			267,776	182,030
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			197,775	134,444
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER			5,187	3,526
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER			228,394	155,259
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING			87,811	59,693
33 OTHER PROGRAM COSTS			24,845	16,889
34 TOTAL (SUM OF LINES 1 THRU 33)	54,753		1,233,549	838,548

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PIANT OPFRATTON AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	141,945
	VISITING SERVICES	
9	PHYSICIAN SERVICES	35,648
10	NURSING CARE	530,821
10.20	NURSTNG CARE-CONTINUOUS HOME CARF	
11	PHYSICAL THERAPY	54
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	449,806
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	332,219
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	8,713
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	383,653
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	147,504
33	OTHER PROGRAM COSTS	41,734
34	TOTAL (SUM OF LINES 1 THRU 33)	2,072,097

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K-4
 I HOSPICE NO: I TO 6/30/2009 I PART II
 I 16-1567 I

COST ALLOCATION -
 HOSPICE STATISTICAL BASIS

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQARE FEET) 3	TRANSPORTATION (MILEAGE) 4
GENERAL SERVICE COST CENTERS				
1				
2				
3		100	100	
4				100
5				
6		100	100	100
7				
8				
9				
10				
10.20				
11				
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14				
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16				
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18.20				
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20.30				
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29				
30				
31				
32				
33				
34		70,760	49,133	54,753
35	.000000	707.600000	491.330000	547.530000

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
GENERAL SERVICE COST CENTERS			
1			
2			
3			
4			
5			
6		-838,548	1,233,549
7			
8			84,502
9			21,222
10			316,005
10.20			
11			32
12			
13			
14			267,776
15			
16			
17			
18			197,775
18.20			
19			5,187
20			
20.30			
20.31			
20.32			
21			
22			
23			
24			
25			
26			
27			
28			
29			228,394
30			
31			
32			87,811
33			24,845
34			838,548
35	.000000		.679785

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)
 ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 COST CENTERS I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2009 I PART I
 I 16-1567 I I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP BLDG - KLEIN	OLD CAP BLDG - CANCER CENTER
		0	1	1.01	1.02
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8	141,945			
4.00 PHYSICIAN SERVICES	9	35,648			
5.00 NURSING CARE	10	530,821			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	54			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	449,806			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	332,219			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19	8,713			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29	383,653			
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32	147,504			
28.00 OTHER PROGRAM COSTS	33	41,734			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (?)		2,072,097			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CRC BLDG - REHAB	NEW CRC BLDG - LAUNDRY
	2	3	3.02	3.03
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (?)				
30.00 UNIT COST MULTIPLIER				

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)
 ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 COST CENTERS I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2009 I PART I
 I 16-1567 I I

HOSPICE 1

	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPICE
HOSPICE COST CENTER	3.04	3.05	3.06	3.07
1.00 ADMINISTRATIVE AND GENERAL				140,584
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (?)				140,584
30.00 UNIT COST MULTIPLIER				

	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES LD	SUBTOTAL
HOSPICE COST CENTER	4	5	6.03	6A.03
1.00 ADMINISTRATIVE AND GENERAL	71,101	26,741	1,539	239,965
2.00 INPATIENT - GENERAL CARE				141,945
3.00 INPATIENT - RESPITE CARE				35,648
4.00 PHYSICIAN SERVICES				530,821
5.00 NURSING CARE				54
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				449,806
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				332,219
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				8,713
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				383,653
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				147,504
28.00 OTHER PROGRAM COSTS				41,734
29.00 TOTAL (SUM OF LINE 1 THRU 28) (?)	71,101	26,741	1,539	2,312,062
30.00 UNIT COST MULTIPLIER				

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)
 ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 COST CENTERS I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2009 I PART I
 I 16-1567 I

HOSPICE 1

	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	BUSINESS OFFICE
HOSPICE COST CENTER	6.05	6.06	6.07	6.08
1.00 ADMINISTRATIVE AND GENERAL	5,766	2,586	10,173	13,895
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE	3,411			
4.00 PHYSICIAN SERVICES	857			
5.00 NURSING CARE	12,756			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	1			
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	10,808			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	7,983			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	209			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	9,219			
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING	3,544			
28.00 OTHER PROGRAM COSTS	1,003			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	55,557	2,586	10,173	13,895
30.00 UNIT COST MULTIPLIER				

	SUBTOTAL	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	UTILITIES - EASTMAN
HOSPICE COST CENTER	6A.08	6.09	7	7.01
1.00 ADMINISTRATIVE AND GENERAL	272,385	12,969		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE	145,356	6,921		
4.00 PHYSICIAN SERVICES	36,505	1,738		
5.00 NURSING CARE	543,577	25,879		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	55	3		
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	460,614	21,931		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	340,202	16,198		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	8,922	425		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	392,872	18,705		
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING	151,048	7,192		
28.00 OTHER PROGRAM COSTS	42,737	2,035		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,394,273	113,996		
30.00 UNIT COST MULTIPLIER				

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	16-0057	I	FROM 7/1/2008	I	WORKSHEET K-5
COST CENTERS	I	HOSPICE NO:	I	TO 6/30/2009	I	PART I
	I	16-1567	I		I	

HOSPICE 1

	UTILITIES - MERCY	UTILITIES - KLEIN	UTILITIES - CANCER	UTILITIES - REHAB
HOSPICE COST CENTER	7.02	7.03	7.04	7.05
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

	UTILITIES - LAUNDRY	UTILITIES - HHA/HOSPICE	OPERATION OF PLANT	OPERATION OF PLANT KLEIN
HOSPICE COST CENTER	7.06	7.07	8	8.01
1.00 ADMINISTRATIVE AND GENERAL		13,818		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		13,818		
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT REHAB	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT HHA/HOSPICE
	8.02	8.04	8.05	8.06
1.00 ADMINISTRATIVE AND GENERAL				7,154
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				7,154
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-KL EIN	HOUSEKEEPING-RE HAB
	9	10	10.01	10.04
1.00 ADMINISTRATIVE AND GENERAL	9,057			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	9,057			
30.00 UNIT COST MULTIPLIER				

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)
 ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 COST CENTERS I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2009 I PART I
 I 16-1567 I I

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING-EA STMAN	HOUSEKEEPING-ME RCY	DIETARY	DIETARY - KLEIN
	10.05	10.06	11	11.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	NURSING ADMINISTRATION- KLEIN	CENTRAL SERVICES & SUPPLY
	12	14	14.01	15
1.00 ADMINISTRATIVE AND GENERAL	41,729	199,950		8,177
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	41,729	199,950		8,177
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	RECREATION THERAPY GRMC 18.01
1.00 ADMINISTRATIVE AND GENERAL	91,475	32,012		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	91,475	32,012		
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	RECREATION THERAPY KLEIN 18.02	SUBTOTAL 25	INTRN & RSDNT COST & POST STEPDWN AD 26	SUBTOTAL 27
1.00 ADMINISTRATIVE AND GENERAL		688,726		688,726
2.00 INPATIENT - GENERAL CARE		152,277		152,277
3.00 INPATIENT - RESPITE CARE		38,243		38,243
4.00 PHYSICIAN SERVICES		569,456		569,456
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		58		58
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		482,545		482,545
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		356,400		356,400
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		9,347		9,347
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00		411,577		411,577
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING		158,240		158,240
28.00 OTHER PROGRAM COSTS		44,772		44,772
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,911,641		2,911,641
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPITE CARE		
4.00 PHYSICIAN SERVICES	47,180	199,457
5.00 NURSING CARE	11,849	50,092
5.20 NURSING CARE-CONTINUOUS HOME CARE	176,435	745,891
6.00 PHYSICAL THERAPY	18	76
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES	149,507	632,052
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER	110,423	466,823
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00	2,896	12,243
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00	127,519	539,096
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING	49,027	207,267
28.00 OTHER PROGRAM COSTS	13,872	58,644
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,911,641
30.00 UNIT COST MULTIPLIER	.309830	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
 (2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP BLDG - KLEIN (SQUARE FEET)	OLD CAP BLDG - CANCER CENTER (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)
	1	1.01	1.02	2
1.00 ADMINISTRATIVE AND GENERAL				70,760
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				70,760
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CRC BLDG - REHAB (SQUARE FEET)	NEW CRC BLDG - LAUNDRY (SQUARE FEET)	NEW CRC BLDG - GRMC (SQUARE FEET)
	3	3.02	3.03	3.04
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT	NEW CRC BLDG - REHAB	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC
	3	3.02	3.03	3.04
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	NEW CRC BLDG - MERCY (SQ. FEET)	NEW CRC BLDG - EASTMAN (SQ. FEET)	NEW CRC BLDG - HHA/HOSPICE (SQ. FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)
	3.05	3.06	3.07	4
1.00 ADMINISTRATIVE AND GENERAL			8,190	70,760
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			8,190	70,760
30.00 TOTAL COST TO BE ALLOCATED			140,584	71,101
31.00 UNIT COST MULTIPLIER	.000000	.000000	17.165324	1.004819

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS (FTES)	NONPATIENT TELEPHONES LD (PHONES)	RECONCILIATION (ACCUMULATED COST)	DATA PROCESSING (ACCUMULATED COST)
	5	6.03	6A.05	6.05
1.00 ADMINISTRATIVE AND GENERAL	2,331	10		239,965
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				141,945
4.00 PHYSICIAN SERVICES				35,648
5.00 NURSING CARE				530,821
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				54
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				449,806
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				332,219
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				8,713
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				383,653
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				147,504
28.00 OTHER PROGRAM COSTS				41,734
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,331	10		2,312,062
30.00 TOTAL COST TO BE ALLOCATED	26,741	1,539		55,557
31.00 UNIT COST MULTIPLIER	11.471900	153.900000		.024029

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES (PURCHASES)	ADMITTING (CHARGES)	BUSINESS OFFICE (CHARGES)	RECONCILIATION (CHARGES)
	6.06	6.07	6.08	6A.09
1.00 ADMINISTRATIVE AND GENERAL	19,390	2,814,992	2,814,992	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)
 ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 COST CENTERS - STATISTICAL BASIS I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2009 I PART II
 I 16-1567 I I

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES	ADMITTING	BUSINESS OFFICE	RECONCILIATION
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	19,390	2,814,992	2,814,992	
30.00 TOTAL COST TO BE ALLOCATED	2,586	10,173	13,895	
31.00 UNIT COST MULTIPLIER	.133368	.003614	.004936	

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	UTILITIES - EASTMAN (SQUARE FEET)	UTILITIES - MERCY (SQUARE FEET)
1.00 ADMINISTRATIVE AND GENERAL	272,385			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE	145,356			
4.00 PHYSICIAN SERVICES	36,505			
5.00 NURSING CARE	543,577			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	55			
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	460,614			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	340,202			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	8,922			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	392,872			
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING	151,048			
28.00 OTHER PROGRAM COSTS	42,737			
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,394,273			
30.00 TOTAL COST TO BE ALLOCATED	113,996			
31.00 UNIT COST MULTIPLIER	.047612	.000000	.000000	.000000

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)
 ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 COST CENTERS - STATISTICAL BASIS I 16-0057 I FROM 7/ 1/2008 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2009 I PART II
 I 16-1567 I I

HOSPICE 1

HOSPICE COST CENTER	UTILITIES - KLEIN (SQUARE FEET)	UTILITIES - CANCER (SQUARE FEET)	UTILITIES - REHAB (SQUARE FEET)	UTILITIES - LAUNDRY (SQUARE FEET)
	7.03	7.04	7.05	7.06
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	UTILITIES - HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)
	7.07	8	8.01	8.02
1.00 ADMINISTRATIVE AND GENERAL	8,190			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 16-0057
 HOSPICE NO: 16-1567
 PERIOD: FROM 7/ 1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET K-5
 PART II

HOSPICE 1

HOSPICE COST CENTER	UTILITIES - HHA/HOSPICE	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT REHAB
	7.07	8	8.01	8.02
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	8,190			
30.00 TOTAL COST TO BE ALLOCATED	13,818			
31.00 UNIT COST MULTIPLIER	1.687179	.000000	.000000	.000000

HOSPICE COST CENTER	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
	8.04	8.05	8.06	
1.00 ADMINISTRATIVE AND GENERAL			8,190	14,193
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			8,190	14,193
30.00 TOTAL COST TO BE ALLOCATED			7,154	9,057
31.00 UNIT COST MULTIPLIER	.000000	.000000	.873504	.638131

Health Financial Systems MCRI=32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
COST CENTERS - STATISTICAL BASIS	I	16-0057	I	FROM 7/ 1/2008	I	WORKSHEET K-5
	I	HOSPICE NO:	I	TO 6/30/2009	I	PART II
	I	16-1567	I		I	

HOSPICE 1

	HOUSEKEEPING-ME RCY	DIETARY	DIETARY - KLEIN	CAFETERIA
HOSPICE COST CENTER				
	10.06	11	11.01	12
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				2,331
30.00 TOTAL COST TO BE ALLOCATED				41,729
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	17.901759

	NURSING ADMINISTRATION	NURSING ADMINISTRATION- KLEIN	CENTRAL SERVICES & SUPPLY	PHARMACY
	(DIRECT NRSNG HRS)	(HOURS OF SERVICE)	(PURCHASES)	(COSTED REQUIS.)
HOSPICE COST CENTER	14	14.01	15	16
1.00 ADMINISTRATIVE AND GENERAL	48,487		19,390	148,134
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	48,487		19,390	148,134
30.00 TOTAL COST TO BE ALLOCATED	199,950		8,177	91,475
31.00 UNIT COST MULTIPLIER	4.123786	.000000	.421712	.617515

Health Financial Systems MCRIF32 FOR GREAT RIVER MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2009
ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	16-0057	I	FROM 7/1/2008	I	WORKSHEET K-5
COST CENTERS - STATISTICAL BASIS	I	HOSPICE NO:	I	TO 6/30/2009	I	PART II
	I	16-1567	I		I	

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RECREATION THERAPY GRMC	RECREATION THERAPY KLEIN
	(CHARGES)	(TIME SPENT)	(TIME SPENT)	(HOURS OF SERVICE)
	17	18	18.01	18.02
1.00 ADMINISTRATIVE AND GENERAL	2,814,992			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY CONSULTING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,814,992			
30.00 TOTAL COST TO BE ALLOCATED	32,012			
31.00 UNIT COST MULTIPLIER	.011372	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.437532	
2	OCCUPATIONAL THERAPY	51	.415451	
3	SPEECH PATHOLOGY	52	.677282	
4	DRUGS CHARGED TO PATIENTS	56	.264347	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.279045	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.486413	
7.01	DEVICES AND IMPLANTS	55.01	.459842	
8	EMERGENCY	61	.406800	
9	RADIOLOGY-DIAGNOSTIC	41	.233328	
10	AUDIOLOGY	59	.746390	
10.01	CARDIAC REHAB	59.01		
10.02	WORKFITNESS	59.02		
10.03	PSYCH/PSYCHOLOGICAL	59.03		
10.04	EMG & EEG	59.04	.263940	
10.05	O/P REHAB SERVICES	59.05	.767032	
10.06	O/P DEPENDENCY SERVICES	59.06	1.486629	
10.07	SPORTS FITNESS	59.07	1.480525	
10.08	LIFE CENTER	59.08	.257707	
10.09	RECREATIONAL THERAPY	59.09	.602814	
11	TOTAL (SUM OF LINES 1-10)			

PROVIDER NO:	I PERIOD:	I PREPARED 11/20/2009
16-0057	I FROM 7/ 1/2008	I WORKSHEET K-6
HOSPICE NO:	I TO 6/30/2009	I
16-1567	I	I

CALCULATION OF PER DIEM COST

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				2,852,997
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)				
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009
 I 16-0057 I FROM 7/ 1/2008 I WORKSHEET L
 I COMPONENT NO: I TO 6/30/2009 I PARTS I-IV
 I 16-0057 I
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
2	CAPITAL FEDERAL AMOUNT	
3	CAPITAL DRG OTHER THAN OUTLIER	1,798,329
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	111,720
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	73.26
	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 RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,910,049
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)	