

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		16-0057		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/12/2010 TIME 10:32

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/ 1/2009 AND ENDING 6/30/2010 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	6
1	HOSPITAL	0	181,488	5,131	0	0
2	SUBPROVIDER	0	63,888	0	0	0
5	HOSPITAL-BASED SNF	0	0	0	0	0
6	HOSPITAL-BASED NF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	245,376	5,131	0	0

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

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

HOSPITAL 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)		
					V	XVIII	XIX
02.00 HOSPITAL	GREAT RIVER MEDICAL CENTER	16-0057	2.01	7/1/1965	4	5	6
03.00 SUBPROVIDER	GREAT RIVER MEDICAL CENTER	16-T057		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: 7/1/2009 TO: 6/30/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

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? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 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). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 2 N

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). / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	126	45,990			12,460		2,776
2 HMO					22		1,049
2 01 HMO - (IRF PPS SUBPROVIDER)							54
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	126	45,990			12,460		2,776
6 INTENSIVE CARE UNIT	12	4,380			1,419		246
11 NURSERY							790
12 TOTAL	138	50,370			13,879		3,812
13 RPCH VISITS							
14 SUBPROVIDER	15	5,475			1,052		145
15 SKILLED NURSING FACILITY	18	6,570			3,739		85
16 NURSING FACILITY	125	45,625					25,547
18 HOME HEALTH AGENCY					3,893		5,630
21 HOSPICE	6	2,190			339		595
25 TOTAL	302						
26 OBSERVATION BED DAYS							140
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS					637		
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							52

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	RES. FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			23,322				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			23,322				
6 INTENSIVE CARE UNIT			2,251				
11 NURSERY			1,528				
12 TOTAL			27,101				
13 RPCH VISITS							
14 SUBPROVIDER			1,686				
15 SKILLED NURSING FACILITY			4,391				
16 NURSING FACILITY			41,582				
18 HOME HEALTH AGENCY			15,197				
21 HOSPICE			1,446				
25 TOTAL							
26 OBSERVATION BED DAYS	30	110	1,228	217	1,011		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			128				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XIII 13	TITLE XIV 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,008	1,145	6,055
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		1,049.39			3,008	1,145	6,055
13 RPCH VISITS							
14 SUBPROVIDER		9.62			82	11	135
15 SKILLED NURSING FACILITY		22.83					
16 NURSING FACILITY		116.30					
18 HOME HEALTH AGENCY		31.51					
21 HOSPICE		27.40					
25 TOTAL		1,257.05					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	60,012,802		60,012,802	2,594,662.00	23.13	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	246,731		246,731	4,413.00	55.91	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	1,106,088		1,106,088	47,496.41	23.29	
8.01	EXCLUDED AREA SALARIES	7,571,016	86,428	7,657,444	401,013.61	19.10	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	689,690		689,690	7,204.18	95.73	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	316,908		316,908	2,568.50	123.38	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	2,000,976		2,000,976	17,327.00	115.48	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	15,305,884		15,305,884			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	2,630,523		2,630,523			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B	105,801		105,801			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	578,933		578,933	19,743.91	29.32	
22	ADMINISTRATIVE & GENERAL	4,464,697	-86,428	4,378,269	41,910.57	104.47	
22.01	A & G UNDER CONTRACT	95,735		95,735	655.50	146.05	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	2,339,052		2,339,052	96,454.44	24.25	
25	LAUNDRY & LINEN SERVICE	380,354		380,354	26,077.87	14.59	
26	HOUSEKEEPING	1,380,519		1,380,519	105,460.83	13.09	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	1,378,004		1,378,004	95,614.76	14.41	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	2,301,268		2,301,268	76,575.67	30.05	
31	CENTRAL SERVICE AND SUPPLY	1,290,927		1,290,927	80,421.90	16.05	
32	PHARMACY	1,728,671		1,728,671	47,574.94	36.34	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,771,607		1,771,607	83,881.80	21.12	
34	SOCIAL SERVICE	460,377		460,377	18,839.84	24.44	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	59,861,806		59,861,806	2,590,904.50	23.10	
2	EXCLUDED AREA SALARIES	8,677,104	86,428	8,763,532	448,510.02	19.54	
3	SUBTOTAL SALARIES	51,184,702	-86,428	51,098,274	2,142,394.48	23.85	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	3,007,574		3,007,574	27,099.68	110.98	
5	SUBTOTAL WAGE-RELATED COSTS	15,305,884		15,305,884		29.95	
6	TOTAL	69,498,160	-86,428	69,411,732	2,169,494.16	31.99	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	18,170,144	-86,428	18,083,716	693,212.03	26.09	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,106	3,046	1,954
2 UNDUPLICATED CENSUS COUNT		224.00	176.00	113.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	7,106			
2 UNDUPLICATED CENSUS COUNT	513.00			
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)	.28		.28	
5 OTHER ADMINISTRATIVE PERSONEL	2.82		2.82	
6 DIRECTING NURSING SERVICE	10.19		10.19	
7 NURSING SUPERVISOR	1.50		1.50	
8 PHYSICAL THERAPY SERVICE	2.02		2.02	
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE	.35		.35	
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE	.20		.20	
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE	.04		.04	
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	6.15		6.15	
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 EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	1,222	0	74	25
22 SKILLED NURSING VISIT CHARGES	180,772	0	10,932	3,558
23 PHYSICAL THERAPY VISITS	1,170	0	20	30
24 PHYSICAL THERAPY VISIT CHARGES	178,002	0	2,990	4,494
25 OCCUPATIONAL THERAPY VISITS	276	0	1	3
26 OCCUPATIONAL THERAPY VISIT CHARGES	46,360	0	160	500
27 SPEECH PATHOLOGY VISITS	129	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	21,780	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	2	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	398	0	0	0
31 HOME HEALTH AIDE VISITS	909	0	6	26
32 HOME HEALTH AIDE VISIT CHARGES	77,859	0	517	2,192
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,708	0	101	84
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	505,171	0	14,599	10,744
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	237	0	31	5
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	940	0	45	0

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,321
22 SKILLED NURSING VISIT CHARGES	0	0	195,262
23 PHYSICAL THERAPY VISITS	0	0	1,220
24 PHYSICAL THERAPY VISIT CHARGES	0	0	185,486
25 OCCUPATIONAL THERAPY VISITS	0	0	280
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	47,020
27 SPEECH PATHOLOGY VISITS	0	0	129
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	21,780
29 MEDICAL SOCIAL SERVICE VISITS	0	0	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	398
31 HOME HEALTH AIDE VISITS	0	0	941
32 HOME HEALTH AIDE VISIT CHARGES	0	0	80,568
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,893
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	530,514
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	273
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	985

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 16-0057
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/12/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB		5				
6	RVA						
6.01	RVX						
6.02	RVL		3				
7	RHC		13				
8	RHB		52				
9	RHA		7				
9.01	RHX						
9.02	RHL						
10	RMC		47				
11	RMB		61				
12	RMA		78				
12.01	RMX		909				
12.02	RML		1,763				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		346				
16	SE2		295				
17	SE1		5				
18	SSC						
19	SSB						
20	SSA		155				
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	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD1						
45.23	CD1						
46	TOTAL		3,739				

(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.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 16-0057
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/12/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8804
 Wage Index Factor (after 10/01): 0.8624
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 16
 SNF CBSA Code : 99916

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
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	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			
45.18	LB2			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
	TO 6/30/2010	WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGs	DAYS	DAYS	
1	2	4.05	4.06	5	
45 .19 LB1					
45 .20 CE2					
45 .21 CE1					
45 .22 CD1					
45 .23 CD1					
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.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01)	:	0.8804
Wage Index Factor (after 10/01)	:	0.8624
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	RURAL
SNF MSA Code	:	16
SNF CBSA Code	:	99916

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 2,004,613
17.01	GROSS MEDICAID REVENUES 11,144,673
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS) 240,268
20	RESTRICTED GRANTS 30,953
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 13,420,507
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) .381296
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS 425,323
27	TOTAL SCHIP COST, (LINE 24 * LINE 26) 162,174
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 33,592,521

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	12,808,694
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,025,055
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,297,329
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	12,970,868

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IF I CATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT					
1.01 0101	OLD CAP BLDG - KLEIN		105,752	105,752	2,876	108,628
1.02 0102	OLD CAP BLDG - CANCER CENTER		4,908	4,908	1,476	6,384
1.03 0103	OLD CAP REL COSTS-BLDG & FIXT					
2 0200	OLD CAP REL COSTS-MVBLE EQUIP					
3 0300	NEW CAP REL COSTS-BLDG & FIXT					
3.02 0302	NEW CRC BLDG - REHAB					
3.03 0303	NEW CRC BLDG - LAUNDRY				523	523
3.04 0304	NEW CRC BLDG - GRMC		5,310,318	5,310,318	108,870	5,419,188
3.05 0305	NEW CRC BLDG - MERCY					
3.06 0306	NEW CRC BLDG - EASTMAN					
3.07 0301	NEW CRC BLDG - HHA/HOSPICE			288,512		288,512
4 0400	NEW CAP REL COSTS-MVBLE EQUIP			6,913,574	63,627	6,977,201
5 0500	EMPLOYEE BENEFITS	578,933	824,043	1,402,976	-2,780	1,400,196
6.03 0612	NONPATIENT TELEPHONES LD	201,344	197,145	398,489	-53,014	345,475
6.05 0620	DATA PROCESSING	1,403,035	943,000	2,346,035		2,346,035
6.06 0630	PURCHASING, RECEIVING AND STORES	326,435	392,057	718,492		718,492
6.07 0640	ADMINISTRATIVE	790,041	281,868	1,071,909		1,071,909
6.08 0614	BUSINESS OFFICE	583,129	875,882	1,459,011		1,459,011
6.09 0660	OTHER ADMINISTRATIVE AND GENERAL	1,160,713	17,749,579	18,910,292	-2,361,043	16,549,249
7 0700	MAINTENANCE & REPAIRS					
7.01 0701	UTILITIES - EASTMAN					
7.02 0702	UTILITIES - MERCY					
7.03 0703	UTILITIES - KLEIN		132,541	132,541		132,541
7.04 0704	UTILITIES - CANCER		28,022	28,022		28,022
7.05 0705	UTILITIES - REHAB					
7.06 0706	UTILITIES - LAUNDRY		129,964	129,964		129,964
7.07 0707	UTILITIES - HHA/HOSPICE				23,537	23,537
8 0800	OPERATION OF PLANT	2,183,228	3,209,677	5,392,905		5,392,905
8.01 0801	OPERATION OF PLANT KLEIN	155,824	125,638	281,462		281,462
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				33,417	33,417
9 0900	LAUNDRY & LINEN SERVICE	380,354	449,169	829,523		829,523
10 1000	HOUSEKEEPING	1,380,519	781,843	2,162,362		2,162,362
10.01 1001	HOUSEKEEPING-KLEIN		113,723	113,723		113,723
10.04 1004	HOUSEKEEPING-REHAB					
10.05 1005	HOUSEKEEPING-EASTMAN					
10.06 1006	HOUSEKEEPING-MERCY					
11 1100	DIETARY	1,378,004	1,536,112	2,914,116		2,914,116
11.01 1101	DIETARY - KLEIN		495,808	495,808		495,808
12 1200	CAFETERIA					
14 1400	NURSING ADMINISTRATION	2,301,268	987,992	3,289,260	-32	3,289,228
14.01 1401	NURSING ADMINISTRATION-KLEIN					
15 1500	CENTRAL SERVICES & SUPPLY	1,290,927	744,105	2,035,032		2,035,032
16 1600	PHARMACY	1,728,671	575,668	2,304,339		2,304,339
17 1700	MEDICAL RECORDS & LIBRARY	1,771,607	1,232,512	3,004,119		3,004,119
18 1800	SOCIAL SERVICE	460,377	119,362	579,739		579,739
18.01 1801	RECREATION THERAPY GRMC					
18.02 1802	RECREATION THERAPY KLEIN		90,137	90,137		90,137
25 2500	ADULTS & PEDIATRICS	9,165,263	3,354,887	12,520,150	-2,550	12,517,600
26 2600	INTENSIVE CARE UNIT	1,584,375	740,380	2,324,755		2,324,755
31 3100	SUBPROVIDER	519,436	191,443	710,879		710,879
33 3300	NURSERY	353,671	101,899	455,570		455,570
34 3400	SKILLED NURSING FACILITY	1,106,088	415,920	1,522,008		1,522,008
35 3500	NURSING FACILITY	3,666,016	1,097,212	4,763,228		4,763,228
37 3700	OPERATING ROOM	5,219,622	12,047,173	17,266,795	-4,852,739	12,414,056
39 3900	DELIVERY ROOM & LABOR ROOM					
41 4100	RADIOLOGY-DIAGNOSTIC	3,397,517	3,528,738	6,926,255	-8,637	6,917,618
44 4400	LABORATORY	2,410,223	3,881,950	6,292,173		6,292,173
49 4900	RESPIRATORY THERAPY	1,066,647	386,090	1,452,737		1,452,737
50 5000	PHYSICAL THERAPY	515,069	199,963	715,032	-59,058	655,974
51 5100	OCCUPATIONAL THERAPY	270,181	217,191	487,372		487,372
52 5200	SPEECH PATHOLOGY	170,335	54,829	225,164		225,164
53 5300	ELECTROCARDIOLOGY	1,279,359	3,166,062	4,445,421	-2,502,031	1,943,390
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,007,307	2,007,307
55.30 5530	IMPL. DEV. CHARGED TO PATIENT				5,425,034	5,425,034
56 5600	DRUGS CHARGED TO PATIENTS		6,358,988	6,358,988		6,358,988
58 5800	ASC (NON-DISTINCT PART)					
59 3950	AUDIOLOGY	132,639	174,908	307,547	-120	307,427
59.01 3951	CARDIAC REHAB					
59.02 3952	WORKFITNESS					
59.03 3953	PSYCH/PSYCHOLOGICAL					
59.04 3954	EMG & EEG	332,495	157,209	489,704	-1,987	487,717
59.05 3955	O/P REHAB SERVICES	1,769,530	674,339	2,443,869	-5,760	2,438,109
59.06 3956	O/P DEPENDENCY SERVICES	188,545	79,987	268,532		268,532
59.07 3957	SPORTS FITNESS	574,710	296,568	871,278	-356	870,922
59.08 3958	LIFE CENTER	1,025,000	2,402,255	3,427,255	-2,650	3,424,605
59.09 3020	RECREATIONAL THERAPY	60,894	20,940	81,834		81,834
59.10 3480	HEMATOLOGY/ONCOLOGY	310,447	198,378	508,825		508,825
61 6100	EMERGENCY	3,434,767	4,443,532	7,878,299	-12,097	7,866,202
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0057
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/12/2010
WORKSHEET A

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	1,571,662	732,572	2,304,234	-56,954	2,247,280
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,617,305	1,617,305	1,666,297	3,283,602
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	1,452,851	1,269,548	2,722,399		2,722,399
95	9500 SUBTOTALS	59,651,751	92,449,177	152,100,928	-588,844	151,512,084
	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		10,634	10,634		10,634
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 WELLNESS PROGRAM	34,558	16,342	50,900		50,900
98.02	9802 EMPLOYEE WELLNESS PROGRAM					
98.03	9803 ADVERTISING				535,830	535,830
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	326,493	96,006	422,499		422,499
98.10	9810 DAY CARE DEPT					
98.11	9811 GRMC HELICOPTER HANGER					
98.12	9812 SWITCHBOARD				53,014	53,014
98.13	9813 HENRY COUNTY HEALTH CENTER					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	60,012,802	92,572,159	152,584,961	-0-	152,584,961

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0057
PERIOD: FROM 7/ 1/2009 TO 6/30/2010
PREPARED 11/12/2010
WORKSHEET A

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		108,628
1.02 0102	OLD CAP BLDG - CANCER CENTER		6,384
1.03 0103	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
3.02 0302	NEW CRC BLDG - REHAB	324,276	324,276
3.03 0303	NEW CRC BLDG - LAUNDRY		523
3.04 0304	NEW CRC BLDG - GRMC	601,114	6,020,302
3.05 0305	NEW CRC BLDG - MERCY	318,205	318,205
3.06 0306	NEW CRC BLDG - EASTMAN	654,422	654,422
3.07 0301	NEW CRC BLDG - HHA/HOSPICE		288,512
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-9,684	6,967,517
5 0500	EMPLOYEE BENEFITS	-7,974	1,392,222
6.03 0612	NONPATIENT TELEPHONES LD	-36,517	308,958
6.05 0620	DATA PROCESSING	-27,226	2,318,809
6.06 0630	PURCHASING, RECEIVING AND STORES	-44,377	674,115
6.07 0640	ADMINITTING	-206	1,071,703
6.08 0614	BUSINESS OFFICE		1,459,011
6.09 0660	OTHER ADMINISTRATIVE AND GENERAL	-10,968,411	5,580,838
7 0700	MAINTENANCE & REPAIRS		
7.01 0701	UTILITIES - EASTMAN	104,819	104,819
7.02 0702	UTILITIES - MERCY	78,164	78,164
7.03 0703	UTILITIES - KLEIN		132,541
7.04 0704	UTILITIES - CANCER	-4,154	23,868
7.05 0705	UTILITIES - REHAB	64,118	64,118
7.06 0706	UTILITIES - LAUNDRY		129,964
7.07 0707	UTILITIES - HHA/HOSPICE		23,537
8 0800	OPERATION OF PLANT	-90,134	5,302,771
8.01 0801	OPERATION OF PLANT KLEIN		281,462
8.02 0802	OPERATION OF PLANT REHAB	37,737	37,737
8.04 0804	OPERATION OF PLANT EASTMAN	77,620	77,620
8.05 0805	OPERATION OF PLANT MERCY	74,040	74,040
8.06 0803	OPERATION OF PLANT HHA/HOSPICE		33,417
9 0900	LAUNDRY & LINEN SERVICE	-4,386	825,137
10 1000	HOUSEKEEPING	-25,650	2,136,712
10.01 1001	HOUSEKEEPING-KLEIN		113,723
10.04 1004	HOUSEKEEPING-REHAB		
10.05 1005	HOUSEKEEPING-EASTMAN		
10.06 1006	HOUSEKEEPING-MERCY		
11 1100	DIETARY	-934,582	1,979,534
11.01 1101	DIETARY - KLEIN	-23,791	472,017
12 1200	CAFETERIA		
14 1400	NURSING ADMINISTRATION	370,991	3,660,219
14.01 1401	NURSING ADMINISTRATION-KLEIN		
15 1500	CENTRAL SERVICES & SUPPLY	-142,323	1,892,709
16 1600	PHARMACY	-79,652	2,224,687
17 1700	MEDICAL RECORDS & LIBRARY	-44,526	2,959,593
18 1800	SOCIAL SERVICE		579,739
18.01 1801	RECREATION THERAPY GRMC		
18.02 1802	RECREATION THERAPY KLEIN		90,137
25 2500	INPAT ROUTINE SRVC CNTRS	-40,090	12,477,510
26 2600	ADULTS & PEDIATRICS		2,324,755
31 3100	INTENSIVE CARE UNIT		710,879
33 3300	SUBPROVIDER		
34 3400	NURSERY	-267	455,303
35 3500	SKILLED NURSING FACILITY		1,522,008
	NURSING FACILITY		4,763,228
37 3700	ANCILLARY SRVC COST CNTRS		
39 3900	OPERATING ROOM	-33,400	12,380,656
41 4100	DELIVERY ROOM & LABOR ROOM		
44 4400	RADIOLOGY-DIAGNOSTIC	-108,193	6,809,425
49 4900	LABORATORY	-46,628	6,245,545
50 5000	RESPIRATORY THERAPY		1,452,737
51 5100	PHYSICAL THERAPY		655,974
52 5200	OCCUPATIONAL THERAPY		487,372
53 5300	SPEECH PATHOLOGY		225,164
55 5500	ELECTROCARDIOLOGY	-14,057	1,929,333
55.30 5530	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,007,307
56 5600	IMPL. DEV. CHARGED TO PATIENT		5,425,034
58 5800	DRUGS CHARGED TO PATIENTS		6,358,988
59 3950	ASC (NON-DISTINCT PART)		
59.01 3951	AUDIOLOGY		307,427
59.02 3952	CARDIAC REHAB		
59.03 3953	WORKFITNESS		
59.04 3954	PSYCH/PSYCHOLOGICAL		
59.05 3955	EMG & EEG		487,717
59.06 3956	O/P REHAB SERVICES	-20,822	2,417,287
59.07 3957	O/P DEPENDENCY SERVICES	-8,025	260,507
59.08 3958	SPORTS FITNESS	-17,749	853,173
59.09 3020	LIFE CENTER	-1,445,214	1,979,391
59.10 3480	RECREATIONAL THERAPY		81,834
	HEMATOLOGY/ONCOLOGY		505,494
61 6100	OUTPAT SERVICE COST CNTRS		
62 6200	EMERGENCY	-3,567,928	4,298,274
	OBSERVATION BEDS (NON-DISTINCT PART)		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0057
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/12/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OUTPAT SERVICE COST CNTRS		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		2,247,280
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-3,283,602	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		2,722,399
95	9500 SUBTOTALS	-18,327,393	133,184,691
	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		10,634
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 WELLNESS PROGRAM		50,900
98.02	9802 EMPLOYEE WELLNESS PROGRAM		
98.03	9803 ADVERTISING		535,830
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		422,499
98.10	9810 DAY CARE DEPT		
98.11	9811 GRMC HELICOPTER HANGER		
98.12	9812 SWITCHBOARD		53,014
98.13	9813 HENRY COUNTY HEALTH CENTER	29,670,054	29,670,054
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
101	10100 TOTAL	11,342,661	163,927,622

COST CENTERS USED IN COST REPORT

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 NOT A CMS WORKSHEET

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
1.03	OLD CAP REL COSTS-BLDG & FIXT	0103	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		
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	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
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
59.10	HEMATOLOGY/ONCOLOGY	3480	ONCOLOGY
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 NOT A CMS WORKSHEET

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	0000	
	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
98.13	HENRY COUNTY HEALTH CENTER	9813	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
160057

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/12/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----		SALARY	OTHER
	CODE (1)	LINE NO		
1 ADVERTISING	A	98.03	45,092	490,738
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14 SWITCHBOARD	B	98.12	41,336	11,678
15 INSURANCE EXPENSE	C	90		177,372
16 INTEREST EXPENSE	D	88		1,666,297
17 BILLABLE SUPPLIES	E	55		2,007,307
18				
19				
20				
21 DEVICES AND IMPLANTS	F	55.30		5,425,034
22				
23				
24 UTILITIES - HHA/HOSPICE	G	7.07		23,537
25 OPERATION OF PLANT HHA/HOSPICE	H	8.06		33,417
36 TOTAL RECLASSIFICATIONS			86,428	9,835,380

(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/ 1/2009
TO 6/30/2010

PREPARED 11/12/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 ADVERTISING	A		EMPLOYEE BENEFITS	5		94	
2			OTHER ADMINISTRATIVE AND GENERAL	6.09		472,282	
3			NURSING ADMINISTRATION	14		32	
4			ADULTS & PEDIATRICS	25		2,550	
5			RADIOLOGY-DIAGNOSTIC	41		1,740	
6			PHYSICAL THERAPY	50		481	
7			AUDIOLOGY	59		120	
8			EMG & EEG	59.04		1,987	
9			O/P REHAB SERVICES	59.05		5,760	
10			SPORTS FITNESS	59.07		356	
11			LIFE CENTER	59.08		2,650	
12			OTHER ADMINISTRATIVE AND GENERAL	6.09	45,092		
13			EMPLOYEE BENEFITS	5		2,686	
14 SWITCHBOARD	B		NONPATIENT TELEPHONES LD	6.03	41,336	11,678	
15 INSURANCE EXPENSE	C		OTHER ADMINISTRATIVE AND GENERAL	6.09		177,372	
16 INTEREST EXPENSE	D		OTHER ADMINISTRATIVE AND GENERAL	6.09		1,666,297	
17 BILLABLE SUPPLIES	E		OPERATING ROOM	37		1,041,995	
18			RADIOLOGY-DIAGNOSTIC	41		6,897	
19			ELECTROCARDIOLOGY	53		946,318	
20			EMERGENCY	61		12,097	
21 DEVICES AND IMPLANTS	F		PHYSICAL THERAPY	50		58,577	
22			OPERATING ROOM	37		3,810,744	
23			ELECTROCARDIOLOGY	53		1,555,713	
24 UTILITIES - HHA/HOSPICE	G		HOME HEALTH AGENCY	71		23,537	
25 OPERATION OF PLANT HHA/HOSPICE	H		HOME HEALTH AGENCY	71		33,417	
36 TOTAL RECLASSIFICATIONS					86,428	9,835,380	

(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/ 1/2009
TO 6/30/2010

PREPARED 11/12/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : ADVERTISING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADVERTISING	98.03	535,830
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
12.00			0
13.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			535,830

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	94	
OTHER ADMINISTRATIVE AND GENER	6.09	472,282	
NURSING ADMINISTRATION	14	32	
ADULTS & PEDIATRICS	25	2,550	
RADIOLOGY-DIAGNOSTIC	41	1,740	
PHYSICAL THERAPY	50	481	
AUDIOLOGY	59	120	
EMG & EEG	59.04	1,987	
O/P REHAB SERVICES	59.05	5,760	
SPORTS FITNESS	59.07	356	
LIFE CENTER	59.08	2,650	
OTHER ADMINISTRATIVE AND GENER	6.09	45,092	
EMPLOYEE BENEFITS	5	2,686	
			535,830

RECLASS CODE: B
EXPLANATION : SWITCHBOARD

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SWITCHBOARD	98.12	53,014
TOTAL RECLASSIFICATIONS FOR CODE B			53,014

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NONPATIENT TELEPHONES LD	6.03	53,014	
			53,014

RECLASS CODE: C
EXPLANATION : INSURANCE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	177,372
TOTAL RECLASSIFICATIONS FOR CODE C			177,372

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.09	177,372	
			177,372

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTEREST EXPENSE	88	1,666,297
TOTAL RECLASSIFICATIONS FOR CODE D			1,666,297

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.09	1,666,297	
			1,666,297

RECLASS CODE: E
EXPLANATION : BILLABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,007,307
2.00			0
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			2,007,307

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	1,041,995	
RADIOLOGY-DIAGNOSTIC	41	6,897	
ELECTROCARDIOLOGY	53	946,318	
EMERGENCY	61	12,097	
			2,007,307

RECLASS CODE: F
EXPLANATION : DEVICES AND IMPLANTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	5,425,034
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			5,425,034

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICAL THERAPY	50	58,577	
OPERATING ROOM	37	3,810,744	
ELECTROCARDIOLOGY	53	1,555,713	
			5,425,034

RECLASS CODE: G
EXPLANATION : UTILITIES - HHA/HOSPICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	UTILITIES - HHA/HOSPICE	7.07	23,537
TOTAL RECLASSIFICATIONS FOR CODE G			23,537

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOME HEALTH AGENCY	71	23,537	
			23,537

RECLASS CODE: H
EXPLANATION : OPERATION OF PLANT HHA/HOSPICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT HHA/HOSPICE	8.06	33,417
TOTAL RECLASSIFICATIONS FOR CODE H			33,417

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOME HEALTH AGENCY	71	33,417	
			33,417

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 IMPROVEMENT							
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	9,141,171	27,682		27,682		9,168,853	
3	BUILDINGS & FIXTURE	94,428,099	97,729		97,729		94,525,828	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	51,649,114	223,244		223,244		51,872,358	
6	MOVABLE EQUIPMENT	78,923,583	8,362,969		8,362,969	1,000,937	86,285,615	
7	SUBTOTAL	239,433,323	8,711,624		8,711,624	1,000,937	247,144,010	
8	RECONCILING ITEMS							
9	TOTAL	239,433,323	8,711,624		8,711,624	1,000,937	247,144,010	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP BLDG - KLEIN	4,076,804		4,076,804	.016217	2,876		
1 02	OLD CAP BLDG - CANCE	2,092,448		2,092,448	.008324	1,476		
1 03	OLD CAP REL COSTS-BL							
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	.002948	523		523
3 04	NEW CRC BLDG - GRMC	154,300,396		154,300,396	.613788	108,870		108,870
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	90,179,393		90,179,393	.358723	63,627		63,627
5	TOTAL	251,390,068		251,390,068	1.000000	177,372		177,372

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP BLDG - KLEIN	105,752			2,876			108,628
1 02	OLD CAP BLDG - CANCE	4,908			1,476			6,384
1 03	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 02	NEW CRC BLDG - REHAB	324,276						324,276
3 03	NEW CRC BLDG - LAUND				523			523
3 04	NEW CRC BLDG - GRMC	5,991,410		-79,978	108,870			6,020,302
3 05	NEW CRC BLDG - MERCY	318,205						318,205
3 06	NEW CRC BLDG - EASTM	654,422						654,422
3 07	NEW CRC BLDG - HHA/H	288,512						288,512
4	NEW CAP REL COSTS-MV	6,903,890			63,627			6,967,517
5	TOTAL	14,591,375		-79,978	177,372			14,688,769

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP BLDG - KLEIN	105,752						105,752
1 02	OLD CAP BLDG - CANCE	4,908						4,908
1 03	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 02	NEW CRC BLDG - REHAB							
3 03	NEW CRC BLDG - LAUND							
3 04	NEW CRC BLDG - GRMC	5,310,318						5,310,318
3 05	NEW CRC BLDG - MERCY							
3 06	NEW CRC BLDG - EASTM							
3 07	NEW CRC BLDG - HHA/H	288,512						288,512
4	NEW CAP REL COSTS-MV	6,913,574						6,913,574
5	TOTAL	12,623,064						12,623,064

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

ADJUSTMENTS TO EXPENSES

1	DESCR IPTION (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			
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-NEW 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	-41,027	PURCHASING, RECEIVING AND		6.06	
7	REFUNDS AND REBATES OF EXPENSES						
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9	TELEPHONE SERVICES						
10	TELEVISION AND RADIO SERVICE						
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,715,393				
13	SALE OF SCRAP, WASTE, ETC.						
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	28,752,554				
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-841,811	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	-21,440	PHARMACY		16	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-13,547	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	324,276	NEW CRC BLDG - REHAB		3.02	9
38	DIALYSIS DEPRECIATION	A	-57,700	NEW CRC BLDG - GRMC		3.04	9
39	GRMC - MERCY MOB	A	318,205	NEW CRC BLDG - MERCY		3.05	9
40	GRMC - EASTMAN MOB	A	654,422	NEW CRC BLDG - EASTMAN		3.06	9
41	REMOVE MARKUP ON HMES TRANSACTIONS	A	-142,323	CENTRAL SERVICES & SUPPLY		15	
42	AHA DUES MEMBERSHIP - LOBBY EXPENSES	A	-30,071	OTHER ADMINISTRATIVE AND		6.09	
43	BAD DEBTS	A	-7,601,525	OTHER ADMINISTRATIVE AND		6.09	
44	OFFSET RENTAL COSTS - PTERSON - OTH	A	-67,909	OPERATION OF PLANT		8	
45	OFFSET RENTAL DEPR - OTHERS	A	-69,938	NEW CRC BLDG - GRMC		3.04	9
46							
47	OFFSET RENTAL COSTS TO HCR	A	-573,798	OTHER ADMINISTRATIVE AND		6.09	
48	INTEREST EXPENSE	A	-3,283,602	INTEREST EXPENSE		88	
49	MISCELLANEOUS TRAVEL	A	-5,902	OTHER ADMINISTRATIVE AND		6.09	
49.01	PHONE COST OFFSET	A	-29,923	NONPATIENT TELEPHONES LD		6.03	
49.02	CAPITALIZED COSTS	A	63,900	NEW CRC BLDG - GRMC		3.04	9
49.03	PHYSICIAN COSTS	A	-1,057,576	OTHER ADMINISTRATIVE AND		6.09	
49.04	ALCOHOL	A	-2,200	OTHER ADMINISTRATIVE AND		6.09	
49.05	ADMINISTRATIVE COST REDUCTIONS	A	-253,248	OTHER ADMINISTRATIVE AND		6.09	
49.06	TV DEPRECIATION EXPENSE	A	-9,684	NEW CAP REL COSTS-MVBLE E		4	9
49.07	REHAB PLANT OP OTHER	A	37,737	OPERATION OF PLANT REHAB		8.02	
49.08	REHAB UTILITIES	A	64,118	UTILITIES - REHAB		7.05	
49.09	EASTMAN PLANT OP OTHER	A	77,620	OPERATION OF PLANT EASTMA		8.04	
49.10	EASTMAN UTILITIES	A	104,819	UTILITIES - EASTMAN		7.01	
49.11	MERCY PLANT OP OTHER	A	74,040	OPERATION OF PLANT MERCY		8.05	
49.12	MERCY UTILITIES	A	78,164	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	744,830	NEW CRC BLDG - GRMC		3.04	9
49.15	AMORTIZATION OF BOND COSTS	A	-102,131	OTHER ADMINISTRATIVE AND		6.09	
49.16	DEFERRED COMP LIABILITY	A	8,845	EMPLOYEE BENEFITS		5	
49.17	UNEMPLOYMENT PAYABLE ADJUSTMENT	A	-28,500	OTHER ADMINISTRATIVE AND		6.09	
49.18	SUPERIOR AMBULANCE	B	-498,768	EMERGENCY		61	
49.19	HR NON-OPERATING REVENUE	B	-1,371	EMPLOYEE BENEFITS		5	
49.20	SWITCHBOARD MISC REVENUE	B	-6,594	NONPATIENT TELEPHONES LD		6.03	
49.21	IS MISC REVENUE	B	-27,226	DATA PROCESSING		6.05	
49.22	KLN KLBUS OFFICE REV MISC.	B	-206	ADMINITTING		6.07	
49.23	GRMC ADMIN RENTAL INCOME	B	-13,626	OTHER ADMINISTRATIVE AND		6.09	
49.24	GRMC ADMIN MISC NON-OPER REV	B	-785	OTHER ADMINISTRATIVE AND		6.09	
49.25	GRMC VOLUNTEER SERVICES MISC REV	B	-35,884	OTHER ADMINISTRATIVE AND		6.09	
49.26	GRMC CANCER CENTER RENTAL INCOME	B	-4,154	UTILITIES - CANCER		7.04	
49.27	GRMC PLANT OPS MISC NON-OPERATING R	B	-5,006	OPERATION OF PLANT		8	
49.28	GRMC PLANT OPS REVENUE MISC	B	-9,774	OPERATION OF PLANT		8	
49.29	GRMC BIOMED ENGIN REV MISC	B	-7,445	OPERATION OF PLANT		8	
49.30	GRMC LAUNDRY DISCOUNTS EARNED	B	-4,386	LAUNDRY & LINEN SERVICE		9	
49.31	GRMC ENVIR SERVI REV INFECT WASTE	B	-3,697	HOUSEKEEPING		10	
49.32	GRMC ENVIR SERVI REV MISC.	B	-21,953	HOUSEKEEPING		10	
49.33	GRMC NUTRITION SERVICES MOW	B	-91,905	DIETARY		11	
49.34	GRMC NUTRITION SERVICES POP	B	-241	DIETARY		11	
49.35	KLN NUTRITION SERV REV CAFETERIA	B	-23,791	DIETARY - KLEIN		11.01	
49.36	GRMC CORPORATE EDUCATION REV MISC.	B	-446	NURSING ADMINISTRATION		14	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
49.37 GRMC COMMUNITY EDUCATION REV MISC.	B	-2,950	NURSING ADMINISTRATION	14	
49.38 GRMC CORPORATE EDUCATION INT/DIV	B	-5,429	NURSING ADMINISTRATION	14	
49.39 GRMC PHARMACY REV MISC.	B	-58,212	PHARMACY	16	
49.40 GRMC QUALITY RESOURCES GRANT FUNDS	B	-2,137	MEDICAL RECORDS & LIBRARY	17	
49.41 GRMC EMERGENCY MGMT GRANT FUNDS REC	B	-28,842	MEDICAL RECORDS & LIBRARY	17	
49.42 GRMC WFC - PEDS & SWING KID KARE	B	-209	ADULTS & PEDIATRICS	25	
49.43 GRMC WFC - NURSERY REV. MISC	B	-267	NURSERY	33	
49.44 GRMC SURGICAL SERVICES MISC NON-OPER	B	-2,400	OPERATING ROOM	37	
49.45 GRMC PHLEB - PROCS. REV MISC.	B	-1,620	LABORATORY	44	
49.46 GRMC DIAGNOSTIC IMAGING REV MISC.	B	-193	RADIOLOGY-DIAGNOSTIC	41	
49.47 GRMC HEART & VASCULARE CN DISC. EARN	B	-14,000	ELECTROCARDIOLOGY	53	
49.48 GRMC PHY REHAB P. T. - OP MISC NON OP	B	-963	O/P REHAB SERVICES	59.05	
49.49 GRMC PHY REHAB P. T. - OP REV MISC	B	-2,185	O/P REHAB SERVICES	59.05	
49.50 GRMC PHY REHAB P. T. - OP REV - OB RE	B	-374	O/P REHAB SERVICES	59.05	
49.51 GRMC PAIN MGMT RENTAL INC	B	-2,300	O/P REHAB SERVICES	59.05	
49.52 GRMC HEALTH FITNESS REV MISC.	B	-957	SPORTS FITNESS	59.07	
49.53 GRMC WOUND & HYPERBARIC REV - OB REH	B	-6,840	LIFE CENTER	59.08	
49.54 GRMC BUSINESS HEALTH REV MISC.	B	-13,751	LIFE CENTER	59.08	
49.55 GRMC SUPERIOR AMB REV MISC.	B	-1,045	EMERGENCY	61	
49.56 GRMC ACCOUNTING MISC NON-OPERATING R	B	-5	OTHER ADMINISTRATIVE AND	6.09	
49.57 GRMC NUTRITION SERVICES MISC NON-OP	B	-625	DIETARY	11	
49.58 GRMC BEHAVIORAL HEALTH GRANT FUND RE	B	-17,894	ADULTS & PEDIATRICS	25	
49.59 GRMC DAYCARE CENTER REVENUE	B	-9,448	EMPLOYEE BENEFITS	5	
49.60 GRMC HEART & VASCULAR CN MISC NON-OP	B	-57	ELECTROCARDIOLOGY	53	
49.61 GRMC HEALTH FITNESS REV-OB REHAB THE	B	-517	SPORTS FITNESS	59.07	
49.62 GRMC HEALTHY LIFESTYLES REV MISC.	B	163	SPORTS FITNESS	59.07	
49.63 GRMC DIABETES EDUCATION REV MISC.	B	-1,328	SPORTS FITNESS	59.07	
50 TOTAL (SUM OF LINES 1 THRU 49)		11,342,661			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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	LI THOTRI PTER	124,000	155,000	-31,000	
2	6 6	PURCHASING, RECEIVING AND	PURCHASING	7,817	11,167	-3,350	
3	6 9	OTHER ADMINISTRATIVE AND	ADMIN	18,020	21,200	-3,180	
4	14	NURSING ADMINISTRATION	NURSING ADMINISTRATION	257,499		257,499	
4.01	14	NURSING ADMINISTRATION	NURSING ADMIN - KLEIN	122,317		122,317	
4.02	6 9	OTHER ADMINISTRATIVE AND	ADMIN & GENERAL	2,050,206	3,309,992	-1,259,786	
4.03	98 13	HENRY COUNTY HEALTH CENTE	HCHC EXPENSES	29,670,054		29,670,054	
5		TOTALS		32,249,913	3,497,359	28,752,554	

* 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	0.00	HEALTH ENTERPRISES	0.00	
2	C GRMC	100.00	MCMS	100.00	
3	E GRMC	0.00	HENRY COUNTY HEALTH CENTE	0.00	
4		0.00		0.00	
5		0.00		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

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	LAB ADMIN - SPECIALIST	271,908		271,908	208,000	2,269	226,900	11,345
2 59	5 COMP REHAB - IP SPECIALIS	45,000		45,000	208,000	300	30,000	1,500
3 25	BEHAVIORAL HEALTH SPECIAL	21,987	21,987					
4 61	ETC PROF SERVICES SPECIAL	227,136	227,136					
5 61	ETC PROF SERV SPECIALIST	2,840,979	2,840,979					
6 59	6 ADDICTION SERV SPECIALIST	8,025	8,025					
7 59	8 PHY REHAB WOUND SPECIALIS	1,093,024	1,093,024					
8 59	8 BUSINESS HEALTH SPECIALIS	331,599	331,599					
9 5	EMPLOYEE HEALTH SEPCIALIS	6,000	6,000					
10 6	9 ADMIN SPECIALIST FEES	194	194					
11 41	RAD. THERAPY SPECIALIST	108,000	108,000					
12 59	7 HEALTHY LI FESTYLES SPECIA	15,110	15,110					
13 59	10 HEMATOLOGY/ONC SPECIALIST	3,331	3,331					
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,972,293	4,655,385	316,908		2,569	256,900	12,845

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 44	LAB ADMIN - SPECIALIST					226,900	45,008	45,008
2 59	5 COMP REHAB - IP SPECIALIS					30,000	15,000	15,000
3 25	BEHAVIORAL HEALTH SPECIAL							21,987
4 61	ETC PROF SERVICES SPECIAL							227,136
5 61	ETC PROF SERV SPECIALIST							2,840,979
6 59	6 ADDICTION SERV SPECIALIST							8,025
7 59	8 PHY REHAB WOUND SPECIALIS							1,093,024
8 59	8 BUSINESS HEALTH SPECIALIS							331,599
9 5	EMPLOYEE HEALTH SEPCIALIS							6,000
10 6	9 ADMIN SPECIALIST FEES							194
11 41	RAD. THERAPY SPECIALIST							108,000
12 59	7 HEALTHY LI FESTYLES SPECIA							15,110
13 59	10 HEMATOLOGY/ONC SPECIALIST							3,331
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					256,900	60,008	4,715,393

COST ALLOCATION STATISTICS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 NOT A CMS WORKSHEET

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
1.03	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT 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	ENTERED
6.06	PURCHASING, RECEIVING AND STORES	16	PURCHASES	ENTERED
6.07	ADMINISTRATIVE CHARGES	17	CHARGES	ENTERED
6.08	BUSINESS OFFICE CHARGES	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	OPERATION 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-KLEIN	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

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-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	1.02	1.03	2	3
GENERAL SERVICE COST CNTR							
001 01 OLD CAP BLDG - KLEIN	108,628		108,628				
001 02 OLD CAP BLDG - CANCER CEN	6,384			6,384			
001 03 OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC BLDG - REHAB	324,276						
003 03 NEW CRC BLDG - LAUNDRY	523						
003 04 NEW CRC BLDG - GRMC	6,020,302						
003 05 NEW CRC BLDG - MERCY	318,205						
003 06 NEW CRC BLDG - EASTMAN	654,422						
003 07 NEW CRC BLDG - HHA/HOSPICE	288,512						
004 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS	6,967,517						
005 03 NONPATIENT TELEPHONES LD	1,392,222						
006 05 DATA PROCESSING	308,958						
006 06 PURCHASING, RECEIVING AND	2,318,809						
006 07 ADMINISTRATION	674,115						
006 08 BUSINESS OFFICE	1,071,703						
006 09 OTHER ADMINISTRATIVE AND	1,459,011						
007 MAINTENANCE & REPAIRS	5,580,838						
007 01 UTILITIES - EASTMAN	104,819						
007 02 UTILITIES - MERCY	78,164						
007 03 UTILITIES - KLEIN	132,541						
007 04 UTILITIES - CANCER	23,868						
007 05 UTILITIES - REHAB	64,118						
007 06 UTILITIES - LAUNDRY	129,964						
007 07 UTILITIES - HHA/HOSPICE	23,537						
008 OPERATION OF PLANT	5,302,771						
008 01 OPERATION OF PLANT KLEIN	281,462						
008 02 OPERATION OF PLANT REHAB	37,737						
008 04 OPERATION OF PLANT EASTMA	77,620						
008 05 OPERATION OF PLANT MERCY	74,040						
008 06 OPERATION OF PLANT HHA/HO	33,417						
009 LAUNDRY & LINEN SERVICE	825,137						
010 HOUSEKEEPING	2,136,712						
010 01 HOUSEKEEPING-KLEIN	113,723						
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY	1,979,534						
011 01 DIETARY - KLEIN	472,017						
012 CAFETERIA							
014 NURSING ADMINISTRATION	3,660,219						
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY	1,892,709						
016 PHARMACY	2,224,687						
017 MEDICAL RECORDS & LIBRARY	2,959,593						
018 SOCIAL SERVICE	579,739						
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN	90,137						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	12,477,510						
026 INTENSIVE CARE UNIT	2,324,755						
031 SUBPROVIDER	710,879						
033 NURSERY	455,303						
034 SKILLED NURSING FACILITY	1,522,008						
035 NURSING FACILITY	4,763,228		108,628				
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,380,656						
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC	6,809,425			6,384			
044 LABORATORY	6,245,545						
049 RESPIRATORY THERAPY	1,452,737						
050 PHYSICAL THERAPY	655,974						
051 OCCUPATIONAL THERAPY	487,372						
052 SPEECH PATHOLOGY	225,164						
053 ELECTROCARDIOLOGY	1,929,333						
055 MEDICAL SUPPLIES CHARGED	2,007,307						
055 30 IMPL. DEV. CHARGED TO PAT	5,425,034						
056 DRUGS CHARGED TO PATIENTS	6,358,988						
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY	307,427						
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG	487,717						
059 05 O/P REHAB SERVICES	2,417,287						
059 06 O/P DEPENDENCY SERVICES	260,507						
059 07 SPORTS FITNESS	853,173						
059 08 LIFE CENTER	1,979,391						
059 09 RECREATIONAL THERAPY	81,834						
059 10 HEMATOLOGY/ONCOLOGY	505,494						
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	4,298,274						

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & - KLEIN	OLD CAP BLDG - CANCER CEN	OLD CAP REL C OSTS-BLDG & - MVBLE E	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	1.02	1.03
062 OUTPAT SERVICE COST CNTRS					
OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY	2,247,280				
SPEC PURPOSE COST CENTERS					
093 HOSPICE	2,722,399				
095 SUBTOTALS	133,184,691		108,628	6,384	
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP					
096 01 MEALS ON WHEELS					
096 02 OVERNIGHT ROOM					
096 03 SALES TO OUTSIDE ORGANIZA	10,634				
097 RESEARCH					
098 PHYSICIANS' PRIVATE OFFIC					
098 01 WELLNESS PROGRAM	50,900				
098 02 EMPLOYEE WELLNESS PROGRAM					
098 03 ADVERTISING	535,830				
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	422,499				
098 10 DAY CARE DEPT					
098 11 GRMC HELICOPTER HANGER					
098 12 SWITCHBOARD	53,014				
098 13 HENRY COUNTY HEALTH CENTE	29,670,054				
099 NONPAID WORKERS					
100 OTHER NONREIMBURSABLE COS					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	163,927,622		108,628	6,384	

Health Financial Systems		MCRIF32	FOR GREAT RIVER MEDICAL CENTER				IN LIEU OF FORM CMS-2552-96(7/2009)CONTD		
COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO: 16-0057	PERIOD: FROM 7/1/2009 TO 6/30/2010		PREPARED 11/12/2010 WORKSHEET B PART I	
COST CENTER DESCRIPTION	NEW CRC BLDG - REHAB	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPICE	NEW CAP REL COSTS-MVBLE E		
	3.02	3.03	3.04	3.05	3.06	3.07	4		
001 GENERAL SERVICE COST CNTR									
001 01 OLD CAP REL COSTS-BLDG &									
001 02 OLD CAP BLDG - KLEIN									
001 03 OLD CAP BLDG - CANCER CEN									
002 02 OLD CAP REL COSTS-BLDG &									
002 03 OLD CAP REL COSTS-MVBLE E									
003 02 NEW CAP REL COSTS-BLDG &									
003 03 NEW CRC BLDG - REHAB	324,276								
003 03 NEW CRC BLDG - LAUNDRY		523							
003 04 NEW CRC BLDG - GRMC			6,020,302						
003 05 NEW CRC BLDG - MERCY				318,205					
003 06 NEW CRC BLDG - EASTMAN					654,422				
003 07 NEW CRC BLDG - HHA/HOSPICE						288,512			
004 05 NEW CAP REL COSTS-MVBLE E							6,967,517		
005 05 EMPLOYEE BENEFITS			40,400				37,197		
006 03 NONPATIENT TELEPHONES LD									
006 05 DATA PROCESSING			100,945	4,544			781,151		
006 06 PURCHASING, RECEIVING AND			231,435				129,373		
006 07 ADMINISTRATION			40,657				887		
006 08 BUSINESS OFFICE			46,545				800		
006 09 OTHER ADMINISTRATIVE AND	96,840		278,145	33,910	22,291		38,290		
007 01 MAINTENANCE & REPAIRS									
007 02 UTILITIES - EASTMAN									
007 03 UTILITIES - MERCY									
007 04 UTILITIES - KLEIN									
007 05 UTILITIES - CANCER									
007 06 UTILITIES - REHAB									
007 07 UTILITIES - LAUNDRY									
007 08 UTILITIES - HHA/HOSPICE									
008 01 OPERATION OF PLANT			162,630				392,159		
008 02 OPERATION OF PLANT KLEIN							8,222		
008 04 OPERATION OF PLANT EASTMA									
008 05 OPERATION OF PLANT MERCY									
008 06 OPERATION OF PLANT HHA/HO									
009 05 LAUNDRY & LINEN SERVICE		523					60,840		
010 06 HOUSEKEEPING							25,893		
010 01 HOUSEKEEPING-KLEIN									
010 04 HOUSEKEEPING-REHAB									
010 05 HOUSEKEEPING-EASTMAN									
010 06 HOUSEKEEPING-MERCY									
011 01 DIETARY			260,042				88,811		
011 01 DIETARY - KLEIN							6,405		
012 01 CAFETERIA									
014 01 NURSING ADMINISTRATION			80,763	4,544			306,287		
014 01 NURSING ADMINISTRATION-KL									
015 01 CENTRAL SERVICES & SUPPLY			186,969				73,637		
016 01 PHARMACY			53,278				73,626		
017 01 MEDICAL RECORDS & LIBRARY							126,078		
018 01 SOCIAL SERVICE			144,380						
018 01 RECREATION THERAPY GRMC									
018 02 RECREATION THERAPY KLEIN							1,156		
025 01 INPAT ROUTINE SRVC CNTRS									
025 01 ADULTS & PEDIATRICS			659,479	328			207,748		
026 01 INTENSIVE CARE UNIT			188,533	328			76,174		
031 01 SUBPROVIDER			283,204				15,475		
033 01 NURSERY							8,374		
034 01 SKILLED NURSING FACILITY			136,580	328			43,016		
035 01 NURSING FACILITY							55,132		
037 01 ANCILLARY SRVC COST CNTRS									
039 01 OPERATING ROOM			1,604,201	328			1,253,575		
041 01 DELIVERY ROOM & LABOR ROO									
044 01 RADIOLOGY-DIAGNOSTIC			503,509				1,828,087		
049 01 LABORATORY			192,543	1,010			262,707		
050 01 RESPIRATORY THERAPY			67,517				69,630		
051 01 PHYSICAL THERAPY							3,803		
052 01 OCCUPATIONAL THERAPY							59		
053 01 SPEECH PATHOLOGY									
055 01 ELECTROCARDIOLOGY			243,062				654,221		
055 01 MEDICAL SUPPLIES CHARGED									
056 01 IMPL. DEV. CHARGED TO PAT									
058 01 DRUGS CHARGED TO PATIENTS									
059 01 ASC (NON-DISTINCT PART)									
059 01 AUDIOLOGY							3,074		
059 01 CARDIAC REHAB									
059 02 WORKFITNESS									
059 03 PSYCH/PSYCHOLOGICAL									
059 04 EMG & EEG			42,902				26,409		
059 05 O/P REHAB SERVICES	89,375						24,930		
059 06 O/P DEPENDENCY SERVICES			66,781				730		
059 07 SPORTS FITNESS	29,260						17,905		
059 08 LIFE CENTER	37,601				404		84,607		
059 09 RECREATIONAL THERAPY									
059 10 HEMATOLOGY/ONCOLOGY					16,660		329		
061 01 OUTPAT SERVICE COST CNTRS									
061 01 EMERGENCY			247,054				81,209		

COST CENTER DESCRIPTION	NEW CRC BLDG - REHAB	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
	3.02	3.03	3.04	3.05	3.06	3.07	4
062 OUTPAT SERVICE COST CNTRS							
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY						147,527	23,152
SPEC PURPOSE COST CENTERS							
093 HOSPICE						140,985	74,165
095 SUBTOTALS	253,076	523	5,861,554	62,384	22,291	288,512	6,965,323
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			36,812				
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA							2,194
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	63,810			254,963	632,131		
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING			80,763	858			
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS	7,390						
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
098 13 HENRY COUNTY HEALTH CENTE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS			41,173				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	324,276	523	6,020,302	318,205	654,422	288,512	6,967,517

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES LD	SUBTOTAL	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	BUSINESS OFFICE
	5	6.03	6a.03	6.05	6.06	6.07	6.08
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS	1,469,819						
006 03 NONPATIENT TELEPHONES LD	8,754	317,712					
006 05 DATA PROCESSING	29,359	7,741	3,242,549	3,242,549			
006 06 PURCHASING, RECEIVING AND	7,670	6,477	1,049,070	25,963	1,075,033		
006 07 ADMINISTRATION	26,921	11,217	1,151,385	28,496	3,149	1,183,030	
006 08 BUSINESS OFFICE	19,487	5,214	1,531,057	37,892	1,805		1,570,754
006 09 OTHER ADMINISTRATIVE AND	26,709	12,007	6,089,030	150,697	2,632		
007 07 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN			104,819	2,594			
007 02 UTILITIES - MERCY			78,164	1,934			
007 03 UTILITIES - KLEIN			132,541	3,280			
007 04 UTILITIES - CANCER			23,868	591		4	
007 05 UTILITIES - REHAB			64,118	1,587			
007 06 UTILITIES - LAUNDRY			129,964	3,216			
007 07 UTILITIES - HHA/HOSPICE			23,537	583			
008 08 OPERATION OF PLANT	54,631	36,180	5,948,371	147,216	845		
008 01 OPERATION OF PLANT KLEIN	3,699		293,383	7,261	6		
008 02 OPERATION OF PLANT REHAB			37,737	934			
008 04 OPERATION OF PLANT EASTMA			77,620	1,921			
008 05 OPERATION OF PLANT MERCY			74,040	1,832			
008 06 OPERATION OF PLANT HHA/HO			33,417	827			
009 09 LAUNDRY & LINEN SERVICE	14,774		901,274	22,306	1,468		
010 01 HOUSEKEEPING-KLEIN	59,732	1,264	2,223,601	55,032	1,746		
010 04 HOUSEKEEPING-REHAB			113,723	2,815	62		
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 01 DIETARY - KLEIN	54,159	5,530	2,388,076	59,102	1,226		
012 02 CAFETERIA			478,422	11,840	539		
014 01 NURSING ADMINISTRATION-KL	43,379	12,481	4,107,673	101,661	1,631	148	193
015 01 CENTRAL SERVICES & SUPPLY	45,547	4,108	2,202,970	54,521	20,315		
016 01 PHARMACY	26,944	2,528	2,381,063	58,929	11,708		
017 01 MEDICAL RECORDS & LIBRARY	47,574	18,484	3,151,729	78,002	1,459		
018 01 SOCIAL SERVICE	10,674	3,002	737,795	18,260	178		
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN			91,293	2,259			
025 01 INPAT ROUTINE SRVC CNTRS							
025 02 ADULTS & PEDIATRICS	203,017	30,649	13,578,731	336,060	90,316	103,641	135,101
026 01 INTENSIVE CARE UNIT	31,881	5,056	2,626,727	65,009	38,748	19,459	25,366
031 01 SUBPROVIDER	11,334	948	1,021,840	25,290	944	6,080	7,926
033 01 NURSERY	5,502		469,179	11,612	2,492	4,974	6,484
034 01 SKILLED NURSING FACILITY	26,897	6,161	1,734,990	42,939	11,214	12,707	16,564
035 01 NURSING FACILITY	137,018		5,064,006	125,329	7,922		28,458
037 01 ANCILLARY SRVC COST CNTRS							
039 01 OPERATING ROOM	107,270	20,380	15,366,410	380,364	610,025	230,161	300,187
041 01 DELIVERY ROOM & LABOR ROO							
044 01 RADIOLOGY-DIAGNOSTIC	78,995	17,063	9,243,463	228,766	17,238	192,352	250,740
049 01 LABORATORY	63,349	9,953	6,775,107	167,677	27,852	110,055	143,462
049 01 RESPIRATORY THERAPY	27,015	1,580	1,618,479	40,056	2,644	34,511	44,986
050 01 PHYSICAL THERAPY	11,852	7,899	679,528	16,818	133	6,028	7,857
051 01 OCCUPATIONAL THERAPY	5,632		493,063	12,203	2	4,089	5,330
052 01 SPEECH PATHOLOGY	2,769		227,933	5,641		1,571	2,048
053 01 ELECTROCARDIOLOGY	22,691	9,953	2,859,260	70,764	130,698	80,992	105,577
055 01 MEDICAL SUPPLIES CHARGED			2,007,307	49,679		16,333	21,290
055 30 IMPL. DEV. CHARGED TO PAT			5,425,034	134,264		47,234	61,571
056 01 DRUGS CHARGED TO PATIENTS			6,358,988	157,379		109,257	142,422
058 01 ASC (NON-DIAGNOSTIC PART)							
059 01 AUDIOLOGY	2,356		312,857	7,743	32	1,682	2,193
059 01 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG	7,646	1,896	566,570	14,022	722	8,759	11,418
059 05 O/P REHAB SERVICES	36,793	19,906	2,588,291	64,058	4,044	14,839	19,344
059 06 O/P DEPENDENCY SERVICES	4,748	948	333,714	8,259	60	1,102	1,437
059 07 SPORTS FITNESS	16,023		916,361	22,679	130	2,732	3,561
059 08 LIFE CENTER	23,834		2,125,837	52,612	12,266	48,136	62,748
059 09 RECREATIONAL THERAPY	1,484		83,318	2,062	2	455	594
059 10 HEMATOLOGY/ONCOLOGY	13,926	3,002	539,411	13,350	4,026	3,901	5,085
061 01 OUTPAT SERVICE COST CNTRS							
061 02 EMERGENCY	71,820	11,533	4,709,890	116,565	54,794	100,798	131,395

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
16-0057

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/12/2010
WORKSHEET B
PART I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TELEPHONE	SUBTOTAL	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	BUSINESS OFFICE
	5	6.03		6a.03	6.05	6.06	6.07	6.08
062 OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	37,123	6,951		2,462,033	60,933	3,048	7,474	9,742
093 HOSPICE	32,281	1,580		2,971,410	73,539	3,505	13,265	17,291
095 SUBTOTALS	1,463,269	281,691		132,022,026	3,187,223	1,071,630	1,182,735	1,570,370
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				36,812	911			
096 01 MEALS ON WHEELS								
096 02 OVERNIGHT ROOM								
096 03 SALES TO OUTSIDE ORGANIZATION RESEARCH				12,828	317	456		
098 PHYSICIANS' PRIVATE OFFICE		26,226		977,130	24,183			
098 01 WELLNESS PROGRAM	789			51,689	1,279	68	212	276
098 02 EMPLOYEE WELLNESS PROGRAM								
098 03 ADVERTISING				617,451	15,281			
098 04 PARKING RAMP								
098 05 PHYSICIANS' PRIVATE OFFICE						2,732		
098 06 RENAL DIALYSIS								
098 07 IDLE SPACE								
098 08 AMERICAN PROSTHETICS				7,390	183			
098 09 OUTREACH REHAB	5,266			427,765	10,587		83	108
098 10 DAY CARE DEPT	495			495	12			
098 11 GRMC HELICOPTER HANGER								
098 12 SWITCHBOARD				53,014	1,312			
098 13 HENRY COUNTY HEALTH CENTER NONPAID WORKERS				29,670,054				
100 OTHER NONREIMBURSABLE COSTS		9,795		50,968	1,261	147		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	1,469,819	317,712		163,927,622	3,242,549	1,075,033	1,183,030	1,570,754

COST CENTER DESCRIPTION	SUBTOTAL 6a. 08	OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS 6. 09	UTILITIES - EASTMAN 7	UTILITIES - MERCY 7. 01	UTILITIES - KLEIN 7. 02	UTILITIES - CANCER 7. 03	UTILITIES - EASTMAN 7. 04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
001 03 OLD CAP BLDG - CANCER CEN							
001 03 OLD CAP REL COSTS-BLDG &							
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 ADMINITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND	6,242,359	6,242,359					
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN	107,413	4,252		111,665			
007 02 UTILITIES - MERCY	80,098	3,171			83,269		
007 03 UTILITIES - KLEIN	135,821	5,377				141,198	
007 04 UTILITIES - CANCER	24,463	968					25,431
007 05 UTILITIES - REHAB	65,705	2,601					
007 06 UTILITIES - LAUNDRY	133,180	5,272					
007 07 UTILITIES - HHA/HOSPICE	24,120	955					
008 OPERATION OF PLANT	6,096,432	241,339					
008 01 OPERATION OF PLANT KLEIN	300,650	11,902					
008 02 OPERATION OF PLANT REHAB	38,671	1,531					
008 04 OPERATION OF PLANT EASTMA	79,541	3,149					
008 05 OPERATION OF PLANT MERCY	75,872	3,004					
008 06 OPERATION OF PLANT HHA/HO	34,244	1,356					
009 LAUNDRY & LINEN SERVICE	925,048	36,620					
010 HOUSEKEEPING	2,280,379	90,273					
010 01 HOUSEKEEPING-KLEIN	116,600	4,616					
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY	2,448,404	96,925					
011 01 DIETARY - KLEIN	490,801	19,429					
012 CAFETERIA							
014 NURSING ADMINISTRATION	4,211,306	166,713			1,352		
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY	2,277,806	90,172					
016 PHARMACY	2,451,700	97,055					
017 MEDICAL RECORDS & LIBRARY	3,231,190	127,913					
018 SOCIAL SERVICE	756,233	29,937					
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN	93,552	3,703					
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,243,849	563,871			98		
026 INTENSIVE CARE UNIT	2,775,309	109,866			98		
031 SUBPROVIDER	1,062,080	42,045					
033 NURSERY	494,741	19,585					
034 SKILLED NURSING FACILITY	1,818,414	71,986			98		
035 NURSING FACILITY	5,225,715	206,870				141,198	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	16,887,147	668,511			98		
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC	9,932,559	393,200					25,431
044 LABORATORY	7,224,153	285,983			301		
049 RESPIRATORY THERAPY	1,740,676	68,908					
050 PHYSICAL THERAPY	710,364	28,121					
051 OCCUPATIONAL THERAPY	514,687	20,375					
052 SPEECH PATHOLOGY	237,193	9,390					
053 ELECTROCARDIOLOGY	3,247,291	128,551					
055 MEDICAL SUPPLIES CHARGED	2,094,609	82,919					
055 30 IMPL. DEV. CHARGED TO PAT	5,668,103	224,383					
056 DRUGS CHARGED TO PATIENTS	6,768,046	267,927					
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY	324,507	12,846					
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG	601,491	23,811					
059 05 O/P REHAB SERVICES	2,690,576	106,512					
059 06 O/P DEPENDENCY SERVICES	344,572	13,641					
059 07 SPORTS FITNESS	945,463	37,428					
059 08 LIFE CENTER	2,301,599	91,113			120		
059 09 RECREATIONAL THERAPY	86,431	3,422					
059 10 HEMATOLOGY/ONCOLOGY	565,773	22,397			4,959		
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	5,113,442	202,426					

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 6a.08	OTHER ADMINISTRATIVE AND 6.09	MAINTENANCE & REPAIRS 7	UTILITIES - ELECTRICITY 7.01	UTILITIES - WATER 7.02	UTILITIES - TELEPHONE 7.03	UTILITIES - CANCELS 7.04
062 OUTPAT SERVICE COST CNTRS							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	2,543,230	100,679					
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE	3,079,010	121,889					
095 SUBTOTALS	131,962,618	4,976,888			7,124	141,198	25,431
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	37,723	1,493					
096 02 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA	13,601	538					
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	1,001,313	39,639		111,665	75,890		
098 01 WELLNESS PROGRAM	53,524	2,119					
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING	632,732	25,048			255		
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC	2,732	108					
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS	7,573	300					
098 09 OUTREACH REHAB	438,543	17,361					
098 10 DAY CARE DEPT	507	20					
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD	54,326	2,151					
098 13 HENRY COUNTY HEALTH CENTE	29,670,054	1,174,621					
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	52,376	2,073					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	163,927,622	6,242,359		111,665	83,269	141,198	25,431

Health Financial Systems		MCRIF32	FOR GREAT RIVER MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(7/2009)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO:	PERIOD:	PREPARED 11/12/2010	
					16-0057	FROM 7/1/2009	WORKSHEET B	
						TO 6/30/2010	PART I	
COST CENTER DESCRIPTION		UTILITIES - EHAH	UTILITIES - LAUNDRY	UTILITIES - HA/HOSPICE	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT REHAB	OPERATION OF PLANT EASTMA
		7.05	7.06	7.07	8	8.01	8.02	8.04
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP BLDG - KLEIN							
001	03 OLD CAP BLDG - CANCER CEN							
002	03 OLD CAP REL COSTS-BLDG &							
002	02 OLD CAP REL COSTS-MVBLE E							
003	03 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 ADMINISTRATION							
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	68,306						
007	06 UTILITIES - LAUNDRY		138,452					
007	07 UTILITIES - HHA/HOSPICE			25,075				
008	OPERATION OF PLANT				6,337,771			
008	01 OPERATION OF PLANT KLEIN					312,552		
008	02 OPERATION OF PLANT REHAB						40,202	
008	04 OPERATION OF PLANT EASTMA							82,690
008	05 OPERATION OF PLANT MERCY							
008	06 OPERATION OF PLANT HHA/HO							
009	LAUNDRY & LINEN SERVICE		138,452		101,759			
010	HOUSEKEEPING							
010	01 HOUSEKEEPING-KLEIN							
010	04 HOUSEKEEPING-REHAB							
010	05 HOUSEKEEPING-EASTMAN							
010	06 HOUSEKEEPING-MERCY							
011	DIETARY				316,752			
011	01 DIETARY - KLEIN							
012	CAFETERIA							
014	NURSING ADMINISTRATION				98,376			
014	01 NURSING ADMINISTRATION-KL							
015	CENTRAL SERVICES & SUPPLY				227,743			
016	PHARMACY				64,897			
017	MEDICAL RECORDS & LIBRARY				175,866			
018	SOCIAL SERVICE							
018	01 RECREATION THERAPY GRMC							
018	02 RECREATION THERAPY KLEIN							
025	ADULTS & PEDIATRICS				803,297			
026	INTENSIVE CARE UNIT				229,648			
031	SUBPROVIDER				344,965			
033	NURSERY							
034	SKILLED NURSING FACILITY				166,365			
035	NURSING FACILITY					312,552		
037	ANCILLARY SRVC COST CNTRS							
039	OPERATING ROOM				1,954,047			
041	DELIVERY ROOM & LABOR ROO							
044	RADIOLOGY-DIAGNOSTIC				613,313			
049	LABORATORY				234,533			
050	RESPIRATORY THERAPY				82,241			
051	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY				296,068			
055	MEDICAL SUPPLIES CHARGED							
055	30 IMPL. DEV. CHARGED TO PAT							
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				52,258			
059	05 O/P REHAB SERVICES	26,842					15,799	
059	06 O/P DEPENDENCY SERVICES				81,345			
059	07 SPORTS FITNESS	8,788					5,172	
059	08 LIFE CENTER	11,293					6,646	
059	09 RECREATIONAL THERAPY							
059	10 HEMATOLOGY/ONCOLOGY							
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY				300,931			

COST CENTER DESCRIPTION	UTILITIES - R	UTILITIES - L	UTILITIES - H	OPERATION OF	OPERATION OF	OPERATION OF	OPERATION OF
	EHAB	AUNDRY	HA/HOSPICE	PLANT	PLANT KLEIN	PLANT REHAB	PLANT EASTMA
	7.05	7.06	7.07	8	8.01	8.02	8.04
062 OUTPAT SERVICE COST CNTRS							
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY			12,822				
SPEC PURPOSE COST CENTERS							
093 HOSPICE			12,253				
095 SUBTOTALS	46,923	138,452	25,075	6,144,404	312,552	27,617	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				44,840			
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	19,164					11,279	82,690
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING				98,376			
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS	2,219					1,306	
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
098 13 HENRY COUNTY HEALTH CENTE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS				50,151			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	68,306	138,452	25,075	6,337,771	312,552	40,202	82,690

COST CENTER DESCRIPTION	OPERATION OF PLANT MERCY	OPERATION OF PLANT HHA/HO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-KLEIN	HOUSEKEEPING-REHAB	HOUSEKEEPING-EASTMAN
	8.05	8.06	9	10	10.01	10.04	10.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINISTRATION							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 07 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 01 OPERATION OF PLANT							
008 02 OPERATION OF PLANT KLEIN							
008 04 OPERATION OF PLANT REHAB							
008 05 OPERATION OF PLANT EASTMAN							
008 06 OPERATION OF PLANT MERCY	78,876						
008 07 OPERATION OF PLANT HHA/HO		35,600					
009 09 LAUNDRY & LINEN SERVICE			1,201,879				
010 01 HOUSEKEEPING				2,370,652			
010 04 HOUSEKEEPING-KLEIN					121,216		
010 05 HOUSEKEEPING-REHAB							
010 06 HOUSEKEEPING-EASTMAN							
011 01 DIETARY				30,161			
011 02 DIETARY - KLEIN							
012 02 CAFETERIA							
014 01 NURSING ADMINISTRATION	1,281			2,711			
014 02 NURSING ADMINISTRATION-KL							
015 05 CENTRAL SERVICES & SUPPLY			5,954	32,533			
016 06 PHARMACY				47,782			
017 07 MEDICAL RECORDS & LIBRARY				10,166			
018 08 SOCIAL SERVICE				5,422			
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 05 INPAT ROUTINE SRVC CNTRS							
026 03 ADULTS & PEDIATRICS	93		336,595	897,870			
031 04 INTENSIVE CARE UNIT	93		40,976	126,064			
033 05 SUBPROVIDER			13,023	5,083			
034 06 NURSERY			6,067	5,930			
035 07 SKILLED NURSING FACILITY	93		53,344	327,699			
037 08 NURSING FACILITY			120,254		121,216		
039 09 ANCILLARY SRVC COST CNTRS							
041 01 OPERATING ROOM	93		229,296	329,733			
044 02 DELIVERY ROOM & LABOR ROOM							
049 03 RADIOLOGY-DIAGNOSTIC			69,949	88,109			
050 04 LABORATORY	285		451	33,549			
051 05 RESPIRATORY THERAPY			153	8,811			
052 06 PHYSICAL THERAPY			115				
053 07 OCCUPATIONAL THERAPY							
055 08 SPEECH PATHOLOGY							
056 09 ELECTROCARDIOLOGY			18,773				
058 10 MEDICAL SUPPLIES CHARGED							
059 01 IMPL. DEV. CHARGED TO PAT							
059 02 DRUGS CHARGED TO PATIENTS							
059 03 ASC (NON-DISTINCT PART)							
059 04 AUDIOLOGY							
059 05 01 CARDIAC REHAB							
059 06 02 WORKFITNESS							
059 07 03 PSYCH/PSYCHOLOGICAL							
059 08 04 EMG & EEG			2,922				
059 09 05 O/P REHAB SERVICES			34,500	182,997			
059 10 06 O/P DEPENDENCY SERVICES				10,675			
059 11 07 SPORTS FITNESS			23,484				
059 12 08 LIFE CENTER	114		4,409	36,769			
059 13 09 RECREATIONAL THERAPY							
059 14 10 HEMATOLOGY/ONCOLOGY	4,697		851				
061 05 OUTPAT SERVICE COST CNTRS							
061 06 EMERGENCY			93,820	158,089			

COST CENTER DESCRIPTION	OPERATION OF	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	HOUSEKEEPING-	HOUSEKEEPING-	HOUSEKEEPING-
	PLANT MERCY	PLANT HHA/HO	EN SERVICE		KLEIN	REHAB	EASTMAN
	8.05	8.06	9	10	10.01	10.04	10.05
062 OUTPAT SERVICE COST CNTRS							
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		18,204		30,499			
SPEC PURPOSE COST CENTERS							
093 HOSPICE		17,396	7,487				
095 SUBTOTALS	6,749	35,600	1,062,423	2,370,652	121,216		
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	71,885						
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING	242						
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							
098 13 HENRY COUNTY HEALTH CENTE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS			139,456				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	78,876	35,600	1,201,879	2,370,652	121,216		

COST CENTER DESCRIPTION	HOUSEKEEPING- DIETARY MERCY		DIETARY - KLE CAFETERIA IN		NURSING ADMINISTRATION	NURSING ADMINISTRATION-KL	CENTRAL SERVICES & SUPPLY
	10.06	11	11.01	12	14	14.01	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER CEN							
001 03 OLD CAP REL COSTS-BLDG &							
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 ADMINISTRATION							
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		2,892,242					
011 01 DIETARY - KLEIN			510,230				
012 CAFETERIA		1,887,056		1,887,056			
014 NURSING ADMINISTRATION				70,330	4,552,069		
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY				73,845	317,412		3,025,465
016 PHARMACY				43,684			34,073
017 MEDICAL RECORDS & LIBRARY				77,130	331,463		4,245
018 SOCIAL SERVICE				17,306	74,355		519
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		598,509		329,147	1,414,653		262,838
026 INTENSIVE CARE UNIT		39,642		51,688	222,177		112,764
031 SUBPROVIDER		42,924		18,375	78,969		2,746
033 NURSERY				8,920	38,364		7,251
034 SKILLED NURSING FACILITY		122,022	510,230	43,608	187,461		32,636
035 NURSING FACILITY				222,146			23,053
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				173,916	747,491		1,775,300
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC				128,073			50,165
044 LABORATORY				102,707			81,056
049 RESPIRATORY THERAPY				43,799			7,695
050 PHYSICAL THERAPY				19,216			388
051 OCCUPATIONAL THERAPY				9,130			6
052 SPEECH PATHOLOGY				4,489			
053 ELECTROCARDIOLOGY				36,789	155,606		380,357
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY				3,820			94
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG				12,397			2,101
059 05 O/P REHAB SERVICES				59,653			11,770
059 06 O/P DEPENDENCY SERVICES				7,698			175
059 07 SPORTS FITNESS				25,978			379
059 08 LIFE CENTER				38,642			35,696
059 09 RECREATIONAL THERAPY				2,407			5
059 10 HEMATOLOGY/ONCOLOGY				22,578			11,717
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				116,440	500,456		159,462

COST CENTER DESCRIPTION	HOUSEKEEPING- DIETARY MERCY	DIETARY - KLE CAFETERIA IN	NURSING ADMINISTRATION	NURSING ADMINISTRATION-KL	CENTRAL SERVICES & SUPPLY		
	10.06	11	11.01	12	14	14.01	15
062 OUTPAT SERVICE COST CNTRS							
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				60,188	258,698		8,872
SPEC PURPOSE COST CENTERS							
093 HOSPICE				52,337	224,964		10,199
095 SUBTOTALS		2,690,153	510,230	1,876,436	4,552,069		3,015,562
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 MEALS ON WHEELS		202,089					
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA							1,326
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WELLNESS PROGRAM				1,280			197
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING							
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							7,952
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							
098 09 OUTREACH REHAB				8,538			
098 10 DAY CARE DEPT				802			
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
098 13 HENRY COUNTY HEALTH CENTE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							428
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		2,892,242	510,230	1,887,056	4,552,069		3,025,465

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RECREATION THERAPY GRMC	RECREATION THERAPY KLEIN	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	16	17	18	18.01	18.02	25	
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG & OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER CEN							
001 03 OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E							
002 03 NEW CAP REL COSTS-BLDG & 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 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINITTING							
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	2,739,191						
017 MEDICAL RECORDS & LIBRARY		3,957,973					
018 SOCIAL SERVICE			883,772				
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN					97,255		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	798	340,474	609,615			20,401,707	
026 INTENSIVE CARE UNIT	3	63,925	52,058			3,824,311	
031 SUBPROVIDER		19,975	71,033			1,701,218	
033 NURSERY	63	16,341				597,262	
034 SKILLED NURSING FACILITY	2	41,743	144,498			3,520,199	
035 NURSING FACILITY	8,120	71,718			97,255	6,550,097	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	77,535	756,458	973			23,600,598	
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC	25,140	631,899				11,957,838	
044 LABORATORY	1,573	361,543				8,326,134	
049 RESPIRATORY THERAPY	41	113,371				2,065,695	
050 PHYSICAL THERAPY		19,801				778,005	
051 OCCUPATIONAL THERAPY		13,433				557,631	
052 SPEECH PATHOLOGY		5,160				256,232	
053 ELECTROCARDIOLOGY	63,143	266,069				4,592,647	
055 MEDICAL SUPPLIES CHARGED		53,655				2,231,183	
055 30 IMPL. DEV. CHARGED TO PAT		155,168				6,047,654	
056 DRUGS CHARGED TO PATIENTS	2,470,749	358,922				9,865,644	
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY		5,527				346,794	
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG		28,774				723,754	
059 05 O/P REHAB SERVICES	568	48,749				3,177,966	
059 06 O/P DEPENDENCY SERVICES		3,621				461,727	
059 07 SPORTS FITNESS	5	8,973				1,055,670	
059 08 LIFE CENTER	11,456	158,133				2,695,990	
059 09 RECREATIONAL THERAPY		1,496				93,761	
059 10 HEMATOLOGY/ONCOLOGY		12,814				645,786	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	386	331,133	5,595			6,982,180	

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	RECREATION ERAPY GRMC 18.01	RECREATION ERAPY KLEIN 18.02	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
062 OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	624	24,552				3,058,368	
093 HOSPICE	78,985	43,576				3,648,096	
095 SUBTOTALS	2,739,191	3,957,003	883,772		97,255	129,764,147	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						84,056	
096 01 MEALS ON WHEELS						202,089	
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZATION						15,465	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE						1,413,525	
098 01 WELLNESS PROGRAM		697				57,817	
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING						756,653	
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFICE						10,792	
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS						11,398	
098 09 OUTREACH REHAB		273				464,715	
098 10 DAY CARE DEPT						1,329	
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD						56,477	
098 13 HENRY COUNTY HEALTH CENTER						30,844,675	
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS						244,484	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,739,191	3,957,973	883,772		97,255	163,927,622	

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
001 01 OLD CAP REL COSTS-BLDG &	
001 02 OLD CAP BLDG - KLEIN	
001 03 OLD CAP REL COSTS-BLDG &	
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 ADMINITTING	
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	20,401,707
026 INTENSIVE CARE UNIT	3,824,311
031 SUBPROVIDER	1,701,218
033 NURSERY	597,262
034 SKILLED NURSING FACILITY	3,520,199
035 NURSING FACILITY	6,550,097
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	23,600,598
039 DELIVERY ROOM & LABOR ROO	
041 RADIOLOGY-DIAGNOSTIC	11,957,838
044 LABORATORY	8,326,134
049 RESPIRATORY THERAPY	2,065,695
050 PHYSICAL THERAPY	778,005
051 OCCUPATIONAL THERAPY	557,631
052 SPEECH PATHOLOGY	256,232
053 ELECTROCARDIOLOGY	4,592,647
055 MEDICAL SUPPLIES CHARGED	2,231,183
055 30 IMPL. DEV. CHARGED TO PAT	6,047,654
056 DRUGS CHARGED TO PATIENTS	9,865,644
058 ASC (NON-DISTINCT PART)	
059 AUDIOLOGY	346,794
059 01 CARDIAC REHAB	
059 02 WORKFITNESS	
059 03 PSYCH/PSYCHOLOGICAL	
059 04 EMG & EEG	723,754
059 05 O/P REHAB SERVICES	3,177,966
059 06 O/P DEPENDENCY SERVICES	461,727
059 07 SPORTS FITNESS	1,055,670
059 08 LIFE CENTER	2,695,990
059 09 RECREATIONAL THERAPY	93,761
059 10 HEMATOLOGY/ONCOLOGY	645,786
OUTPAT SERVICE COST CNTRS	
061 EMERGENCY	6,982,180

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL
		27
062	OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	3,058,368
093	HOSPICE	3,648,096
095	SUBTOTALS	129,764,147
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	84,056
096 01	MEALS ON WHEELS	202,089
096 02	OVERNIGHT ROOM	
096 03	SALES TO OUTSIDE ORGANIZA RESEARCH	15,465
098	PHYSICIANS' PRIVATE OFFIC	1,413,525
098 01	WELLNESS PROGRAM	57,817
098 02	EMPLOYEE WELLNESS PROGRAM	
098 03	ADVERTISING	756,653
098 04	PARKING RAMP	
098 05	PHYSICIANS' PRIVATE OFFIC	10,792
098 06	RENAL DIALYSIS	
098 07	IDLE SPACE	
098 08	AMERICAN PROSTHETICS	11,398
098 09	OUTREACH REHAB	464,715
098 10	DAY CARE DEPT	1,329
098 11	GRMC HELICOPTER HANGER	
098 12	SWITCHBOARD	56,477
098 13	HENRY COUNTY HEALTH CENTE	30,844,675
099	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	244,484
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	163,927,622

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & - KLEIN	OLD CAP BLDG - KLEIN	OLD CAP BLDG - CANCER CEN	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	1.02	1.03	2	3
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINISTRATION							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 05 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 05 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 05 LAUNDRY & LINEN SERVICE							
010 05 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 05 DIETARY							
011 01 DIETARY - KLEIN							
012 05 CAFETERIA							
014 05 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 05 CENTRAL SERVICES & SUPPLY							
016 05 PHARMACY							
017 05 MEDICAL RECORDS & LIBRARY							
018 05 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 05 INPAT ROUTINE SRVC CNTRS							
026 05 ADULTS & PEDIATRICS							
031 05 INTENSIVE CARE UNIT							
033 05 SUBPROVIDER							
034 05 NURSERY							
035 05 SKILLED NURSING FACILITY			108,628				
037 05 ANCILLARY SRVC COST CNTRS							
039 05 OPERATING ROOM							
041 05 DELIVERY ROOM & LABOR ROO							
044 05 RADIOLOGY-DIAGNOSTIC				6,384			
049 05 LABORATORY							
050 05 RESPIRATORY THERAPY							
051 05 PHYSICAL THERAPY							
052 05 OCCUPATIONAL THERAPY							
053 05 SPEECH PATHOLOGY							
055 05 ELECTROCARDIOLOGY							
055 05 MEDICAL SUPPLIES CHARGED							
056 30 IMPL. DEV. CHARGED TO PAT							
058 05 DRUGS CHARGED TO PATIENTS							
059 05 ASC (NON-DISTINCT PART)							
059 05 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							
059 10 HEMATOLOGY/ONCOLOGY							
061 05 OUTPAT SERVICE COST CNTRS							
061 05 EMERGENCY							

ALLOCATION OF OLD CAPITAL RELATED COSTS

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-BLDG & - MVBLE E	NEW CAP REL C OSTS-BLDG &		
	0	1	1.01	1.02	1.03	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		108,628	6,384			
	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						
098	13 HENRY COUNTY HEALTH CENTE						
099	NONPAID WORKERS						
100	OTHER NONREIMBURSABLE COS						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL		108,628	6,384			

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CRC BLDG - REHAB	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPIC	NEW CAP REL COSTS-MVBLE E
	3.02	3.03	3.04	3.05	3.06	3.07	4
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINISTRATION							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 05 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 05 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 05 LAUNDRY & LINEN SERVICE							
010 05 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 05 DIETARY							
011 01 DIETARY - KLEIN							
012 05 CAFETERIA							
014 05 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 05 CENTRAL SERVICES & SUPPLY							
016 05 PHARMACY							
017 05 MEDICAL RECORDS & LIBRARY							
018 05 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 05 INPAT ROUTINE SRVC CNTRS							
026 05 ADULTS & PEDIATRICS							
031 05 INTENSIVE CARE UNIT							
033 05 SUBPROVIDER							
034 05 NURSERY							
035 05 SKILLED NURSING FACILITY							
037 05 NURSING FACILITY							
039 05 ANCILLARY SRVC COST CNTRS							
041 05 OPERATING ROOM							
044 05 DELIVERY ROOM & LABOR ROO							
049 05 RADIOLOGY-DIAGNOSTIC							
050 05 LABORATORY							
051 05 RESPIRATORY THERAPY							
052 05 PHYSICAL THERAPY							
053 05 OCCUPATIONAL THERAPY							
055 05 SPEECH PATHOLOGY							
056 05 ELECTROCARDIOLOGY							
058 05 MEDICAL SUPPLIES CHARGED							
059 30 IMPL. DEV. CHARGED TO PAT							
059 05 DRUGS CHARGED TO PATIENTS							
059 05 ASC (NON-DISTINCT PART)							
059 05 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							
059 10 HEMATOLOGY/ONCOLOGY							
061 05 OUTPAT SERVICE COST CNTRS							
061 05 EMERGENCY							

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NEW CRC BLDG - REHAB	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
	3.02	3.03	3.04	3.05	3.06	3.07	4
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							
098 13 HENRY COUNTY HEALTH CENTE							
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	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	BUSINESS OFFICE
	4a	5	6.03	6.05	6.06	6.07	6.08
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINISTRATION							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 07 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 08 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 09 LAUNDRY & LINEN SERVICE							
010 10 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 11 DIETARY							
011 01 DIETARY - KLEIN							
012 12 CAFETERIA							
014 14 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 15 CENTRAL SERVICES & SUPPLY							
016 16 PHARMACY							
017 17 MEDICAL RECORDS & LIBRARY							
018 18 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 25 INPAT ROUTINE SRVC CNTRS							
026 26 ADULTS & PEDIATRICS							
031 31 INTENSIVE CARE UNIT							
033 33 SUBPROVIDER							
034 34 NURSERY							
035 35 SKILLED NURSING FACILITY	108,628						
037 37 NURSING FACILITY							
039 39 ANCILLARY SRVC COST CNTRS							
041 41 OPERATING ROOM							
044 44 DELIVERY ROOM & LABOR ROO	6,384						
049 49 RADIOLOGY-DIAGNOSTIC							
050 50 LABORATORY							
051 51 RESPIRATORY THERAPY							
052 52 PHYSICAL THERAPY							
053 53 OCCUPATIONAL THERAPY							
055 55 SPEECH PATHOLOGY							
055 30 ELECROCARDIOLOGY							
056 56 MEDICAL SUPPLIES CHARGED							
058 58 IMPL. DEV. CHARGED TO PAT							
059 59 DRUGS CHARGED TO PATIENTS							
059 01 ASC (NON-DISTINCT PART)							
059 02 AUDIOLOGY							
059 03 CARDIAC REHAB							
059 04 WORKFITNESS							
059 05 PSYCH/PSYCHOLOGICAL							
059 06 EMG & EEG							
059 07 O/P REHAB SERVICES							
059 08 O/P DEPENDENCY SERVICES							
059 09 SPORTS FITNESS							
059 10 LIFE CENTER							
059 01 RECREATIONAL THERAPY							
059 02 HEMATOLOGY/ONCOLOGY							
061 61 OUTPAT SERVICE COST CNTRS							
061 61 EMERGENCY							

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COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	BUSINESS OFFICE
	4a	5	6.03	6.05	6.06	6.07	6.08
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	115,012						
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							
098 13 HENRY COUNTY HEALTH CENTE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	115,012						

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COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	UTILITIES - EASTMAN	UTILITIES - MERCY	UTILITIES - KLEIN	UTILITIES - CANCER	UTILITIES - REHAB
	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							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINISTRATION							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATION							
007 07 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 08 OPERATION OF PLANT							
008 01 OPERATION OF PLANT KLEIN							
008 02 OPERATION OF PLANT REHAB							
008 04 OPERATION OF PLANT EASTMAN							
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 09 LAUNDRY & LINEN SERVICE							
010 01 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 01 DIETARY							
011 01 DIETARY - KLEIN							
012 02 CAFETERIA							
014 01 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 01 CENTRAL SERVICES & SUPPLY							
016 01 PHARMACY							
017 01 MEDICAL RECORDS & LIBRARY							
018 01 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 01 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS							
031 01 INTENSIVE CARE UNIT							
033 01 SUBPROVIDER							
034 01 NURSERY							
035 01 SKILLED NURSING FACILITY							
037 01 ANCILLARY SRVC COST CNTRS							
039 01 OPERATING ROOM							
041 01 DELIVERY ROOM & LABOR ROOM							
044 01 RADIOLOGY-DIAGNOSTIC							
049 01 LABORATORY							
050 01 RESPIRATORY THERAPY							
051 01 PHYSICAL THERAPY							
052 01 OCCUPATIONAL THERAPY							
053 01 SPEECH PATHOLOGY							
055 01 ELECTROCARDIOLOGY							
055 01 MEDICAL SUPPLIES CHARGED							
056 30 IMPL. DEV. CHARGED TO PAT							
058 01 DRUGS CHARGED TO PATIENTS							
059 01 ASC (NON-DISTINCT PART)							
059 01 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							
059 10 HEMATOLOGY/ONCOLOGY							
061 01 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY							

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	UTILITIES - E	UTILITIES - M	UTILITIES - K	UTILITIES - C	UTILITIES - 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							
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							
098 13 HENRY COUNTY HEALTH CENTE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL							

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	UTILITIES - LAUNDRY	UTILITIES - HHA/HOSPICE	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT REHAB	OPERATION OF PLANT EASTMAN	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						
001	03 OLD CAP BLDG - CANCER CEN						
002	03 OLD CAP REL COSTS-BLDG &						
002	02 OLD CAP REL COSTS-MVBLE E						
003	03 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 ADMINISTRATION						
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 EASTMAN						
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						
025	ADULTS & PEDIATRICS						
026	INTENSIVE CARE UNIT						
031	SUBPROVIDER						
033	NURSERY						
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS						
039	OPERATING ROOM						
041	DELIVERY ROOM & LABOR ROO						
044	RADIOLOGY-DIAGNOSTIC						
044	LABORATORY						
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY						
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
055	MEDICAL SUPPLIES CHARGED						
055	30 IMPL. DEV. CHARGED TO PAT						
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						
059	10 HEMATOLOGY/ONCOLOGY						
061	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY						

	UTILITIES - LAUNDRY	UTILITIES - 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						
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						
098	13 HENRY COUNTY HEALTH CENTE						
099	NONPAID WORKERS						
100	OTHER NONREIMBURSABLE COS						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL						

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COST CENTER DESCRIPTION	OPERATION OF PLANT HHA/HO	LAUNDRY & LINEN 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							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINISTRATION							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 07 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 01 OPERATION OF PLANT							
008 02 OPERATION OF PLANT KLEIN							
008 04 OPERATION OF PLANT REHAB							
008 05 OPERATION OF PLANT EASTMA							
008 06 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HO							
009 09 LAUNDRY & LINEN SERVICE							
010 01 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 01 DIETARY							
011 01 DIETARY - KLEIN							
012 01 CAFETERIA							
014 01 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 01 CENTRAL SERVICES & SUPPLY							
016 01 PHARMACY							
017 01 MEDICAL RECORDS & LIBRARY							
018 01 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 01 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS							
031 01 INTENSIVE CARE UNIT							
033 01 SUBPROVIDER							
034 01 NURSERY							
035 01 SKILLED NURSING FACILITY							
037 01 NURSING FACILITY							
039 01 ANCILLARY SRVC COST CNTRS							
041 01 OPERATING ROOM							
044 01 DELIVERY ROOM & LABOR ROO							
049 01 RADIOLOGY-DIAGNOSTIC							
050 01 LABORATORY							
051 01 RESPIRATORY THERAPY							
052 01 PHYSICAL THERAPY							
053 01 OCCUPATIONAL THERAPY							
055 01 SPEECH PATHOLOGY							
055 01 ELECTROCARDIOLOGY							
055 01 MEDICAL SUPPLIES CHARGED							
056 30 IMPL. DEV. CHARGED TO PAT							
058 01 DRUGS CHARGED TO PATIENTS							
059 01 ASC (NON-DISTINCT PART)							
059 01 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							
059 10 HEMATOLOGY/ONCOLOGY							
061 01 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY							

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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							
071							
093							
095							
096							
096 01							
096 02							
096 03							
097							
098							
098 01							
098 02							
098 03							
098 04							
098 05							
098 06							
098 07							
098 08							
098 09							
098 10							
098 11							
098 12							
098 13							
099							
100							
101							
102							
103							

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COST CENTER DESCRIPTION	DIETARY	DIETARY - KLE CAFETERIA IN		NURSING ADMINISTRATION	NURSING ADMINISTRATION-KL	CENTRAL SERVICES & SUPPLY	PHARMACY
	11	11.01	12	14	14.01	15	16
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINISTRATION							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 07 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 08 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 09 LAUNDRY & LINEN SERVICE							
010 10 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 11 DIETARY							
011 01 DIETARY - KLEIN							
012 12 CAFETERIA							
014 14 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 15 CENTRAL SERVICES & SUPPLY							
016 16 PHARMACY							
017 17 MEDICAL RECORDS & LIBRARY							
018 18 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 25 INPAT ROUTINE SRVC CNTRS							
026 26 ADULTS & PEDIATRICS							
031 31 INTENSIVE CARE UNIT							
033 33 SUBPROVIDER							
034 34 NURSERY							
035 35 SKILLED NURSING FACILITY							
037 37 NURSING FACILITY							
039 39 ANCILLARY SRVC COST CNTRS							
041 41 OPERATING ROOM							
044 44 DELIVERY ROOM & LABOR ROO							
049 49 RADIOLOGY-DIAGNOSTIC							
050 50 LABORATORY							
051 51 RESPIRATORY THERAPY							
052 52 PHYSICAL THERAPY							
053 53 OCCUPATIONAL THERAPY							
055 55 SPEECH PATHOLOGY							
055 30 ELECROCARDIOLOGY							
056 56 MEDICAL SUPPLIES CHARGED							
058 58 IMPL. DEV. CHARGED TO PAT							
059 59 DRUGS CHARGED TO PATIENTS							
059 01 ASC (NON-DISTINCT PART)							
059 02 AUDIOLOGY							
059 03 CARDIAC REHAB							
059 04 WORKFITNESS							
059 05 PSYCH/PSYCHOLOGICAL							
059 06 EMG & EEG							
059 07 O/P REHAB SERVICES							
059 08 O/P DEPENDENCY SERVICES							
059 09 SPORTS FITNESS							
059 10 LIFE CENTER							
059 01 RECREATIONAL THERAPY							
061 61 HEMATOLOGY/ONCOLOGY							
061 61 OUTPAT SERVICE COST CNTRS							
061 61 EMERGENCY							

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COST CENTER DESCRIPTION	DIETARY	DIETARY - KLE CAFETERIA IN	NURSING ADMINISTRATION	NURSING ADMINISTRATION-KL	CENTRAL SERVICES & 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							
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							
098 13 HENRY COUNTY HEALTH CENTE							
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	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	RECREATION THERAPY GRMC	RECREATION THERAPY KLEIN	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	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						115,012		115,012
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								
098 13 HENRY COUNTY HEALTH CENTE								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL						115,012		115,012

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
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 PREPARED 11/12/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP BLDG - KLEIN	OLD CAP BLDG - CANCER CEN	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	1.02	1.03	2	3
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 07 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 08 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 09 LAUNDRY & LINEN SERVICE							
010 01 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 01 DIETARY							
011 01 DIETARY - KLEIN							
012 02 CAFETERIA							
014 01 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 01 CENTRAL SERVICES & SUPPLY							
016 01 PHARMACY							
017 01 MEDICAL RECORDS & LIBRARY							
018 01 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 01 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS							
031 01 INTENSIVE CARE UNIT							
033 01 SUBPROVIDER							
034 01 NURSERY							
035 01 SKILLED NURSING FACILITY							
037 01 NURSING FACILITY							
039 01 ANCILLARY SRVC COST CNTRS							
041 01 OPERATING ROOM							
044 01 DELIVERY ROOM & LABOR ROO							
049 01 RADIOLOGY-DIAGNOSTIC							
050 01 LABORATORY							
051 01 RESPIRATORY THERAPY							
052 01 PHYSICAL THERAPY							
053 01 OCCUPATIONAL THERAPY							
055 01 SPEECH PATHOLOGY							
055 01 ELECTROCARDIOLOGY							
055 01 MEDICAL SUPPLIES CHARGED							
056 30 IMPL. DEV. CHARGED TO PAT							
058 01 DRUGS CHARGED TO PATIENTS							
059 01 ASC (NON-DISTINCT PART)							
059 01 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							
059 10 HEMATOLOGY/ONCOLOGY							
061 01 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

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-BLDG & - MVBLE E	NEW CAP REL C OSTS-BLDG &		
	0	1	1.01	1.02	1.03	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						
	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						
098	13 HENRY COUNTY HEALTH CENTE						
099	NONPAID WORKERS						
100	OTHER NONREIMBURSABLE COS						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL						

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0057
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 PREPARED 11/12/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CRC BLDG - REHAB	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPICE	NEW CAP REL COSTS-MVBLE E
	3.02	3.03	3.04	3.05	3.06	3.07	4
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
001 03 OLD CAP BLDG - CANCER CEN							
002 OLD CAP REL COSTS-BLDG &							
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/HOSPICE							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS			40,400				37,197
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING			100,945	4,544			781,151
006 06 PURCHASING, RECEIVING AND			231,435				129,373
006 07 ADMINISTRATION			40,657				887
006 08 BUSINESS OFFICE			46,545				800
006 09 OTHER ADMINISTRATIVE AND	96,840		278,145	33,910	22,291		38,290
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			162,630				392,159
008 01 OPERATION OF PLANT KLEIN							8,222
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		523					60,840
010 HOUSEKEEPING							25,893
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY			260,042				88,811
011 01 DIETARY - KLEIN							6,405
012 CAFETERIA							
014 NURSING ADMINISTRATION			80,763	4,544			306,287
014 01 NURSING ADMINISTRATION-KL							
015 CENTRAL SERVICES & SUPPLY			186,969				73,637
016 PHARMACY			53,278				73,626
017 MEDICAL RECORDS & LIBRARY							126,078
018 SOCIAL SERVICE			144,380				
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							1,156
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			659,479	328			207,748
026 INTENSIVE CARE UNIT			188,533	328			76,174
031 SUBPROVIDER			283,204				15,475
033 NURSERY							8,374
034 SKILLED NURSING FACILITY			136,580	328			43,016
035 NURSING FACILITY							55,132
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			1,604,201	328			1,253,575
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC			503,509				1,828,087
044 LABORATORY			192,543	1,010			262,707
049 RESPIRATORY THERAPY			67,517				69,630
050 PHYSICAL THERAPY							3,803
051 OCCUPATIONAL THERAPY							59
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			243,062				654,221
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 AUDIOLOGY							3,074
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG			42,902				26,409
059 05 O/P REHAB SERVICES	89,375						24,930
059 06 O/P DEPENDENCY SERVICES			66,781				730
059 07 SPORTS FITNESS	29,260						17,905
059 08 LIFE CENTER	37,601				404		84,607
059 09 RECREATIONAL THERAPY							
059 10 HEMATOLOGY/ONCOLOGY				16,660			329
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			247,054				81,209

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
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COST CENTER DESCRIPTION	NEW CRC BLDG - REHAB	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPIC	NEW CAP REL COSTS-MVBLE E
	3.02	3.03	3.04	3.05	3.06	3.07	4
062 OUTPAT SERVICE COST CNTRS							
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY						147,527	23,152
SPEC PURPOSE COST CENTERS							
093 HOSPICE						140,985	74,165
095 SUBTOTALS	253,076	523	5,861,554	62,384	22,291	288,512	6,965,323
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			36,812				
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA							2,194
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	63,810			254,963	632,131		
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING			80,763	858			
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS	7,390						
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
098 13 HENRY COUNTY HEALTH CENTE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS			41,173				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	324,276	523	6,020,302	318,205	654,422	288,512	6,967,517

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TELEPHONE	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	BUSINESS OFFICE
	4a	5	6.03		6.05	6.06	6.07	6.08
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP BLDG - KLEIN								
001 03 OLD CAP REL COSTS-BLDG &								
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	77,597	77,597						
006 03 NONPATIENT TELEPHONES LD		462	462					
006 05 DATA PROCESSING	886,640	1,550	11		888,201			
006 06 PURCHASING, RECEIVING AND	360,808	405	9		7,112	368,334		
006 07 ADMINITTING	41,544	1,421	16		7,805	1,079	51,865	
006 08 BUSINESS OFFICE	47,345	1,029	8		10,379	619		59,380
006 09 OTHER ADMINISTRATIVE AND	469,476	1,410	17		41,278	902		
007 MAINTENANCE & REPAIRS								
007 01 UTILITIES - EASTMAN					711			
007 02 UTILITIES - MERCY					530			
007 03 UTILITIES - KLEIN					898			
007 04 UTILITIES - CANCER					162	1		
007 05 UTILITIES - REHAB					435			
007 06 UTILITIES - LAUNDRY					881			
007 07 UTILITIES - HHA/HOSPICE					160			
008 OPERATION OF PLANT	554,789	2,884	56		40,324	290		
008 01 OPERATION OF PLANT KLEIN	8,222	195			1,989	2		
008 02 OPERATION OF PLANT REHAB					256			
008 04 OPERATION OF PLANT EASTMA					526			
008 05 OPERATION OF PLANT MERCY					502			
008 06 OPERATION OF PLANT HHA/HO					227			
009 LAUNDRY & LINEN SERVICE	61,363	780			6,110	503		
010 HOUSEKEEPING	25,893	3,153	2		15,074	598		
010 01 HOUSEKEEPING-KLEIN					771	21		
010 04 HOUSEKEEPING-REHAB								
010 05 HOUSEKEEPING-EASTMAN								
010 06 HOUSEKEEPING-MERCY								
011 DIETARY	348,853	2,859	8		16,189	420		
011 01 DIETARY - KLEIN	6,405				3,243	185		
012 CAFETERIA								
014 NURSING ADMINISTRATION	391,594	2,290	18		27,846	559	6	7
014 01 NURSING ADMINISTRATION-KL								
015 CENTRAL SERVICES & SUPPLY	260,606	2,405	6		14,934	6,960		
016 PHARMACY	126,904	1,422	4		16,141	4,011		
017 MEDICAL RECORDS & LIBRARY	126,078	2,512	27		21,366	500		
018 SOCIAL SERVICE	144,380	564	4		5,002	61		
018 01 RECREATION THERAPY GRMC								
018 02 RECREATION THERAPY KLEIN	1,156				619			
025 ADULTS & PEDIATRICS	867,555	10,721	45		92,050	30,944	4,544	5,094
026 INTENSIVE CARE UNIT	265,035	1,683	7		17,807	13,276	853	956
031 SUBPROVIDER	298,679	598	1		6,927	323	267	299
033 NURSERY	8,374	290			3,181	854	218	244
034 SKILLED NURSING FACILITY	179,924	1,420	9		11,761	3,842	557	625
035 NURSING FACILITY	55,132	7,234			34,329	2,714		1,073
037 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM	2,858,104	5,663	30		104,215	209,011	10,089	11,477
041 DELIVERY ROOM & LABOR ROO								
044 RADIOLOGY-DIAGNOSTIC	2,331,596	4,170	25		62,661	5,906	8,433	9,454
044 LABORATORY	456,260	3,344	14		45,928	9,543	4,825	5,409
049 RESPIRATORY THERAPY	137,147	1,426	2		10,972	906	1,513	1,696
050 PHYSICAL THERAPY	3,803	626	11		4,607	46	264	296
051 OCCUPATIONAL THERAPY	59	297			3,342	1	179	201
052 SPEECH PATHOLOGY		146			1,545		69	77
053 ELECTROCARDIOLOGY	897,283	1,198	14		19,383	44,780	3,551	3,981
055 MEDICAL SUPPLIES CHARGED					13,608		716	803
055 30 IMPL. DEV. CHARGED TO PAT					36,776		2,071	2,321
056 DRUGS CHARGED TO PATIENTS					43,108		4,790	5,370
058 ASC (NON-DISTINCT PART)								
059 AUDIOLOGY	3,074	124			2,121	11	74	83
059 01 CARDIAC REHAB								
059 02 WORKFITNESS								
059 03 PSYCH/PSYCHOLOGICAL								
059 04 EMG & EEG	69,311	404	3		3,841	247	384	430
059 05 O/P REHAB SERVICES	114,305	1,942	29		17,546	1,386	651	729
059 06 O/P DEPENDENCY SERVICES	67,511	251	1		2,262	21	48	54
059 07 SPORTS FITNESS	47,165	846			6,212	45	120	134
059 08 LIFE CENTER	122,612	1,258			14,411	4,203	2,110	2,366
059 09 RECREATIONAL THERAPY		78			565	1	20	22
059 10 HEMATOLOGY/ONCOLOGY	16,989	735	4		3,657	1,379	171	192
061 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	328,263	3,792	17		31,928	18,774	4,419	4,954

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TELEPHONE	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	BUSINESS OFFICE
	4a	5	6.03		6.05	6.06	6.07	6.08
062 OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS								
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	170,679	1,960	10		16,690	1,044	328	367
093 HOSPICE	215,150	1,704	2		20,143	1,201	582	652
095 SUBTOTALS	13,453,663	77,251	410		873,046	367,169	51,852	59,366
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	36,812				250			
096 01 MEALS ON WHEELS								
096 02 OVERNIGHT ROOM								
096 03 SALES TO OUTSIDE ORGANIZA RESEARCH	2,194				87	156		
098 PHYSICIANS' PRIVATE OFFIC	950,904		38		6,624			
098 01 WELLNESS PROGRAM		42			350	23	9	10
098 02 EMPLOYEE WELLNESS PROGRAM								
098 03 ADVERTISING	81,621				4,186			
098 04 PARKING RAMP								
098 05 PHYSICIANS' PRIVATE OFFIC						936		
098 06 RENAL DIALYSIS								
098 07 IDLE SPACE								
098 08 AMERICAN PROSTHETICS	7,390				50			
098 09 OUTREACH REHAB		278			2,900		4	4
098 10 DAY CARE DEPT		26			3			
098 11 GRMC HELICOPTER HANGER								
098 12 SWITCHBOARD					359			
098 13 HENRY COUNTY HEALTH CENTE								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS	41,173		14		346	50		
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	14,573,757	77,597	462		888,201	368,334	51,865	59,380

ALLOCATION OF NEW CAPITAL RELATED COSTS

16-0057

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART III

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	UTILITIES - EASTMAN	UTILITIES - MERCY	UTILITIES - KLEIN	UTILITIES - CANCER	UTILITIES - REHAB
	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							
001 03 OLD CAP BLDG - CANCER CEN							
002 01 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 01 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 01 NEW CAP REL COSTS-MVBLE E							
005 01 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND	513,083						
007 01 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN	350		1,061				
007 02 UTILITIES - MERCY	261			791			
007 03 UTILITIES - KLEIN	442				1,340		
007 04 UTILITIES - CANCER	80					243	
007 05 UTILITIES - REHAB	214						649
007 06 UTILITIES - LAUNDRY	433						
007 07 UTILITIES - HHA/HOSPICE	78						
008 01 OPERATION OF PLANT	19,838						
008 01 OPERATION OF PLANT KLEIN	978						
008 02 OPERATION OF PLANT REHAB	126						
008 04 OPERATION OF PLANT EASTMA	259						
008 05 OPERATION OF PLANT MERCY	247						
008 06 OPERATION OF PLANT HHA/HO	111						
009 01 LAUNDRY & LINEN SERVICE	3,010						
010 01 HOUSEKEEPING	7,420						
010 01 HOUSEKEEPING-KLEIN	379						
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 01 DIETARY	7,967						
011 01 DIETARY - KLEIN	1,597						
012 01 CAFETERIA							
014 01 NURSING ADMINISTRATION	13,704			13			
014 01 NURSING ADMINISTRATION-KL							
015 01 CENTRAL SERVICES & SUPPLY	7,412						
016 01 PHARMACY	7,978						
017 01 MEDICAL RECORDS & LIBRARY	10,514						
018 01 SOCIAL SERVICE	2,461						
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN	304						
025 01 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS	46,349			1			
026 01 INTENSIVE CARE UNIT	9,031			1			
031 01 SUBPROVIDER	3,456						
033 01 NURSERY	1,610						
034 01 SKILLED NURSING FACILITY	5,917			1			
035 01 NURSING FACILITY	17,004				1,340		
037 01 ANCILLARY SRVC COST CNTRS							
039 01 OPERATING ROOM	54,951			1			
041 01 DELIVERY ROOM & LABOR ROO							
041 01 RADIOLOGY-DIAGNOSTIC	32,321					243	
044 01 LABORATORY	23,507			3			
049 01 RESPIRATORY THERAPY	5,664						
050 01 PHYSICAL THERAPY	2,312						
051 01 OCCUPATIONAL THERAPY	1,675						
052 01 SPEECH PATHOLOGY	772						
053 01 ELECTROCARDIOLOGY	10,567						
055 01 MEDICAL SUPPLIES CHARGED	6,816						
055 30 IMPL. DEV. CHARGED TO PAT	18,444						
056 01 DRUGS CHARGED TO PATIENTS	22,023						
058 01 ASC (NON-DISTINCT PART)							
059 01 AUDIOLOGY	1,056						
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG	1,957						
059 05 O/P REHAB SERVICES	8,755						256
059 06 O/P DEPENDENCY SERVICES	1,121						
059 07 SPORTS FITNESS	3,077						83
059 08 LIFE CENTER	7,489			1			107
059 09 RECREATIONAL THERAPY	281						
059 10 HEMATOLOGY/ONCOLOGY	1,841			47			
061 01 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY	16,639						

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COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	UTILITIES - E	UTILITIES - M	UTILITIES - K	UTILITIES - C	UTILITIES - R
	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	8,276						
093 SPEC PURPOSE COST CENTERS							
HOSPICE	10,019						
095 SUBTOTALS	409,093			68	1,340	243	446
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	123						
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZA	44						
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	3,258	1,061	721				182
098 01 WELLNESS PROGRAM	174						
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING	2,059		2				
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFIC	9						
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS	25						21
098 09 OUTREACH REHAB	1,427						
098 10 DAY CARE DEPT	2						
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD	177						
098 13 HENRY COUNTY HEALTH CENTE	96,522						
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	170						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	513,083	1,061	791	1,340	243	649	

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	UTILITIES - LAUNDRY	UTILITIES - HHA/HOSPICE	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT REHAB	OPERATION OF PLANT EASTMAN	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							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINISTRATION							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 07 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	1,314						
007 07 UTILITIES - HHA/HOSPICE		238					
008 08 OPERATION OF PLANT			618,181				
008 01 OPERATION OF PLANT KLEIN				11,386			
008 02 OPERATION OF PLANT REHAB					382		
008 04 OPERATION OF PLANT EASTMAN						785	
008 05 OPERATION OF PLANT MERCY							749
008 06 OPERATION OF PLANT HHA/HOSPICE							
009 09 LAUNDRY & LINEN SERVICE	1,314		9,926				
010 01 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 01 DIETARY			30,896				
011 01 DIETARY - KLEIN							
012 02 CAFETERIA							
014 01 NURSING ADMINISTRATION			9,595				12
014 01 NURSING ADMINISTRATION-KL							
015 01 CENTRAL SERVICES & SUPPLY			22,214				
016 01 PHARMACY			6,330				
017 01 MEDICAL RECORDS & LIBRARY			17,154				
018 01 SOCIAL SERVICE							
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 01 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS			78,353				1
026 01 INTENSIVE CARE UNIT			22,400				1
031 01 SUBPROVIDER			33,648				
033 01 NURSERY							
034 01 SKILLED NURSING FACILITY			16,227				1
035 01 NURSING FACILITY				11,386			
037 01 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM			190,595				1
039 01 DELIVERY ROOM & LABOR ROOM							
041 01 RADIOLOGY-DIAGNOSTIC			59,822				
044 01 LABORATORY			22,876				3
049 01 RESPIRATORY THERAPY			8,022				
050 01 PHYSICAL THERAPY							
051 01 OCCUPATIONAL THERAPY							
052 01 SPEECH PATHOLOGY							
053 01 ELECTROCARDIOLOGY			28,878				
055 01 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 01 DRUGS CHARGED TO PATIENTS							
058 01 ASC (NON-DISTINCT PART)							
059 01 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG			5,097				
059 05 O/P REHAB SERVICES					151		
059 06 O/P DEPENDENCY SERVICES			7,934				
059 07 SPORTS FITNESS					49		
059 08 LIFE CENTER					63		1
059 09 RECREATIONAL THERAPY							
059 10 HEMATOLOGY/ONCOLOGY							45
061 01 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY			29,353				

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	UTILITIES - LAUNDRY	UTILITIES - 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	122					
	SPEC PURPOSE COST CENTERS						
093	HOSPICE	116					
095	SUBTOTALS	1,314	238	599,320	11,386	263	65
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP		4,374				
096	01 MEALS ON WHEELS						
096	02 OVERNIGHT ROOM						
096	03 SALES TO OUTSIDE ORGANIZA						
097	RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC				107	785	682
098	01 WELLNESS PROGRAM						
098	02 EMPLOYEE WELLNESS PROGRAM						
098	03 ADVERTISING		9,595				2
098	04 PARKING RAMP						
098	05 PHYSICIANS' PRIVATE OFFIC						
098	06 RENAL DIALYSIS						
098	07 IDLE SPACE						
098	08 AMERICAN PROSTHETICS				12		
098	09 OUTREACH REHAB						
098	10 DAY CARE DEPT						
098	11 GRMC HELICOPTER HANGER						
098	12 SWITCHBOARD						
098	13 HENRY COUNTY HEALTH CENTE						
099	NONPAID WORKERS						
100	OTHER NONREIMBURSABLE COS		4,892				
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	1,314	238	618,181	11,386	382	749

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COST CENTER DESCRIPTION	OPERATION OF PLANT HHA/HO	LAUNDRY & LINEN 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							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 07 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 08 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	338						
009 09 LAUNDRY & LINEN SERVICE		83,006					
010 10 HOUSEKEEPING			52,140				
010 01 HOUSEKEEPING-KLEIN				1,171			
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 11 DIETARY			663				
011 01 DIETARY - KLEIN							
012 12 CAFETERIA			60				
014 14 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION-KL							
015 15 CENTRAL SERVICES & SUPPLY		411	716				
016 16 PHARMACY			1,051				
017 17 MEDICAL RECORDS & LIBRARY			224				
018 18 SOCIAL SERVICE			119				
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 25 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS		23,247	19,746				
026 26 INTENSIVE CARE UNIT		2,830	2,773				
031 31 SUBPROVIDER		899	112				
033 33 NURSERY		419	130				
034 34 SKILLED NURSING FACILITY		3,684	7,207				
035 35 NURSING FACILITY		8,305		1,171			
037 37 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		15,836	7,252				
039 39 DELIVERY ROOM & LABOR ROO							
041 41 RADIOLOGY-DIAGNOSTIC		4,831	1,938				
044 44 LABORATORY		31	738				
049 49 RESPIRATORY THERAPY		11	194				
050 50 PHYSICAL THERAPY		8					
051 51 OCCUPATIONAL THERAPY							
052 52 SPEECH PATHOLOGY							
053 53 ELECTROCARDIOLOGY		1,296					
055 55 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 56 DRUGS CHARGED TO PATIENTS							
058 58 ASC (NON-DISTINCT PART)							
059 59 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG		202					
059 05 O/P REHAB SERVICES		2,383	4,025				
059 06 O/P DEPENDENCY SERVICES			235				
059 07 SPORTS FITNESS		1,622					
059 08 LIFE CENTER		304	809				
059 09 RECREATIONAL THERAPY							
059 10 HEMATOLOGY/ONCOLOGY		59					
061 61 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY		6,480	3,477				

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COST CENTER DESCRIPTION	OPERATION OF PLANT HHA/HO	LAUNDRY & LINEN 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	173		671				
SPEC PURPOSE COST CENTERS							
093 HOSPICE	165	517					
095 SUBTOTALS	338	73,375	52,140	1,171			
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							
098 13 HENRY COUNTY HEALTH CENTE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS		9,631					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	338	83,006	52,140	1,171			

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COST CENTER DESCRIPTION	DIETARY	DIETARY - KLE CAFETERIA IN		NURSING ADMINISTRATION	NURSING ADMINISTRATION-KL	CENTRAL SERVICES & SUPPLY	PHARMACY
	11	11.01	12	14	14.01	15	16
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP BLDG - KLEIN							
001 03 OLD CAP BLDG - CANCER CEN							
002 03 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 03 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 05 NEW CAP REL COSTS-MVBLE E							
005 05 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES LD							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING AND							
006 07 ADMINISTRATION							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE AND							
007 07 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 01 OPERATION OF PLANT							
008 02 OPERATION OF PLANT KLEIN							
008 04 OPERATION OF PLANT REHAB							
008 05 OPERATION OF PLANT EASTMA							
008 06 OPERATION OF PLANT MERCY							
008 07 OPERATION OF PLANT HHA/HO							
009 01 LAUNDRY & LINEN SERVICE							
010 01 HOUSEKEEPING							
010 01 HOUSEKEEPING-KLEIN							
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 01 DIETARY	407,855						
011 01 DIETARY - KLEIN		11,430					
012 01 CAFETERIA	266,107		266,107				
014 01 NURSING ADMINISTRATION			9,918	455,622			
014 01 NURSING ADMINISTRATION-KL							
015 01 CENTRAL SERVICES & SUPPLY			10,413	31,770		357,847	
016 01 PHARMACY			6,160			4,030	174,031
017 01 MEDICAL RECORDS & LIBRARY			10,877	33,176		502	
018 01 SOCIAL SERVICE			2,440	7,442		61	
018 01 RECREATION THERAPY GRMC							
018 02 RECREATION THERAPY KLEIN							
025 01 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS	84,400		46,419	141,596		31,088	51
026 01 INTENSIVE CARE UNIT	5,590		7,289	22,238		13,337	
031 01 SUBPROVIDER	6,053		2,591	7,904		325	
033 01 NURSERY			1,258	3,840		858	4
034 01 SKILLED NURSING FACILITY	17,207	11,430	6,149	18,763		3,860	
035 01 NURSING FACILITY			31,326			2,727	516
037 01 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM			24,525	74,817		209,981	4,926
039 01 DELIVERY ROOM & LABOR ROO							
041 01 RADIOLOGY-DIAGNOSTIC			18,060			5,933	1,597
044 01 LABORATORY			14,483			9,587	100
049 01 RESPIRATORY THERAPY			6,176			910	3
050 01 PHYSICAL THERAPY			2,710			46	
051 01 OCCUPATIONAL THERAPY			1,288			1	
052 01 SPEECH PATHOLOGY			633				
053 01 ELECTROCARDIOLOGY			5,188	15,575		44,988	4,012
055 01 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 01 DRUGS CHARGED TO PATIENTS							156,976
058 01 ASC (NON-DISTINCT PART)							
059 01 AUDIOLOGY			539			11	
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG			1,748			248	
059 05 O/P REHAB SERVICES			8,412			1,392	36
059 06 O/P DEPENDENCY SERVICES			1,086			21	
059 07 SPORTS FITNESS			3,663			45	
059 08 LIFE CENTER			5,449			4,222	728
059 09 RECREATIONAL THERAPY			339			1	
059 10 HEMATOLOGY/ONCOLOGY			3,184			1,386	
061 01 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY			16,420	50,091		18,861	24

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COST CENTER DESCRIPTION	DIETARY	DIETARY - KLE CAFETERIA IN	12	NURSING ADMINISTRATION	NURSING ADMINISTRATION-KL	CENTRAL SERVICES & SUPPLY	PHARMACY
	11	11.01	12	14	14.01	15	16
062 OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY			8,487	25,893		1,049	40
093 SPEC PURPOSE COST CENTERS HOSPICE			7,380	22,517		1,206	5,018
095 SUBTOTALS	379,357	11,430	264,610	455,622		356,676	174,031
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
096 01 MEALS ON WHEELS	28,498						
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGANIZATION						157	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 WELLNESS PROGRAM			180			23	
098 02 EMPLOYEE WELLNESS PROGRAM							
098 03 ADVERTISING							
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE OFFICE						940	
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							
098 09 OUTREACH REHAB			1,204				
098 10 DAY CARE DEPT			113				
098 11 GRMC HELICOPTER HANGER							
098 12 SWITCHBOARD							
098 13 HENRY COUNTY HEALTH CENTER							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS						51	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	407,855	11,430	266,107	455,622		357,847	174,031

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	RECREATION THERAPY GRMC	RECREATION THERAPY KLEIN	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18		18.01	18.02		26	
062 OUTPAT SERVICE COST CNTRS								
OBSERVATION BEDS (NON-DIS								
OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY	1,384					237,173		237,173
SPEC PURPOSE COST CENTERS								
093 HOSPICE	2,456					288,828		288,828
095 SUBTOTALS	222,876	162,534			2,079	13,269,641		13,269,641
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP						41,559		41,559
096 01 MEALS ON WHEELS						28,498		28,498
096 02 OVERNIGHT ROOM								
096 03 SALES TO OUTSIDE ORGANIZA						2,638		2,638
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC						964,362		964,362
098 01 WELLNESS PROGRAM	39					850		850
098 02 EMPLOYEE WELLNESS PROGRAM								
098 03 ADVERTISING						97,465		97,465
098 04 PARKING RAMP								
098 05 PHYSICIANS' PRIVATE OFFIC						1,885		1,885
098 06 RENAL DIALYSIS								
098 07 IDLE SPACE								
098 08 AMERICAN PROSTHETICS						7,498		7,498
098 09 OUTREACH REHAB	15					5,832		5,832
098 10 DAY CARE DEPT						144		144
098 11 GRMC HELICOPTER HANGER								
098 12 SWITCHBOARD						536		536
098 13 HENRY COUNTY HEALTH CENTE						96,522		96,522
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS						56,327		56,327
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	222,930	162,534			2,079	14,573,757		14,573,757

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 11/12/2010

16-0057

FROM 7/ 1/2009

WORKSHEET B-1

TO

6/30/2010

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP BLDG - KLEIN (SQUARE FEET)	OLD CAP BLDG - CANCER CEN (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)
		1	1.01	1.02	1.03	2	3
GENERAL SERVICE COST							
001	01 OLD CAP REL COSTS-BLD						
001	02 OLD CAP BLDG - KLEIN		88,304				
001	03 OLD CAP BLDG - CANCER			10,192			
002	02 OLD CAP REL COSTS-MVB					6,924,672	
003	03 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	04 NEW CAP REL COSTS-MVB						
005	05 EMPLOYEE BENEFITS					36,968	
006	03 NONPATIENT TELEPHONES						
006	05 DATA PROCESSING					776,348	
006	06 PURCHASING, RECEIVING					128,577	
006	07 ADMINISTRATION					882	
006	08 BUSINESS OFFICE					795	
006	09 OTHER ADMINISTRATIVE					38,055	
007	07 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	08 OPERATION OF PLANT					389,748	
008	01 OPERATION OF PLANT KL					8,171	
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	09 LAUNDRY & LINEN SERVI					60,466	
010	10 HOUSEKEEPING					25,734	
010	01 HOUSEKEEPING-KLEIN						
010	04 HOUSEKEEPING-REHAB						
010	05 HOUSEKEEPING-EASTMAN						
010	06 HOUSEKEEPING-MERCY						
011	11 DIETARY					88,265	
011	01 DIETARY - KLEIN					6,366	
012	12 CAFETERIA						
014	14 NURSING ADMINISTRATION					304,404	
014	01 NURSING ADMINISTRATION						
015	15 CENTRAL SERVICES & SU					73,184	
016	16 PHARMACY					73,173	
017	17 MEDICAL RECORDS & LIB					125,303	
018	18 SOCIAL SERVICE						
018	01 RECREATION THERAPY GR						
018	02 RECREATION THERAPY KL					1,149	
025	25 INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS					206,471	
026	26 INTENSIVE CARE UNIT					75,706	
031	31 SUBPROVIDER					15,380	
033	33 NURSERY					8,323	
034	34 SKILLED NURSING FACIL					42,751	
035	35 NURSING FACILITY		88,304			54,793	
037	37 ANCILLARY SRVC COST C						
039	39 OPERATING ROOM					1,245,867	
041	41 DELIVERY ROOM & LABOR						
041	RADIOLOGY-DIAGNOSTIC			10,192		1,816,838	
044	44 LABORATORY					261,092	
049	49 RESPIRATORY THERAPY					69,202	
050	50 PHYSICAL THERAPY					3,780	
051	51 OCCUPATIONAL THERAPY					59	
052	52 SPEECH PATHOLOGY						
053	53 ELECTROCARDIOLOGY					650,198	
055	55 MEDICAL SUPPLIES CHAR						
055	30 IMPL. DEV. CHARGED TO						
056	56 DRUGS CHARGED TO PATI						
058	58 ASC (NON-DISTINCT PAR						
059	59 AUDIOLOGY					3,055	
059	01 CARDIAC REHAB						
059	02 WORKFITNESS						
059	03 PSYCH/PSYCHOLOGICAL						
059	04 EMG & EEG					26,247	
059	05 O/P REHAB SERVICES					24,777	
059	06 O/P DEPENDENCY SERVIC					726	
059	07 SPORTS FITNESS					17,795	
059	08 LIFE CENTER					84,087	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP BLDG - KLEIN (SQUARE FEET)	OLD CAP BLDG - CANCER CEN (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)
	1	1.01	1.02	1.03	2	3
ANCILLARY SRVC COST C						
059 09 RECREATIONAL THERAPY						
059 10 HEMATOLOGY/ONCOLOGY					327	
OUTPAT SERVICE COST C						
061 EMERGENCY					80,710	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY SPEC PURPOSE COST CEN					23,010	
093 HOSPICE					73,709	
095 SUBTOTALS		88,304	10,192		6,922,491	
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
096 01 MEALS ON WHEELS						
096 02 OVERNIGHT ROOM						
096 03 SALES TO OUTSIDE ORGA					2,181	
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 01 WELLNESS PROGRAM						
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						
098 10 DAY CARE DEPT						
098 11 GRMC HELICOPTER HANGE						
098 12 SWITCHBOARD						
098 13 HENRY COUNTY HEALTH C						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		108,628	6,384			
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			.626374			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.230159				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
16-0057

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/12/2010
WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CRC BLDG - REHAB	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPIC	NEW CAP REL COSTS-MVBLE
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)
GENERAL SERVICE COST	3.02	3.03	3.04	3.05	3.06	3.07	4
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP BLDG - KLEIN							
001 03 OLD CAP BLDG - CANCER							
002 02 OLD CAP REL COSTS-MVB							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CRC BLDG - REHAB	34,755						
003 04 NEW CRC BLDG - LAUNDRY		4,541					
003 05 NEW CRC BLDG - GRMC			327,243				
003 06 NEW CRC BLDG - MERCY				63,031			
003 07 NEW CRC BLDG - EASTMAN					74,276		
004 07 NEW CRC BLDG - HHA/HOSPIC						16,760	
004 08 NEW CAP REL COSTS-MVB							6,924,672
005 03 EMPLOYEE BENEFITS			2,196				36,968
006 05 NONPATIENT TELEPHONES							
006 06 DATA PROCESSING			5,487	900			776,348
006 07 PURCHASING, RECEIVING			12,580				128,577
006 08 ADMINISTRATION			2,210				882
006 09 BUSINESS OFFICE			2,530				795
007 09 OTHER ADMINISTRATION	10,379		15,119	6,717	2,530		38,055
007 01 MAINTENANCE & REPAIRS							
007 02 UTILITIES - EASTMAN							
007 03 UTILITIES - MERCY							
007 04 UTILITIES - KLEIN							
007 05 UTILITIES - CANCER							
007 06 UTILITIES - REHAB							
007 07 UTILITIES - LAUNDRY							
007 08 UTILITIES - HHA/HOSPIC							
008 01 OPERATION OF PLANT			8,840				389,748
008 02 OPERATION OF PLANT KL							8,171
008 03 OPERATION OF PLANT RE							
008 04 OPERATION OF PLANT EA							
008 05 OPERATION OF PLANT ME							
008 06 OPERATION OF PLANT HH							
009 06 LAUNDRY & LINEN SERVICE		4,541					60,466
010 01 HOUSEKEEPING							25,734
010 02 HOUSEKEEPING-KLEIN							
010 03 HOUSEKEEPING-REHAB							
010 04 HOUSEKEEPING-EASTMAN							
010 05 HOUSEKEEPING-MERCY							
011 01 DIETARY			14,135				88,265
011 02 DIETARY - KLEIN							6,366
012 01 CAFETERIA							
014 01 NURSING ADMINISTRATION			4,390	900			304,404
015 01 NURSING ADMINISTRATION							
016 01 CENTRAL SERVICES & SUPPLY			10,163				73,184
017 01 PHARMACY			2,896				73,173
018 01 MEDICAL RECORDS & LIBRARY							125,303
018 02 SOCIAL SERVICE			7,848				
018 03 RECREATION THERAPY GR							
018 04 RECREATION THERAPY KL							1,149
025 01 INPATIENT ROUTINE SERVICE CENTER							
026 01 ADULTS & PEDIATRICS			35,847	65			206,471
031 01 INTENSIVE CARE UNIT			10,248	65			75,706
033 01 SUBPROVIDER			15,394				15,380
034 01 NURSERY							8,323
035 01 SKILLED NURSING FACILITY			7,424	65			42,751
037 01 NURSING FACILITY							54,793
039 01 ANCILLARY SERVICE COST CENTER							
041 01 OPERATING ROOM			87,199	65			1,245,867
044 01 DELIVERY ROOM & LABORATORY							
049 01 RADIOLOGY-DIAGNOSTIC			27,369				1,816,838
050 01 LABORATORY			10,466	200			261,092
051 01 RESPIRATORY THERAPY			3,670				69,202
052 01 PHYSICAL THERAPY							3,780
053 01 OCCUPATIONAL THERAPY							59
055 01 SPEECH PATHOLOGY							
055 02 ELECTROCARDIOLOGY			13,212				650,198
055 03 MEDICAL SUPPLIES CHAR							
056 30 IMPL. DEV. CHARGED TO							
056 01 DRUGS CHARGED TO PATIENT							
058 01 ASC (NON-DIAGNOSTIC)							
059 01 AUDIOLOGY							3,055
059 02 CARDIAC REHAB							
059 03 WORKFITNESS							
059 04 PSYCH/PSYCHOLOGICAL							
059 05 EMG & EEG			2,332				26,247
059 06 O/P REHAB SERVICES	9,579						24,777
059 07 O/P DEPENDENCY SERVICE			3,630				726
059 08 SPORTS FITNESS	3,136						17,795
059 09 LIFE CENTER	4,030			80			84,087

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 11/12/2010

16-0057

FROM 7/ 1/2009

WORKSHEET B-1

|

| TO

6/30/2010

|

COST CENTER DESCRIPTION	NEW CRC BLDG - REHAB (SQUARE FEET)	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/HOSPICE (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)
ANCILLARY SRVC COST C	3.02	3.03	3.04	3.05	3.06	3.07	4
059 09 RECREATIONAL THERAPY							
059 10 HEMATOLOGY/ONCOLOGY				3,300			327
061 09 OUTPAT SERVICE COST C							
061 01 EMERGENCY			13,429				80,710
062 02 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071 03 HOME HEALTH AGENCY						8,570	23,010
093 04 SPEC PURPOSE COST CEN							
093 01 HOSPICE						8,190	73,709
095 02 SUBTOTALS	27,124	4,541	318,614	12,357	2,530	16,760	6,922,491
096 03 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE			2,001				
096 02 MEALS ON WHEELS							
096 03 OVERNIGHT ROOM							
096 04 SALES TO OUTSIDE ORGA							2,181
097 05 RESEARCH							
098 06 PHYSICIANS' PRIVATE O	6,839			50,504	71,746		
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							
098 13 HENRY COUNTY HEALTH C							
099 01 NONPAID WORKERS							
100 02 OTHER NONREIMBURSABLE			2,238				
101 03 CROSS FOOT ADJUSTMENT							
102 04 NEGATIVE COST CENTER							
103 05 COST TO BE ALLOCATED	324,276	523	6,020,302	318,205	654,422	288,512	6,967,517
104 06 (WRKSHT B, PART I)							
104 07 UNIT COST MULTIPLIER		.115173		5.048389		17.214320	
105 08 (WRKSHT B, PT I)							
105 09 COST TO BE ALLOCATED	9.330341		18.397038		8.810679		1.006187
106 10 (WRKSHT B, PART II)							
106 11 UNIT COST MULTIPLIER							
107 12 (WRKSHT B, PT II)							
107 13 COST TO BE ALLOCATED							
108 14 (WRKSHT B, PART III)							
108 15 UNIT COST MULTIPLIER							
108 16 (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TELEPHONES	RECONCILIATION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMITTING (CHARGES)	BUSINESS OFFICE (CHARGES)
	(FTES)	(PHONES)	(PHONES)	(LINES)	(ACCUM. COST)	(PURCHASES)	(CHARGES)	(CHARGES)
GENERAL SERVICE COST	5	6.03		6a.05	6.05	6.06	6.07	6.08
001 OLD CAP REL COSTS-BLD								
001 01 OLD CAP BLDG - KLEIN								
001 02 OLD CAP BLDG - CANCER								
001 03 OLD CAP REL COSTS-BLD								
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	124,757							
006 03 NONPATIENT TELEPHONES		743	2,011					
006 05 DATA PROCESSING	2,492		49	-3,242,549	131,015,019			
006 06 PURCHASING, RECEIVING		651	41		1,049,070	7,419,313		
006 07 ADMITTING	2,285		71		1,151,385	21,730	330,384,355	
006 08 BUSINESS OFFICE	1,654		33		1,531,057	12,459		336,480,747
006 09 OTHER ADMINISTRATIVE	2,267		76		6,089,030	18,167		
007 MAINTENANCE & REPAIRS								
007 01 UTILITIES - EASTMAN					104,819			
007 02 UTILITIES - MERCY					78,164			
007 03 UTILITIES - KLEIN					132,541			
007 04 UTILITIES - CANCER					23,868	25		
007 05 UTILITIES - REHAB					64,118			
007 06 UTILITIES - LAUNDRY					129,964			
007 07 UTILITIES - HHA/HOSPI					23,537			
008 OPERATION OF PLANT	4,637	229			5,948,371	5,834		
008 01 OPERATION OF PLANT KL	314				293,383	44		
008 02 OPERATION OF PLANT RE					37,737			
008 04 OPERATION OF PLANT EA					77,620			
008 05 OPERATION OF PLANT ME					74,040			
008 06 OPERATION OF PLANT HH					33,417			
009 LAUNDRY & LINEN SERVI	1,254				901,274	10,129		
010 HOUSEKEEPING	5,070	8			2,223,601	12,050		
010 01 HOUSEKEEPING-KLEIN					113,723	429		
010 04 HOUSEKEEPING-REHAB								
010 05 HOUSEKEEPING-EASTMAN								
010 06 HOUSEKEEPING-MERCY								
011 DIETARY	4,597	35			2,388,076	8,461		
011 01 DIETARY - KLEIN					478,422	3,720		
012 CAFETERIA								
014 NURSING ADMINISTRATIO	3,682	79			4,107,673	11,253	41,269	41,269
014 01 NURSING ADMINISTRATIO								
015 CENTRAL SERVICES & SU	3,866	26			2,202,970	140,205		
016 PHARMACY	2,287	16			2,381,063	80,803		
017 MEDICAL RECORDS & LIB	4,038	117			3,151,729	10,066		
018 SOCIAL SERVICE	906	19			737,795	1,230		
018 01 RECREATION THERAPY GR								
018 02 RECREATION THERAPY KL					91,293			
025 INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	17,232	194			13,578,731	623,312	28,942,044	28,942,044
026 INTENSIVE CARE UNIT	2,706	32			2,626,727	267,417	5,433,974	5,433,974
031 SUBPROVIDER	962	6			1,021,840	6,513	1,697,950	1,697,950
033 NURSERY	467				469,179	17,195	1,389,095	1,389,095
034 SKILLED NURSING FACIL	2,283	39			1,734,990	77,396	3,548,360	3,548,360
035 NURSING FACILITY	11,630				5,064,006	54,670		6,096,392
037 ANCILLARY SRVC COST C								
037 OPERATING ROOM	9,105	129			15,366,410	4,210,076	64,294,345	64,294,345
039 DELIVERY ROOM & LABOR								
041 RADIOLOGY-DIAGNOSTIC	6,705	108			9,243,463	118,964	53,714,617	53,714,617
044 LABORATORY	5,377	63			6,775,107	192,221	30,732,979	30,732,979
049 RESPIRATORY THERAPY	2,293	10			1,618,479	18,248	9,637,121	9,637,121
050 PHYSICAL THERAPY	1,006	50			679,528	919	1,683,203	1,683,203
051 OCCUPATIONAL THERAPY	478				493,063	15	1,141,886	1,141,886
052 SPEECH PATHOLOGY	235				227,933		438,627	438,627
053 ELECTROCARDIOLOGY	1,926	63			2,859,260	902,006	22,617,251	22,617,251
055 MEDICAL SUPPLIES CHAR					2,007,307		4,560,933	4,560,933
055 30 IMPL. DEV. CHARGED TO					5,425,034		13,190,093	13,190,093
056 DRUGS CHARGED TO PATI					6,358,988		30,510,239	30,510,239
058 ASC (NON-DISTINCT PAR								
059 AUDIOLOGY	200				312,857	223	469,784	469,784
059 01 CARDIAC REHAB								
059 02 WORKFITNESS								
059 03 PSYCH/PSYCHOLOGICAL								
059 04 EMG & EEG	649	12			566,570	4,982	2,445,925	2,445,925
059 05 O/P REHAB SERVICES	3,123	126			2,588,291	27,912	4,143,879	4,143,879
059 06 O/P DEPENDENCY SERVIC	403	6			333,714	416	307,805	307,805
059 07 SPORTS FITNESS	1,360				916,361	899	762,777	762,777
059 08 LIFE CENTER	2,023				2,125,837	84,653	13,442,125	13,442,125

COST CENTER DESCRIPTION		EMPLOYEE BENEFITS (FTES)	NONPATIENT TELEPHONES (PHONES)	RECONCILIATION (LEPHONES LD)	DATA PROCESSING (ACCUM. COST)	PURCHASING, RECEIVING AND (PURCHASES)	ADMITTING (CHARGES)	BUSINESS OFFICE (CHARGES)
	ANCILLARY SRVC COST C	5	6.03	6a.05	6.05	6.06	6.07	6.08
059	09 RECREATIONAL THERAPY	126			83,318	13	127,158	127,158
059	10 HEMATOLOGY/ONCOLOGY	1,182	19		539,411	27,787	1,089,239	1,089,239
061	09 OUTPAT SERVICE COST C							
062	EMERGENCY	6,096	73		4,709,890	378,159	28,148,014	28,148,014
071	06 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY SPEC PURPOSE COST CEN	3,151	44		2,462,033	21,039	2,087,049	2,087,049
093	09 HOSPICE	2,740	10		2,971,410	24,187	3,704,210	3,704,210
095	SUBTOTALS	124,201	1,783	-3,242,549	128,779,477	7,395,827	330,301,951	336,398,343
096	NONREIMBURS COST CENT							
096	01 GIFT, FLOWER, COFFEE				36,812			
096	02 MEALS ON WHEELS							
096	03 OVERNIGHT ROOM							
096	04 SALES TO OUTSIDE ORGA				12,828	3,145		
097	RESEARCH							
098	05 PHYSICIANS' PRIVATE O		166		977,130			
098	01 WELLNESS PROGRAM	67			51,689	468	59,213	59,213
098	02 EMPLOYEE WELLNESS PRO							
098	03 ADVERTISING				617,451			
098	04 PARKING RAMP							
098	05 PHYSICIANS' PRIVATE O					18,857		
098	06 RENAL DIALYSIS							
098	07 IDLE SPACE							
098	08 AMERICAN PROSTHETICS				7,390			
098	09 OUTREACH REHAB	447			427,765		23,191	23,191
098	10 DAY CARE DEPT	42			495			
098	11 GRMC HELICOPTER HANGE							
098	12 SWITCHBOARD				53,014			
098	13 HENRY COUNTY HEALTH C			-29,670,054				
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE		62		50,968	1,016		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,469,819	317,712		3,242,549	1,075,033	1,183,030	1,570,754
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		157.987071		.024749	.144897	.003581	.004668
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	11.781455						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	77,597	462		888,201	368,334	51,865	59,380
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.621985	.229736		.006779	.049645	.000157	.000176

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	UTILITIES - EASTMAN	UTILITIES - MERCY	UTILITIES - KLEIN	UTILITIES - CANCER
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
GENERAL SERVICE COST	6a. 09	6. 09	7	7. 01	7. 02	7. 03	7. 04
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER							
001 03 OLD CAP REL COSTS-BLD							
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 ADMINITTING							
006 08 BUSINESS OFFICE							
006 09 OTHER ADMINISTRATIVE	-6, 242, 359	157, 685, 263					
007 MAINTENANCE & REPAIRS							
007 01 UTILITIES - EASTMAN		107, 413		71, 746			
007 02 UTILITIES - MERCY		80, 098			55, 414		
007 03 UTILITIES - KLEIN		135, 821				88, 304	
007 04 UTILITIES - CANCER		24, 463					10, 192
007 05 UTILITIES - REHAB		65, 705					
007 06 UTILITIES - LAUNDRY		133, 180					
007 07 UTILITIES - HHA/HOSPI		24, 120					
008 OPERATION OF PLANT		6, 096, 432					
008 01 OPERATION OF PLANT KL		300, 650					
008 02 OPERATION OF PLANT RE		38, 671					
008 04 OPERATION OF PLANT EA		79, 541					
008 05 OPERATION OF PLANT ME		75, 872					
008 06 OPERATION OF PLANT HH		34, 244					
009 LAUNDRY & LINEN SERVI		925, 048					
010 HOUSEKEEPING		2, 280, 379					
010 01 HOUSEKEEPING-KLEIN		116, 600					
010 04 HOUSEKEEPING-REHAB							
010 05 HOUSEKEEPING-EASTMAN							
010 06 HOUSEKEEPING-MERCY							
011 DIETARY		2, 448, 404					
011 01 DIETARY - KLEIN		490, 801					
012 CAFETERIA							
014 NURSING ADMINISTRATIO		4, 211, 306			900		
014 01 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU		2, 277, 806					
016 PHARMACY		2, 451, 700					
017 MEDICAL RECORDS & LIB		3, 231, 190					
018 SOCIAL SERVICE		756, 233					
018 01 RECREATION THERAPY GR							
018 02 RECREATION THERAPY KL		93, 552					
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		14, 243, 849			65		
026 INTENSIVE CARE UNIT		2, 775, 309			65		
031 SUBPROVIDER		1, 062, 080					
033 NURSERY		494, 741					
034 SKILLED NURSING FACIL		1, 818, 414			65		
035 NURSING FACILITY		5, 225, 715				88, 304	
ANCILLARY SRVC COST C							
037 OPERATING ROOM		16, 887, 147			65		
039 DELIVERY ROOM & LABOR							
041 RADIOLOGY-DIAGNOSTIC		9, 932, 559					10, 192
044 LABORATORY		7, 224, 153			200		
049 RESPIRATORY THERAPY		1, 740, 676					
050 PHYSICAL THERAPY		710, 364					
051 OCCUPATIONAL THERAPY		514, 687					
052 SPEECH PATHOLOGY		237, 193					
053 ELECTROCARDIOLOGY		3, 247, 291					
055 MEDICAL SUPPLIES CHAR		2, 094, 609					
055 30 IMPL. DEV. CHARGED TO		5, 668, 103					
056 DRUGS CHARGED TO PATI		6, 768, 046					
058 ASC (NON-DI STINCT PAR							
059 AUDIOLOGY		324, 507					
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG		601, 491					
059 05 O/P REHAB SERVICES		2, 690, 576					
059 06 O/P DEPENDENCY SERVIC		344, 572					
059 07 SPORTS FITNESS		945, 463					
059 08 LIFE CENTER		2, 301, 599			80		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 11/12/2010

16-0057

FROM 7/1/2009

WORKSHEET B-1

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| TO

6/30/2010

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COST CENTER DESCRIPTION		RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	UTILITIES - ELECTRICITY (SQUARE FEET)	UTILITIES - WATER (SQUARE FEET)	UTILITIES - GAS (SQUARE FEET)	UTILITIES - CANCELS (SQUARE FEET)
	ANCILLARY SRVC COST C	6a. 09	6.09	7	7.01	7.02	7.03	7.04
059	09 RECREATIONAL THERAPY		86,431					
059	10 HEMATOLOGY/ONCOLOGY		565,773			3,300		
	OUTPAT SERVICE COST C							
061	EMERGENCY		5,113,442					
062	OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY SPEC PURPOSE COST CEN		2,543,230					
093	HOSPICE		3,079,010					
095	SUBTOTALS	-6,242,359	125,720,259			4,740	88,304	10,192
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE		37,723					
096	01 MEALS ON WHEELS							
096	02 OVERNIGHT ROOM							
096	03 SALES TO OUTSIDE ORGA		13,601					
097	RESEARCH							
098	PHYSICIANS' PRIVATE O		1,001,313		71,746	50,504		
098	01 WELLNESS PROGRAM		53,524					
098	02 EMPLOYEE WELLNESS PRO							
098	03 ADVERTISING		632,732			170		
098	04 PARKING RAMP							
098	05 PHYSICIANS' PRIVATE O		2,732					
098	06 RENAL DIALYSIS							
098	07 IDLE SPACE							
098	08 AMERICAN PROSTHETICS		7,573					
098	09 OUTREACH REHAB		438,543					
098	10 DAY CARE DEPT		507					
098	11 GRMC HELICOPTER HANGE							
098	12 SWITCHBOARD		54,326					
098	13 HENRY COUNTY HEALTH C		29,670,054					
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE		52,376					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		6,242,359		111,665	83,269	141,198	25,431
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.039587		1.556393		1.598999	2.495192
105	COST TO BE ALLOCATED (WRKSHT B, PART II)					1.502671		
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		513,083		1,061	791	1,340	243
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.003254		.014788		.015175	.023842
						.014274		.023842

COST CENTER DESCRIPTION	UTILITIES - REHAB	UTILITIES - LAUNDRY	UTILITIES - HHA/HOSPICE	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT REHAB	OPERATION OF PLANT EASTMAN
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
GENERAL SERVICE COST	7.05	7.06	7.07	8	8.01	8.02	8.04
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER							
001 03 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
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-MVB							
005 EMPLOYEE BENEFITS							
006 03 NONPATIENT TELEPHONES							
006 05 DATA PROCESSING							
006 06 PURCHASING, RECEIVING							
006 07 ADMINISTRATION							
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	24,376						
007 06 UTILITIES - LAUNDRY		4,541					
007 07 UTILITIES - HHA/HOSPICE			16,760				
008 OPERATION OF PLANT				282,822			
008 01 OPERATION OF PLANT KLEIN					88,304		
008 02 OPERATION OF PLANT REHAB						24,376	
008 04 OPERATION OF PLANT EASTMAN							71,746
008 05 OPERATION OF PLANT MERCY							
008 06 OPERATION OF PLANT HHA/HOSPICE							
009 LAUNDRY & LINEN SERVICE		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 ADMINISTRATION				4,390			
014 01 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLIES				10,163			
016 PHARMACY				2,896			
017 MEDICAL RECORDS & LIBRARY				7,848			
018 SOCIAL SERVICE							
018 01 RECREATION THERAPY GR							
018 02 RECREATION THERAPY KLEIN							
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS				35,847			
026 INTENSIVE CARE UNIT				10,248			
031 SUBPROVIDER				15,394			
033 NURSERY							
034 SKILLED NURSING FACILITY				7,424			
035 NURSING FACILITY					88,304		
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM				87,199			
039 DELIVERY ROOM & LABOR							
041 RADIOLOGY-DIAGNOSTIC				27,369			
044 LABORATORY				10,466			
049 RESPIRATORY THERAPY				3,670			
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				13,212			
055 MEDICAL SUPPLIES CHARGED TO PATIENT							
055 30 IMPL. DEV. CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT							
058 ASC (NON-DIAGNOSTIC) 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					9,579	
059 06 O/P DEPENDENCY SERVICE				3,630			
059 07 SPORTS FITNESS	3,136						3,136
059 08 LIFE CENTER	4,030						4,030

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

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PREPARED 11/12/2010

16-0057

FROM 7/ 1/2009

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TO 6/30/2010

COST CENTER DESCRIPTION	UTILITIES - R	UTILITIES - L	UTILITIES - H	OPERATION OF	OPERATION OF	OPERATION OF	OPERATION OF
	EHAB	AUNDRY	HA/HOSPICE	PLANT	PLANT KLEIN	PLANT REHAB	PLANT EASTMA
	(SQUARE FEET)						
ANCILLARY SRVC COST C	7.05	7.06	7.07	8	8.01	8.02	8.04
059 09 RECREATIONAL THERAPY							
059 10 HEMATOLOGY/ONCOLOGY							
061 OUTPAT SERVICE COST C							
062 EMERGENCY				13,429			
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CEN			8,570				
093 HOSPICE			8,190				
095 SUBTOTALS	16,745	4,541	16,760	274,193	88,304	16,745	
096 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE				2,001			
096 02 MEALS ON WHEELS							
096 03 OVERNIGHT ROOM							
096 04 SALES TO OUTSIDE ORGA							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	6,839					6,839	71,746
098 01 WELLNESS PROGRAM							
098 02 EMPLOYEE WELLNESS PRO							
098 03 ADVERTISING				4,390			
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE O							
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS	792					792	
098 09 OUTREACH REHAB							
098 10 DAY CARE DEPT							
098 11 GRMC HELICOPTER HANGE							
098 12 SWITCHBOARD							
098 13 HENRY COUNTY HEALTH C							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE				2,238			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	68,306	138,452	25,075	6,337,771	312,552	40,202	82,690
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		30.489320		22.409045		1.649245	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	2.802182		1.496122		3.539500		1.152538
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	649	1,314	238	618,181	11,386	382	785
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.026625	.289364	.014200	2.185760	.128941	.015671	.010941

COST CENTER DESCRIPTION	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT HHA/HO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-KLEIN (HOURS OF SERVICE)	HOUSEKEEPING-REHAB (SQUARE FEET)	HOUSEKEEPING-EASTMAN (SQUARE FEET)
	8.05	8.06	9	10	10.01	10.04	10.05
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER							
001 03 OLD CAP REL COSTS-BLD							
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 ADMINISTRATION							
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	55,414						
008 06 OPERATION OF PLANT HH		16,760					
009 LAUNDRY & LINEN SERVICE			2,060,968				
010 HOUSEKEEPING				13,991			
010 01 HOUSEKEEPING-KLEIN					100		
010 04 HOUSEKEEPING-REHAB						24,376	
010 05 HOUSEKEEPING-EASTMAN							71,746
010 06 HOUSEKEEPING-MERCY							
011 DIETARY				178			
011 01 DIETARY - KLEIN							
012 CAFETERIA							
014 NURSING ADMINISTRATION	900			16			
014 01 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU			10,210	192			
016 PHARMACY				282			
017 MEDICAL RECORDS & LIB				60			
018 SOCIAL SERVICE				32			
018 01 RECREATION THERAPY GR							
018 02 RECREATION THERAPY KL							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	65		577,190	5,299			
026 INTENSIVE CARE UNIT	65		70,266	744			
031 SUBPROVIDER			22,332	30			
033 NURSERY			10,403	35			
034 SKILLED NURSING FACIL	65		91,473	1,934			
035 NURSING FACILITY			206,211		100		
ANCILLARY SRVC COST C							
037 OPERATING ROOM	65		393,194	1,946			
039 DELIVERY ROOM & LABOR							
041 RADIOLOGY-DIAGNOSTIC			119,947	520			
044 LABORATORY	200		773	198			
049 RESPIRATORY THERAPY			263	52			
050 PHYSICAL THERAPY			197				
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			32,191				
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI							
058 ASC (NON-DIAGNOSTIC PAR							
059 AUDIOLOGY							
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG			5,010				
059 05 O/P REHAB SERVICES			59,161	1,080		9,579	
059 06 O/P DEPENDENCY SERVIC				63			
059 07 SPORTS FITNESS			40,270			3,136	
059 08 LIFE CENTER	80		7,560	217		4,030	

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT HHA/HO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-KLEIN (HOURS OF SERVICE)	HOUSEKEEPING-REHAB (SQUARE FEET)	HOUSEKEEPING-EASTMAN (SQUARE FEET)
ANCILLARY SRVC COST C	8.05	8.06	9	10	10.01	10.04	10.05
059 09 RECREATIONAL THERAPY							
059 10 HEMATOLOGY/ONCOLOGY	3,300		1,459				
061 09 OUTPAT SERVICE COST C							
061 06 EMERGENCY			160,882	933			
062 06 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071 06 HOME HEALTH AGENCY SPEC PURPOSE COST CEN		8,570		180			
093 06 HOSPICE		8,190	12,839				
095 06 SUBTOTALS	4,740	16,760	1,821,831	13,991	100	16,745	
096 06 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE							
096 01 MEALS ON WHEELS							
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGA							
097 03 RESEARCH							
098 03 PHYSICIANS' PRIVATE O	50,504					6,839	71,746
098 01 WELLNESS PROGRAM							
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							
098 13 HENRY COUNTY HEALTH C							
099 06 NONPAID WORKERS							
100 06 OTHER NONREIMBURSABLE			239,137				
101 06 CROSS FOOT ADJUSTMENT							
102 06 NEGATIVE COST CENTER							
103 06 COST TO BE ALLOCATED (WRKSHT B, PART I)	78,876	35,600	1,201,879	2,370,652	121,216		
104 06 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.423395	2.124105	.583162	169.441212	1,212.160000		
105 06 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 06 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 06 COST TO BE ALLOCATED (WRKSHT B, PART III)	749	338	83,006	52,140	1,171		
108 06 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.013516	.020167	.040275	3.726681	11.710000		

COST CENTER DESCRIPTION	HOUSEKEEPING- DIETARY MERCY		DIETARY - KLE CAFETERIA IN		NURSING ADMINISTRATION	NURSING ADMINISTRATION-KL	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(MEALS SERVED)	(MEALS SERVED)	S(FTES)	(DIRECT NRSNG HRS)	(HOURS OF SERVICE)	(PURCHASES)
GENERAL SERVICE COST	10.06	11	11.01	12	14	14.01	15
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP BLDG - KLEIN							
001 02 OLD CAP BLDG - CANCER							
001 03 OLD CAP REL COSTS-BLD							
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 ADMINISTRATION							
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	55,414						
011 DIETARY		310,149					
011 01 DIETARY - KLEIN			100				
012 CAFETERIA		202,358		98,793			
014 NURSING ADMINISTRATION	900			3,682	1,153,335		
014 01 NURSING ADMINISTRATION						100	
015 CENTRAL SERVICES & SU				3,866	80,421		7,174,807
016 PHARMACY				2,287			80,803
017 MEDICAL RECORDS & LIB				4,038	83,981		10,066
018 SOCIAL SERVICE				906	18,839		1,230
018 01 RECREATION THERAPY GR							
018 02 RECREATION THERAPY KL							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	65	64,181		17,232	358,424		623,312
026 INTENSIVE CARE UNIT	65	4,251		2,706	56,292		267,417
031 SUBPROVIDER		4,603		962	20,008		6,513
033 NURSERY				467	9,720		17,195
034 SKILLED NURSING FACIL	65	13,085	100	2,283	47,496		77,396
035 NURSING FACILITY				11,630		100	54,670
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	65			9,105	189,388		4,210,076
039 DELIVERY ROOM & LABOR							
041 RADIOLOGY-DIAGNOSTIC				6,705			118,964
044 LABORATORY	200			5,377			192,221
049 RESPIRATORY THERAPY				2,293			18,248
050 PHYSICAL THERAPY				1,006			919
051 OCCUPATIONAL THERAPY				478			15
052 SPEECH PATHOLOGY				235			
053 ELECTROCARDIOLOGY				1,926	39,425		902,006
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI							
058 ASC (NON-DIAGNOSTIC PAR							
059 AUDIOLOGY				200			223
059 01 CARDIAC REHAB							
059 02 WORKFITNESS							
059 03 PSYCH/PSYCHOLOGICAL							
059 04 EMG & EEG				649			4,982
059 05 O/P REHAB SERVICES				3,123			27,912
059 06 O/P DEPENDENCY SERVIC				403			416
059 07 SPORTS FITNESS				1,360			899
059 08 LIFE CENTER	80			2,023			84,653

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSEKEEPING- DIETARY MERCY	DIETARY - KLE CAFETERIA IN		NURSING ADMINISTRATION	NURSING ADMINISTRATION-KL	CENTRAL SERVICES & SUPPLY	
	(SQUARE FEET)	(MEALS SERVED)	(MEALS SERVED)	S(FTES)	(DIRECT NRSING HRS)	(HOURS OF SERVICE)	(PURCHASES)
ANCILLARY SRVC COST C	10.06	11	11.01	12	14	14.01	15
059 09 RECREATIONAL THERAPY				126			13
059 10 HEMATOLOGY/ONCOLOGY	3,300			1,182			27,787
061 02 OUTPAT SERVICE COST C				6,096	126,798		378,159
062 01 EMERGENCY							
071 01 OBSERVATION BEDS (NON OTHER REIMBURS COST C				3,151	65,545		21,039
093 01 HOME HEALTH AGENCY							
095 01 SPEC PURPOSE COST CEN				2,740	56,998		24,187
095 01 HOSPICE	4,740	288,478	100	98,237	1,153,335	100	7,151,321
096 01 SUBTOTALS							
096 01 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE							
096 01 MEALS ON WHEELS		21,671					
096 02 OVERNIGHT ROOM							
096 03 SALES TO OUTSIDE ORGA							3,145
097 01 RESEARCH							
098 01 PHYSICIANS' PRIVATE O	50,504						
098 01 WELLNESS PROGRAM				67			468
098 02 EMPLOYEE WELLNESS PRO							
098 03 ADVERTISING	170						
098 04 PARKING RAMP							
098 05 PHYSICIANS' PRIVATE O							18,857
098 06 RENAL DIALYSIS							
098 07 IDLE SPACE							
098 08 AMERICAN PROSTHETICS							
098 09 OUTREACH REHAB				447			
098 10 DAY CARE DEPT				42			
098 11 GRMC HELICOPTER HANGE							
098 12 SWITCHBOARD							
098 13 HENRY COUNTY HEALTH C							
099 01 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE							1,016
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 COST TO BE ALLOCATED		2,892,242	510,230	1,887,056	4,552,069		3,025,465
104 01 (WRKSHT B, PART I)							
104 01 UNIT COST MULTIPLIER		9.325331		19.101110			
105 01 (WRKSHT B, PT I)			5,102.300000		3.946875		.421679
105 01 COST TO BE ALLOCATED							
106 01 (WRKSHT B, PART II)							
106 01 UNIT COST MULTIPLIER							
107 01 (WRKSHT B, PT II)							
107 01 COST TO BE ALLOCATED		407,855	11,430	266,107	455,622		357,847
108 01 (WRKSHT B, PART III)							
108 01 UNIT COST MULTIPLIER		1.315029	114.300000	2.693582		.395047	.049875
108 01 (WRKSHT B, PT III)							

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	20,401,707		20,401,707		20,401,707
26	INTENSIVE CARE UNIT	3,824,311		3,824,311		3,824,311
31	SUBPROVIDER	1,701,218		1,701,218		1,701,218
33	NURSERY	597,262		597,262		597,262
34	SKILLED NURSING FACILITY	3,520,199		3,520,199		3,520,199
35	NURSING FACILITY	6,550,097		6,550,097		6,550,097
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	23,600,598		23,600,598		23,600,598
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC	11,957,838		11,957,838		11,957,838
44	LABORATORY	8,326,134		8,326,134	45,008	8,371,142
49	RESPIRATORY THERAPY	2,065,695		2,065,695		2,065,695
50	PHYSICAL THERAPY	778,005		778,005		778,005
51	OCCUPATIONAL THERAPY	557,631		557,631		557,631
52	SPEECH PATHOLOGY	256,232		256,232		256,232
53	ELECTROCARDIOLOGY	4,592,647		4,592,647		4,592,647
55	MEDICAL SUPPLIES CHARGED	2,231,183		2,231,183		2,231,183
55	30 IMPL. DEV. CHARGED TO PAT	6,047,654		6,047,654		6,047,654
56	DRUGS CHARGED TO PATIENTS	9,865,644		9,865,644		9,865,644
58	ASC (NON-DISTINCT PART)					
59	AUDIOLOGY	346,794		346,794		346,794
59	01 CARDIAC REHAB					
59	02 WORKFITNESS					
59	03 PSYCH/PSYCHOLOGICAL					
59	04 EMG & EEG	723,754		723,754		723,754
59	05 O/P REHAB SERVICES	3,177,966		3,177,966	15,000	3,192,966
59	06 O/P DEPENDENCY SERVICES	461,727		461,727		461,727
59	07 SPORTS FITNESS	1,055,670		1,055,670		1,055,670
59	08 LIFE CENTER	2,695,990		2,695,990		2,695,990
59	09 RECREATIONAL THERAPY	93,761		93,761		93,761
59	10 HEMATOLOGY/ONCOLOGY	645,786		645,786		645,786
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,982,180		6,982,180		6,982,180
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,020,505		1,020,505		1,020,505
101	SUBTOTAL	124,078,188		124,078,188	60,008	124,138,196
102	LESS OBSERVATION BEDS	1,020,505		1,020,505		1,020,505
103	TOTAL	123,057,683		123,057,683	60,008	123,117,691

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	29,024,796		29,024,796			
26	INTENSIVE CARE UNIT	5,436,098		5,436,098			
31	SUBPROVIDER	1,697,950		1,697,950			
33	NURSERY	1,389,095		1,389,095			
34	SKILLED NURSING FACILITY	3,548,360		3,548,360			
35	NURSING FACILITY	6,096,392		6,096,392			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,686,771	40,607,574	64,294,345	.367071	.367071	.367071
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	9,065,275	44,649,342	53,714,617	.222618	.222618	.222618
44	LABORATORY	13,022,360	17,710,619	30,732,979	.270919	.270919	.272383
49	RESPIRATORY THERAPY	7,803,607	1,833,514	9,637,121	.214348	.214348	.214348
50	PHYSICAL THERAPY	1,658,363	24,840	1,683,203	.462217	.462217	.462217
51	OCCUPATIONAL THERAPY	1,126,130	15,756	1,141,886	.488342	.488342	.488342
52	SPEECH PATHOLOGY	437,304	1,523	438,827	.583902	.583902	.583902
53	ELECTROCARDIOLOGY	7,084,794	15,532,457	22,617,251	.203059	.203059	.203059
55	MEDICAL SUPPLIES CHARGED	2,282,783	2,278,150	4,560,933	.489194	.489194	.489194
55	30 IMPL. DEV. CHARGED TO PAT	8,791,812	4,398,281	13,190,093	.458500	.458500	.458500
56	DRUGS CHARGED TO PATIENTS	18,076,686	12,433,553	30,510,239	.323355	.323355	.323355
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY	2,162	467,622	469,784	.738199	.738199	.738199
59	01 CARDIAC REHAB						
59	02 WORKFITNESS						
59	03 PSYCH/PSYCHOLOGICAL						
59	04 EMG & EEG	783,478	1,662,447	2,445,925	.295902	.295902	.295902
59	05 O/P REHAB SERVICES	2,193	4,141,686	4,143,879	.766906	.766906	.770526
59	06 O/P DEPENDENCY SERVICES	27,240	280,565	307,805	1.500063	1.500063	1.500063
59	07 SPORTS FITNESS	8,120	754,657	762,777	1.383982	1.383982	1.383982
59	08 LIFE CENTER	407,032	10,880,734	11,287,766	.238842	.238842	.238842
59	09 RECREATIONAL THERAPY	127,158		127,158	.737358	.737358	.737358
59	10 HEMATOLOGY/ONCOLOGY	9,033	1,080,207	1,089,240	.592878	.592878	.592878
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,961,790	15,704,205	20,665,995	.337858	.337858	.337858
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	284,078	1,436,407	1,720,485	.593150	.593150	.593150
101	SUBTOTAL	146,840,860	175,894,139	322,734,999			
102	LESS OBSERVATION BEDS						
103	TOTAL	146,840,860	175,894,139	322,734,999			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	23,600,598	3,824,151	19,776,447			23,600,598
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	11,957,838	2,588,987	9,368,851			11,957,838
44	LABORATORY	8,326,134	617,027	7,709,107			8,326,134
49	RESPIRATORY THERAPY	2,065,695	181,031	1,884,664			2,065,695
50	PHYSICAL THERAPY	778,005	15,845	762,160			778,005
51	OCCUPATIONAL THERAPY	557,631	7,800	549,831			557,631
52	SPEECH PATHOLOGY	256,232	3,533	252,699			256,232
53	ELECTROCARDIOLOGY	4,592,647	1,095,689	3,496,958			4,592,647
55	MEDICAL SUPPLIES CHARGED	2,231,183	24,967	2,206,216			2,231,183
55	30 IMPL. DEV. CHARGED TO PAT	6,047,654	68,357	5,979,297			6,047,654
56	DRUGS CHARGED TO PATIENTS	9,865,644	252,495	9,613,149			9,865,644
58	ASC (NON-DI STINCT PART)						
59	AUDIOLOGY	346,794	7,404	339,390			346,794
59	01 CARDIAC REHAB						
59	02 WORKFITNESS						
59	03 PSYCH/PSYCHOLOGICAL						
59	04 EMG & EEG	723,754	85,494	638,260			723,754
59	05 O/P REHAB SERVICES	3,177,966	164,745	3,013,221			3,177,966
59	06 O/P DEPENDENCY SERVICES	461,727	80,749	380,978			461,727
59	07 SPORTS FITNESS	1,055,670	63,567	992,103			1,055,670
59	08 LIFE CENTER	2,695,990	175,045	2,520,945			2,695,990
59	09 RECREATIONAL THERAPY	93,761	1,391	92,370			93,761
59	10 HEMATOLOGY/ONCOLOGY	645,786	30,411	615,375			645,786
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,982,180	553,183	6,428,997			6,982,180
62	OBSERVATION BEDS (NON-DIS	1,020,505	80,709	939,796			1,020,505
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	87,483,394	9,922,580	77,560,814			87,483,394
102	LESS OBSERVATION BEDS	1,020,505	80,709	939,796			1,020,505
103	TOTAL	86,462,889	9,841,871	76,621,018			86,462,889

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	64,294,345	.367071	.367071
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	53,714,617	.222618	.222618
44	LABORATORY	30,732,979	.270919	.270919
49	RESPIRATORY THERAPY	9,637,121	.214348	.214348
50	PHYSICAL THERAPY	1,683,203	.462217	.462217
51	OCCUPATIONAL THERAPY	1,141,886	.488342	.488342
52	SPEECH PATHOLOGY	438,827	.583902	.583902
53	ELECTROCARDIOLOGY	22,617,251	.203059	.203059
55	MEDICAL SUPPLIES CHARGED	4,560,933	.489194	.489194
55	30 IMPL. DEV. CHARGED TO PAT	13,190,093	.458500	.458500
56	DRUGS CHARGED TO PATIENTS	30,510,239	.323355	.323355
58	ASC (NON-DIAGNOSTIC PART)			
59	AUDIOLOGY	469,784	.738199	.738199
59	01 CARDIAC REHAB			
59	02 WORKFITNESS			
59	03 PSYCH/PSYCHOLOGICAL			
59	04 EMG & EEG	2,445,925	.295902	.295902
59	05 O/P REHAB SERVICES	4,143,879	.766906	.766906
59	06 O/P DEPENDENCY SERVICES	307,805	1.500063	1.500063
59	07 SPORTS FITNESS	762,777	1.383982	1.383982
59	08 LIFE CENTER	11,287,766	.238842	.238842
59	09 RECREATIONAL THERAPY	127,158	.737358	.737358
59	10 HEMATOLOGY/ONCOLOGY	1,089,240	.592878	.592878
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	20,665,995	.337858	.337858
62	OBSERVATION BEDS (NON-DIS	1,720,485	.593150	.593150
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	275,542,308		
102	LESS OBSERVATION BEDS	1,720,485		
103	TOTAL	273,821,823		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	23,600,598	3,824,151	19,776,447			23,600,598
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	11,957,838	2,588,987	9,368,851			11,957,838
44	LABORATORY	8,326,134	617,027	7,709,107			8,326,134
49	RESPIRATORY THERAPY	2,065,695	181,031	1,884,664			2,065,695
50	PHYSICAL THERAPY	778,005	15,845	762,160			778,005
51	OCCUPATIONAL THERAPY	557,631	7,800	549,831			557,631
52	SPEECH PATHOLOGY	256,232	3,533	252,699			256,232
53	ELECTROCARDIOLOGY	4,592,647	1,095,689	3,496,958			4,592,647
55	MEDICAL SUPPLIES CHARGED	2,231,183	24,967	2,206,216			2,231,183
55	30 IMPL. DEV. CHARGED TO PAT	6,047,654	68,357	5,979,297			6,047,654
56	DRUGS CHARGED TO PATIENTS	9,865,644	252,495	9,613,149			9,865,644
58	ASC (NON-DI STINCT PART)						
59	AUDIOLOGY	346,794	7,404	339,390			346,794
59	01 CARDIAC REHAB						
59	02 WORKFITNESS						
59	03 PSYCH/PSYCHOLOGICAL						
59	04 EMG & EEG	723,754	85,494	638,260			723,754
59	05 O/P REHAB SERVICES	3,177,966	164,745	3,013,221			3,177,966
59	06 O/P DEPENDENCY SERVICES	461,727	80,749	380,978			461,727
59	07 SPORTS FITNESS	1,055,670	63,567	992,103			1,055,670
59	08 LIFE CENTER	2,695,990	175,045	2,520,945			2,695,990
59	09 RECREATIONAL THERAPY	93,761	1,391	92,370			93,761
59	10 HEMATOLOGY/ONCOLOGY	645,786	30,411	615,375			645,786
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,982,180	553,183	6,428,997			6,982,180
62	OBSERVATION BEDS (NON-DIS	1,020,505	80,709	939,796			1,020,505
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	87,483,394	9,922,580	77,560,814			87,483,394
102	LESS OBSERVATION BEDS	1,020,505	80,709	939,796			1,020,505
103	TOTAL	86,462,889	9,841,871	76,621,018			86,462,889

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	64,294,345	.367071	.367071
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	53,714,617	.222618	.222618
44	LABORATORY	30,732,979	.270919	.270919
49	RESPIRATORY THERAPY	9,637,121	.214348	.214348
50	PHYSICAL THERAPY	1,683,203	.462217	.462217
51	OCCUPATIONAL THERAPY	1,141,886	.488342	.488342
52	SPEECH PATHOLOGY	438,827	.583902	.583902
53	ELECTROCARDIOLOGY	22,617,251	.203059	.203059
55	MEDICAL SUPPLIES CHARGED	4,560,933	.489194	.489194
55	30 IMPL. DEV. CHARGED TO PAT	13,190,093	.458500	.458500
56	DRUGS CHARGED TO PATIENTS	30,510,239	.323355	.323355
58	ASC (NON-DIAGNOSTIC PART)			
59	AUDIOLOGY	469,784	.738199	.738199
59	01 CARDIAC REHAB			
59	02 WORKFITNESS			
59	03 PSYCH/PSYCHOLOGICAL			
59	04 EMG & EEG	2,445,925	.295902	.295902
59	05 O/P REHAB SERVICES	4,143,879	.766906	.766906
59	06 O/P DEPENDENCY SERVICES	307,805	1.500063	1.500063
59	07 SPORTS FITNESS	762,777	1.383982	1.383982
59	08 LIFE CENTER	11,287,766	.238842	.238842
59	09 RECREATIONAL THERAPY	127,158	.737358	.737358
59	10 HEMATOLOGY/ONCOLOGY	1,089,240	.592878	.592878
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	20,665,995	.337858	.337858
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,720,485	.593150	.593150
101	SUBTOTAL	275,542,308		
102	LESS OBSERVATION BEDS	1,720,485		
103	TOTAL	273,821,823		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/12/2010
16-0057	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART II
16-0057		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.059479	666,404
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.048080	256,681
44	LABORATORY	.020077	151,242
49	RESPIRATORY THERAPY	.018785	66,635
50	PHYSICAL THERAPY	.009414	6,015
51	OCCUPATIONAL THERAPY	.006831	2,612
52	SPEECH PATHOLOGY	.008051	882
53	ELECTROCARDIOLOGY	.048445	229,644
55	MEDICAL SUPPLIES CHARGED	.005474	11,449
55	30 IMPL. DEV. CHARGED TO PAT	.005182	23,728
56	DRUGS CHARGED TO PATIENTS	.008276	76,618
58	ASC (NON-DISTINCT PART)		
59	AUDIOLOGY	.015760	9
59	01 CARDIAC REHAB		
59	02 WORKFITNESS		
59	03 PSYCH/PSYCHOLOGICAL		
59	04 EMG & EEG	.034954	11,048
59	05 O/P REHAB SERVICES	.039756	40
59	06 O/P DEPENDENCY SERVICES	.262338	881
59	07 SPORTS FITNESS	.083336	240
59	08 LIFE CENTER	.015507	3,280
59	09 RECREATIONAL THERAPY	.010939	
59	10 HEMATOLOGY/ONCOLOGY	.027919	163
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.026768	76,074
62	OBSERVATION BEDS (NON-DIS	.046911	7,756
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,591,401

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

PROVIDER NO: 16-0057
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/12/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					24,550	
26	INTENSIVE CARE UNIT					2,251	
31	SUBPROVIDER					1,686	
33	NURSERY					1,528	
34	SKILLED NURSING FACILITY					4,391	
35	NURSING FACILITY					41,582	
101	TOTAL					75,988	

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

	PROVIDER NO:		PERIOD:		PREPARED 11/12/2010
	16-0057		FROM 7/ 1/2009		WORKSHEET D
			TO 6/30/2010		PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	12,460	
26	INTENSIVE CARE UNIT	1,419	
31	SUBPROVIDER	1,052	
33	NURSERY		
34	SKILLED NURSING FACILITY	3,739	
35	NURSING FACILITY		
101	TOTAL	18,670	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
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						
59	10 HEMATOLOGY/ONCOLOGY						
	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
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			64,294,345			11,204,024	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			53,714,617			5,338,614	
44	LABORATORY			30,732,979			7,533,119	
49	RESPIRATORY THERAPY			9,637,121			3,547,230	
50	PHYSICAL THERAPY			1,683,203			638,928	
51	OCCUPATIONAL THERAPY			1,141,886			382,344	
52	SPEECH PATHOLOGY			438,827			109,549	
53	ELECTROCARDIOLOGY			22,617,251			4,740,294	
55	MEDICAL SUPPLIES CHARGED			4,560,933			2,091,553	
55	30 IMPL. DEV. CHARGED TO PAT			13,190,093			4,579,008	
56	DRUGS CHARGED TO PATIENTS			30,510,239			9,257,883	
58	ASC (NON-DISTINCT PART)							
59	AUDIOLOGY			469,784			591	
59	01 CARDIAC REHAB							
59	02 WORKFITNESS							
59	03 PSYCH/PSYCHOLOGICAL							
59	04 EMG & EEG			2,445,925			316,082	
59	05 O/P REHAB SERVICES			4,143,879			999	
59	06 O/P DEPENDENCY SERVICES			307,805			3,360	
59	07 SPORTS FITNESS			762,777			2,880	
59	08 LIFE CENTER			11,287,766			211,545	
59	09 RECREATIONAL THERAPY			127,158				
59	10 HEMATOLOGY/ONCOLOGY			1,089,240			5,844	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			20,665,995			2,841,988	
62	OBSERVATION BEDS (NON-DIS			1,720,485			165,327	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			275,542,308			52,971,162	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	13,037,556					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	16,942,380					
44	LABORATORY	1,524,209					
49	RESPIRATORY THERAPY	816,337					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	9,165,457					
55	MEDICAL SUPPLIES CHARGED	1,324,390					
55	30 IMPL. DEV. CHARGED TO PAT	2,340,321					
56	DRUGS CHARGED TO PATIENTS	4,999,532					
58	ASC (NON-DISTINCT PART)						
59	AUDIOLOGY	39,428					
59	01 CARDIAC REHAB						
59	02 WORKFITNESS						
59	03 PSYCH/PSYCHOLOGICAL						
59	04 EMG & EEG	492,933					
59	05 O/P REHAB SERVICES	99,204					
59	06 O/P DEPENDENCY SERVICES	10,331					
59	07 SPORTS FITNESS						
59	08 LIFE CENTER	5,855,845					
59	09 RECREATIONAL THERAPY						
59	10 HEMATOLOGY/ONCOLOGY	453,452					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,316,435					
62	OBSERVATION BEDS (NON-DIS	713,613					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	61,131,423					

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.323355
2	PROGRAM VACCINE CHARGES		8,396
3	PROGRAM COSTS		2,715

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			64,294,345			35,969	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			53,714,617			50,710	
44	LABORATORY			30,732,979			135,816	
49	RESPIRATORY THERAPY			9,637,121			53,023	
50	PHYSICAL THERAPY			1,683,203			235,975	
51	OCCUPATIONAL THERAPY			1,141,886			219,174	
52	SPEECH PATHOLOGY			438,827			172,694	
53	ELECTROCARDIOLOGY			22,617,251			5,311	
55	MEDICAL SUPPLIES CHARGED			4,560,933			16,435	
55	30 IMPL. DEV. CHARGED TO PAT			13,190,093			3,232	
56	DRUGS CHARGED TO PATIENTS			30,510,239			195,543	
58	ASC (NON-DISTINCT PART)							
59	AUDIOLOGY			469,784				
59	01 CARDIAC REHAB							
59	02 WORKFITNESS							
59	03 PSYCH/PSYCHOLOGICAL							
59	04 EMG & EEG			2,445,925			1,398	
59	05 O/P REHAB SERVICES			4,143,879				
59	06 O/P DEPENDENCY SERVICES			307,805				
59	07 SPORTS FITNESS			762,777			120	
59	08 LIFE CENTER			11,287,766			5,286	
59	09 RECREATIONAL THERAPY			127,158			78,889	
59	10 HEMATOLOGY/ONCOLOGY			1,089,240				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			20,665,995			73	
62	OBSERVATION BEDS (NON-DIS			1,720,485				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			275,542,308			1,209,648	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
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						
59	10 HEMATOLOGY/ONCOLOGY						
61	OUTPAT SERVICE COST CNTRS						
	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	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						
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	30 IMPL. DEV. CHARGED TO PAT						
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						
59	10 HEMATOLOGY/ONCOLOGY						
61	OUTPAT SERVICE COST CNTRS						
	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							
	OPERATING ROOM			64,294,345			1,216	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			53,714,617			102,375	
44	LABORATORY			30,732,979			486,782	
49	RESPIRATORY THERAPY			9,637,121			463,973	
50	PHYSICAL THERAPY			1,683,203			329,116	
51	OCCUPATIONAL THERAPY			1,141,886			214,780	
52	SPEECH PATHOLOGY			438,827			25,649	
53	ELECTROCARDIOLOGY			22,617,251			17,683	
55	MEDICAL SUPPLIES CHARGED			4,560,933			174,795	
55	30 IMPL. DEV. CHARGED TO PAT			13,190,093			15,697	
56	DRUGS CHARGED TO PATIENTS			30,510,239			1,665,039	
58	ASC (NON-DISTINCT PART)							
59	AUDIOLOGY			469,784				
59	01 CARDIAC REHAB							
59	02 WORKFITNESS							
59	03 PSYCH/PSYCHOLOGICAL							
59	04 EMG & EEG			2,445,925			932	
59	05 O/P REHAB SERVICES			4,143,879				
59	06 O/P DEPENDENCY SERVICES			307,805				
59	07 SPORTS FITNESS			762,777				
59	08 LIFE CENTER			11,287,766			22,709	
59	09 RECREATIONAL THERAPY			127,158				
59	10 HEMATOLOGY/ONCOLOGY			1,089,240				
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY			20,665,995			192	
62	OBSERVATION BEDS (NON-DIS			1,720,485				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			275,542,308			3,520,938	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	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	30 IMPL. DEV. CHARGED TO PAT						
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						
59	10 HEMATOLOGY/ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL 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	
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	1,228
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	831.03
85	OBSERVATION BED COST	1,020,505

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	20,401,707		1,020,505	
87	NEW CAPITAL-RELATED COST	1,613,506	.079087	1,020,505	80,709
88	NON PHYSICIAN ANESTHETIST	20,401,707		1,020,505	
89	MEDICAL EDUCATION	20,401,707		1,020,505	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		15,942,401	
26	INTENSIVE CARE UNIT		3,540,825	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.367071	11,204,024	4,112,672
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.222618	5,338,614	1,188,472
44	LABORATORY	.272383	7,533,119	2,051,894
49	RESPIRATORY THERAPY	.214348	3,547,230	760,342
50	PHYSICAL THERAPY	.462217	638,928	295,323
51	OCCUPATIONAL THERAPY	.488342	382,344	186,715
52	SPEECH PATHOLOGY	.583902	109,549	63,966
53	ELECTROCARDIOLOGY	.203059	4,740,294	962,559
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.489194	2,091,553	1,023,175
55	30 IMPL. DEV. CHARGED TO PATIENT	.458500	4,579,008	2,099,475
56	DRUGS CHARGED TO PATIENTS	.323355	9,257,883	2,993,583
58	ASC (NON-DISTINCT PART)			
59	AUDIOLOGY	.738199	591	436
59	01 CARDIAC REHAB			
59	02 WORKFITNESS			
59	03 PSYCH/PSYCHOLOGICAL			
59	04 EMG & EEG	.295902	316,082	93,529
59	05 O/P REHAB SERVICES	.770526	999	770
59	06 O/P DEPENDENCY SERVICES	1.500063	3,360	5,040
59	07 SPORTS FITNESS	1.383982	2,880	3,986
59	08 LIFE CENTER	.238842	211,545	50,526
59	09 RECREATIONAL THERAPY	.737358		
59	10 HEMATOLOGY/ONCOLOGY	.592878	5,844	3,465
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.337858	2,841,988	960,188
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.593150	165,327	98,064
101	TOTAL		52,971,162	16,954,180
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		52,971,162	

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		1,051,528	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.367071	35,969	13,203
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.222618	50,710	11,289
44	LABORATORY	.272383	135,816	36,994
49	RESPIRATORY THERAPY	.214348	53,023	11,365
50	PHYSICAL THERAPY	.462217	235,975	109,072
51	OCCUPATIONAL THERAPY	.488342	219,174	107,032
52	SPEECH PATHOLOGY	.583902	172,694	100,836
53	ELECTROCARDIOLOGY	.203059	5,311	1,078
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.489194	16,435	8,040
55	30 IMPL. DEV. CHARGED TO PATIENT	.458500	3,232	1,482
56	DRUGS CHARGED TO PATIENTS	.323355	195,543	63,230
58	ASC (NON-DISTINCT PART)			
59	AUDIOLOGY	.738199		
59	01 CARDIAC REHAB			
59	02 WORKFITNESS			
59	03 PSYCH/PSYCHOLOGICAL			
59	04 EMG & EEG	.295902	1,398	414
59	05 O/P REHAB SERVICES	.770526		
59	06 O/P DEPENDENCY SERVICES	1.500063		
59	07 SPORTS FITNESS	1.383982	120	166
59	08 LIFE CENTER	.238842	5,286	1,263
59	09 RECREATIONAL THERAPY	.737358	78,889	58,169
59	10 HEMATOLOGY/ONCOLOGY	.592878		
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.337858	73	25
62	OBSERVATION BEDS (NON-DISTINCT PART)	.593150		
62	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,209,648	523,658
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,209,648	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	405.45	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	25,038,151	
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)	25,038,151	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	1,940,470	
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	26,978,621	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	26,978,621	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,386,628	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	59,991	
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	24,532,002	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
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	24,532,002	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	24,350,514	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	181,488	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	271,731	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,739
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	17,821,750
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	16,729,280
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,739
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	20,501
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	20,501
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	20,501
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	13,762
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,739
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	16,729,280
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,900,128
19	SUBTOTAL (SEE INSTRUCTIONS)	12,835,891
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	12,835,891
24	PRIMARY PAYER PAYMENTS	310
25	SUBTOTAL	12,835,581
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	12,835,581
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	12,835,581
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	12,830,450
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	5,131
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		1,454,966
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0071
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		110,874
1.05	OUTLIER PAYMENTS		46,344
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		1,612,184
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		4.619178
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		1,612,184
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		1,612,184
7	DEDUCTIBLES		5,436
8	SUBTOTAL		1,606,748
9	COINSURANCE		5,978
10	SUBTOTAL		1,600,770
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		1,600,770
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,600,770
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,536,882
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	63,888
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	29,737
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

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

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	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)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			1,353,787
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			1,353,787
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			1,353,787
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			1,353,787
38	COINSURANCE			57,807
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	SUBTOTAL (SEE INSTRUCTIONS)			1,295,980
45	INPATIENT ROUTINE SERVICE COST			
46	MEDICARE INPATIENT ROUTINE CHARGES			
47	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
48	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
49	RATIO OF LINE 43 TO 44			
50	TOTAL CUSTOMARY CHARGES			
51	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
52	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
53	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
54	OTHER ADJUSTMENTS (SPECIFY)			
55	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
56	SUBTOTAL			1,295,980
57	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
58	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
59	TOTAL AMOUNT PAYABLE TO THE PROVIDER			1,295,980
60	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
61	INTERIM PAYMENTS			1,295,980
62	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
63	BALANCE DUE PROVIDER/PROGRAM			
64	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/12/2010
16-0057	FROM 7/1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART III
16-5110		

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	24,053,571			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	18,362,773			
5 OTHER RECEIVABLES	918,770			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	3,099,074			
8 PREPAID EXPENSES	1,887,318			
9 OTHER CURRENT ASSETS	5,873			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	48,327,379			
FIXED ASSETS				
12 LAND	5,234,256			
12.01 LAND IMPROVEMENTS	9,308,655			
13.01 LESS ACCUMULATED DEPRECIATION	-3,628,167			
14 BUILDINGS	97,005,425			
14.01 LESS ACCUMULATED DEPRECIATION	-25,906,719			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	53,047,095			
16.01 LESS ACCUMULATED DEPRECIATION	-25,610,461			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	87,244,236			
18.01 LESS ACCUMULATED DEPRECIATION	-66,380,244			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	130,314,076			
OTHER ASSETS				
22 INVESTMENTS	110,962,832			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	11,382,177			
26 TOTAL OTHER ASSETS	122,345,009			
27 TOTAL ASSETS	300,986,464			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,763,909			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,995,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	15,246,024			
36 TOTAL CURRENT LIABILITIES	20,004,933			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	62,286,373			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,535,501			
42 TOTAL LONG-TERM LIABILITIES	67,821,874			
43 TOTAL LIABILITIES	87,826,807			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	213,159,657			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	213,159,657			
52 TOTAL LIABILITIES AND FUND BALANCES	300,986,464			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		168,546,244		
2	NET INCOME (LOSS)		44,613,413		
3	TOTAL		213,159,657		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		213,159,657		
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		213,159,657		

		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				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	30,413,891		30,413,891
2 00 SUBPROVIDER	1,697,950		1,697,950
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,548,360		3,548,360
7 00 NURSING FACILITY	6,096,392		6,096,392
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	41,756,593		41,756,593
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,436,098		5,436,098
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	5,436,098		5,436,098
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	47,192,691		47,192,691
17 00 ANCILLARY SERVICES	94,118,208	162,845,808	256,964,016
18 00 OUTPATIENT SERVICES	5,245,868	13,397,348	18,643,216
19 00 HOME HEALTH AGENCY		2,087,049	2,087,049
23 00 HOSPICE	739,076	2,965,134	3,704,210
24 00			
25 00 TOTAL PATIENT REVENUES	147,295,843	181,295,339	328,591,182

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		152,584,961	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 OTHER	3		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		3	
40 00 TOTAL OPERATING EXPENSES		152,584,958	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 16-0057
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	328,591,182
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	171,435,911
3	NET PATIENT REVENUES	157,155,271
4	LESS: TOTAL OPERATING EXPENSES	152,584,958
5	NET INCOME FROM SERVICE TO PATIENTS	4,570,313
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	236,767
7	INCOME FROM INVESTMENTS	8,952,739
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 OTHER 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	2,361,524
24.01	NET ASSETS RELEASED - KLEIN	342,993
24.02	NET ASSETS RELEASED - PROPERTY	103,069
24.03	MISCELLANEOUS	230,001
24.04	CHANGE IN INTEREST IN PERP TRUST	82,570
24.05	CHANGE IN BENEFICIAL INT IN TRUST	190,111
24.06	CONTRIBUTIONS FOR CAPITAL	35,052
24.07	NET TRANSFERS FROM AFFILIATES	29,289,354
25	TOTAL OTHER INCOME	41,824,180
26	TOTAL	46,394,493
	OTHER EXPENSES	
27	UNREALIZED LOSS ON INT RATE SWAP	1,335,018
28	NET ASSETS RELEASED FROM RESTRICTION	446,062
29		
30	TOTAL OTHER EXPENSES	1,781,080
31	NET INCOME (OR LOSS) FOR THE PERIOD	44,613,413

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	258,628	82,243			226,854	567,725
HHA REIMBURSABLE SERVICES						
6	868,169	276,076				1,144,245
7	153,921	32,734				186,655
8	26,381	5,610				31,991
9	15,250	3,243				18,493
10	2,104	669				2,773
11	165,690	52,689				218,379
12					20,004	20,004
13					1,584	1,584
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17	81,519	29,473			1,393	112,385
18						
19						
20						
21						
22						
23						
23.50						
24	1,571,662	482,737			249,835	2,304,234

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	-56,954	510,771		510,771
HHA REIMBURSABLE SERVICES				
6		1,144,245		1,144,245
7		186,655		186,655
8		31,991		31,991
9		18,493		18,493
10		2,773		2,773
11		218,379		218,379
12		20,004		20,004
13		1,584		1,584
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17		112,385		112,385
18				
19				
20				
21				
22				
23				
23.50				
24	-56,954	2,247,280		2,247,280

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-510,771	1,736,509
6	SKILLED NURSING CARE					1,144,245	
7	PHYSICAL THERAPY					186,655	
8	OCCUPATIONAL THERAPY					31,991	
9	SPEECH PATHOLOGY					18,493	
10	MEDICAL SOCIAL SERVICES					2,773	
11	HOME HEALTH AIDE					218,379	
12	SUPPLIES					20,004	
13	DRUGS					1,584	
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING					112,385	
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-510,771	1,736,509
25	COST TO BE ALLOCATED					510,771	
26	UNIT COST MULTIPLIER					.294137	

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-BLDG &	OLD CAP REL COSTS-MVBLE
	0	1	1.01	1.02	1.03	2
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	1,480,809					
3 PHYSICAL THERAPY	241,557					
4 OCCUPATIONAL THERAPY	41,401					
5 SPEECH PATHOLOGY	23,932					
6 MEDICAL SOCIAL SERVICES	3,589					
7 HOME HEALTH AIDE	282,612					
8 SUPPLIES	25,888					
9 DRUGS	2,050					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	145,442					
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)	2,247,280					
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 CAP REL COSTS-BLDG &	NEW CRC BLDG - REHAB	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN
	3	3.02	3.03	3.04	3.05	3.06
1 ADMIN & GENERAL						
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)						
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 CRC BLDG - HHA/HOSPI 3.07	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	NONPATIENT T ELEPHONES LD 6.03	SUBTOTAL 6A.03	DATA PROCESS ING 6.05
1 ADMIN & GENERAL	147,527	23,152	5,419	6,951	183,049	4,530
2 SKILLED NURSING CARE			18,096		1,498,905	37,096
3 PHYSICAL THERAPY			2,380		243,937	6,037
4 OCCUPATIONAL THERAPY			412		41,813	1,035
5 SPEECH PATHOLOGY			236		24,168	598
6 MEDICAL SOCIAL SERVICES					3,589	89
7 HOME HEALTH AIDE			7,246		289,858	7,174
8 SUPPLIES					25,888	641
9 DRUGS					2,050	51
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING			3,334		148,776	3,682
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)	147,527	23,152	37,123	6,951	2,462,033	60,933
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	PURCHASING, RECEIVING AND 6.06	ADMINI TTING 6.07	BUSINESS OFF ICE 6.08	SUBTOTAL 6A.08	OTHER ADMINI STRATIVE AND 6.09	MAINTENANCE & REPAIRS 7
1 ADMIN & GENERAL				187,579	7,426	
2 SKILLED NURSING CARE		3,306	4,311	1,543,618	61,107	
3 PHYSICAL THERAPY		1,186	1,545	252,705	10,004	
4 OCCUPATIONAL THERAPY		285	372	43,505	1,722	
5 SPEECH PATHOLOGY		168	219	25,153	996	
6 MEDICAL SOCIAL SERVICES		6	7	3,691	146	
7 HOME HEALTH AIDE		2,026	2,641	301,699	11,943	
8 SUPPLIES	3,048			29,577	1,171	
9 DRUGS				2,101	83	
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING		497	647	153,602	6,081	
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)	3,048	7,474	9,742	2,543,230	100,679	
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	UTILITIES - EASTMAN 7.01	UTILITIES - MERCY 7.02	UTILITIES - KLEIN 7.03	UTILITIES - CANCER 7.04	UTILITIES - REHAB 7.05	UTILITIES - LAUNDRY 7.06
1 ADMIN & GENERAL						
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)						
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	UTILITIES - HHA/HOSPICE 7.07	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
1 ADMIN & GENERAL	12,822					
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)	12,822					
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	OPERATION OF PLANT HHA/H 8.06	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	HOUSEKEEPING -KLEIN 10.01	HOUSEKEEPING -REHAB 10.04	HOUSEKEEPING -EASTMAN 10.05
1 ADMIN & GENERAL	18,204		30,499			
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)	18,204		30,499			
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	HOUSEKEEPING -MERCY 10.06	DIETARY 11	DIETARY - KLEIN 11.01	CAFETERIA 12	NURSING ADMINISTRATION 14	NURSING ADMINISTRATION-K 14.01
1 ADMIN & GENERAL				8,787		
2 SKILLED NURSING CARE				29,339	258,698	
3 PHYSICAL THERAPY				3,858		
4 OCCUPATIONAL THERAPY				669		
5 SPEECH PATHOLOGY				382		
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				11,747		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING				5,406		
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)				60,188	258,698	
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	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	RECREATION THERAPY GRMC 18.01	RECREATION THERAPY KLEIN 18.02
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE			10,861			
3 PHYSICAL THERAPY			3,895			
4 OCCUPATIONAL THERAPY			937			
5 SPEECH PATHOLOGY			552			
6 MEDICAL SOCIAL SERVICES			19			
7 HOME HEALTH AIDE			6,656			
8 SUPPLIES	8,872					
9 DRUGS		624				
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING			1,632			
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)	8,872	624	24,552			
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	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	265,317		265,317		
2 SKILLED NURSING CARE	1,903,623		1,903,623	180,827	2,084,450
3 PHYSICAL THERAPY	270,462		270,462	25,692	296,154
4 OCCUPATIONAL THERAPY	46,833		46,833	4,449	51,282
5 SPEECH PATHOLOGY	27,083		27,083	2,573	29,656
6 MEDICAL SOCIAL SERVICES	3,856		3,856	366	4,222
7 HOME HEALTH AIDE	332,045		332,045	31,542	363,587
8 SUPPLIES	39,620		39,620	3,764	43,384
9 DRUGS	2,808		2,808	267	3,075
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING	166,721		166,721	15,837	182,558
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)	3,058,368		3,058,368	265,317	3,058,368
21 UNIT COST MULTIPLIER				0.094992	

(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	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP BLDG - KLEIN (SQUARE FEET)	OLD CAP BLDG - CANCER CE (SQUARE FEET)	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)
	1	1.01	1.02	1.03	2	3
1 ADMIN & GENERAL					23,010	
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					23,010	
20 TOTAL (SUM OF 1-19)					23,010	
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	NEW CRC BLDG - REHAB (SQUARE FEET)	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)
	3.02	3.03	3.04	3.05	3.06	3.07
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						147,527
22 UNIT COST MULTIPLIER						17.214352

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BENEFITS (FTES	NONPATIENT TELEPHONES (PHONES	RECONCILIATION	DATA PROCESSING (ACCU. COST	PURCHASING, RECEIVING AND (PURCHASES
	4	5	6.03	6A.05	6.05	6.06
1 ADMIN & GENERAL	23,010	460	44		183,049	
2 SKILLED NURSING CARE		1,536			1,498,905	
3 PHYSICAL THERAPY		202			243,937	
4 OCCUPATIONAL THERAPY		35			41,813	
5 SPEECH PATHOLOGY		20			24,168	
6 MEDICAL SOCIAL SERVICES					3,589	
7 HOME HEALTH AIDE		615			289,858	
8 SUPPLIES					25,888	21,039
9 DRUGS					2,050	
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING		283			148,776	
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)	23,010	3,151	44		2,462,033	21,039
21 COST TO BE ALLOCATED	23,152	37,123	6,951		60,933	3,048
22 UNIT COST MULTIPLIER	1.006171	11.781339	157.977273		0.024749	0.144874

HHA COST CENTER	ADMINING (CHARGES	BUSINESS OFFICE (CHARGES	RECONCILIATION	OTHER ADMIN STRATIVE AND (ACCU. COST	MAINTENANCE & REPAIRS (SQUARE FEET	UTILITIES - EASTMAN (SQUARE FEET
	6.07	6.08	6A.09	6.09	7	7.01
1 ADMIN & GENERAL				187,579		
2 SKILLED NURSING CARE	923,335	923,335		1,543,618		
3 PHYSICAL THERAPY	331,068	331,068		252,705		
4 OCCUPATIONAL THERAPY	79,624	79,624		43,505		
5 SPEECH PATHOLOGY	46,935	46,935		25,153		
6 MEDICAL SOCIAL SERVICES	1,590	1,590		3,691		
7 HOME HEALTH AIDE	565,790	565,790		301,699		
8 SUPPLIES				29,577		
9 DRUGS				2,101		
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	138,707	138,707		153,602		
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)	2,087,049	2,087,049		2,543,230		
21 COST TO BE ALLOCATED	7,474	9,742		100,679		
22 UNIT COST MULTIPLIER	0.003581	0.004668		0.039587		

HHA 1

HHA COST CENTER	UTILITIES - MERCY (SQUARE FEET)	UTILITIES - KLEIN (SQUARE FEET)	UTILITIES - CANCER (SQUARE FEET)	UTILITIES - REHAB (SQUARE FEET)	UTILITIES - LAUNDRY (SQUARE FEET)	UTILITIES - HHA/HOSPICE (SQUARE FEET)
	7.02	7.03	7.04	7.05	7.06	7.07
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						12,822
22 UNIT COST MULTIPLIER						1.496149

HHA COST CENTER	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT EASTM (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT HHA/H (SQUARE FEET)
	8	8.01	8.02	8.04	8.05	8.06
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						18,204
22 UNIT COST MULTIPLIER						2.124154

HHA 1

HHA COST CENTER	LAUNDRY & LINEN 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)
	9	10	10.01	10.04	10.05	10.06
1 ADMIN & GENERAL		180				
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)		180				
21 COST TO BE ALLOCATED		30,499				
22 UNIT COST MULTIPLIER		169.438889				

HHA COST CENTER	DIETARY (MEALS SERVED)	DIETARY - KLEIN (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	NURSING ADMINISTRATION-K (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLIES (PURCHASES)
	11	11.01	12	14	14.01	15
1 ADMIN & GENERAL			460			
2 SKILLED NURSING CARE			1,536	65,545		
3 PHYSICAL THERAPY			202			
4 OCCUPATIONAL THERAPY			35			
5 SPEECH PATHOLOGY			20			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			615			
8 SUPPLIES						21,039
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING			283			
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)			3,151	65,545		21,039
21 COST TO BE ALLOCATED			60,188	258,698		8,872
22 UNIT COST MULTIPLIER			19.101238	3.946876		0.421693

HHA 1

HHA COST CENTER	PHARMACY (COSTED REQUIS. 16)	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		923,335			
3 PHYSICAL THERAPY		331,068			
4 OCCUPATIONAL THERAPY		79,624			
5 SPEECH PATHOLOGY		46,935			
6 MEDICAL SOCIAL SERVICES		1,590			
7 HOME HEALTH AIDE		565,790			
8 SUPPLIES					
9 DRUGS	1,584				
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING		138,707			
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)	1,584	2,087,049			
21 COST TO BE ALLOCATED	624	24,552			
22 UNIT COST MULTIPLIER	0.393939	0.011764			

[] 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	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM (FROM PART I) PART I)	(FROM (FROM PART II) PART II)				PART A
1 SKILLED NURSING	2	2,084,450	2	2,084,450	6,400	325.70	888	
2 PHYSICAL THERAPY	3	296,154	2	296,154	2,176	136.10	937	
3 OCCUPATIONAL THERAPY	4	51,282	2	51,282	475	107.96	236	
4 SPEECH PATHOLOGY	5	29,656	2	29,656	279	106.29	116	
5 MEDICAL SOCIAL SERVICES	6	4,222	2	4,222	8	527.75	1	
6 HOME HEALTH AIDE SERVICE	7	363,587	2	363,587	5,859	62.06	545	
7 TOTAL		2,829,351		2,829,351	15,197		2,723	

PROGRAM VISITS	COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	433	141,028	430,250
2 PHYSICAL THERAPY	283	38,516	166,042
3 OCCUPATIONAL THERAPY	44	4,750	30,229
4 SPEECH PATHOLOGY	13	1,382	13,712
5 MEDICAL SOCIAL SERVICES	1	528	1,056
6 HOME HEALTH AIDE SERVICES	396	24,576	58,399
7 TOTAL	1,170	210,780	699,688

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

PROGRAM VISITS	COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	433	141,028	430,250
9 PHYSICAL THERAPY	283	38,516	166,042
10 OCCUPATIONAL THERAPY	44	4,750	30,229
11 SPEECH PATHOLOGY	13	1,382	13,712
12 MEDICAL SOCIAL SERVICES	1	528	1,056
13 HOME HEALTH AIDE SERVICES	396	24,576	58,399
14 TOTAL	1,170	210,780	699,688

PROVIDER NO: 16-0057
 HHA NO: 16-7136
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/12/2010
 WORKSHEET H-6
 PARTS I II & III
 HHA 1

[] 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	43,384		43,384	985	44.044670	65
16 COST OF DRUGS	9.00	3,075		3,075			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	920		2,863	40,521
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1 AMOUNT 2

162	PROGRAM UNDUP CENSUS FROM WRKST S-4
17	PER BENE COST LIMITATION (FRM F1)
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	.462217		COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.488342		COL 2, LN 3
3	SPEECH PATHOLOGY	52	.583902		COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.489194		COL 2, LN 15
4.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.458500		
5	DRUGS CHARGED TO PATIENTS	56	.323355		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 COSTS-----		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	136.10	2.01	3	3.01	4	
2	OCCUPATIONAL THERAPY	107.96					
3	SPEECH PATHOLOGY	106.29					
4	TOTAL (SUM OF LINES 1-3)						

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
16-1567		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-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	593,597	156,291		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				246,098
VISITING SERVICES				
9 PHYSICIAN SERVICES				6,471
10 NURSING CARE	370,359	97,513		
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	250,365	65,920		
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	197,379	51,969		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				34
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				34,808
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING	41,151	8,689		
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,452,851	380,382		287,411

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
16-1567		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE	71,200	71,200		71,200
4 TRANSPORTATION - STAFF	60,232	60,232		60,232
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		749,888		749,888
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE		246,098		246,098
VISITING SERVICES				
9 PHYSICIAN SERVICES	30,583	37,054		37,054
10 NURSING CARE		467,872		467,872
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		316,285		316,285
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		249,348		249,348
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	7,186	7,220		7,220
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	388,483	423,291		423,291
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING	24,128	73,968		73,968
33 OTHER PROGRAM COSTS	19,943	19,943		19,943
34 TOTAL (SUM OF LINES 1 THRU 33)	601,755	2,722,399		2,722,399

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
16-1567		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		71,200
4 TRANSPORTATION - STAFF		60,232
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		749,888
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		246,098
VISITING SERVICES		
9 PHYSICIAN SERVICES		37,054
10 NURSING CARE		467,872
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		316,285
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		249,348
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		7,220
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		423,291
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		73,968
33 OTHER PROGRAM COSTS		19,943
34 TOTAL (SUM OF LINES 1 THRU 33)		2,722,399

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-1
16-1567		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	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		
6	ADMINISTRATIVE AND GENERAL	49,312	
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPI TE CARE		
8	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		
19	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)	49,312	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-1
16-1567		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
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				544,285
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	370,359			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				250,365
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			197,379	
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				41,151
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	370,359		197,379	835,801

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/1/2009	11/12/2010
HOSPICE NO:	TO	WORKSHEET K-1
16-1567	6/30/2010	

HOSPICE 1

TOTAL (1)
9

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	593,597
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	370,359
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	250,365
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	197,379
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	41,151
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,452,851

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-2
16-1567		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	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			
6	ADMINISTRATIVE AND GENERAL	12,984		
7	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPI TE CARE			
8	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			
19	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)	12,984		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	16-0057	PERIOD:	FROM 7/1/2009	TO 6/30/2010	PREPARED 11/12/2010
HOSPICE NO:	16-1567				WORKSHEET K-2

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
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				143,307
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	97,513			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				65,920
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			51,969	
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				8,689
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	97,513		51,969	217,916

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/1/2009	11/12/2010
HOSPICE NO:	TO	WORKSHEET K-2
16-1567	6/30/2010	

HOSPICE 1

TOTAL (1)
9

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	156,291
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	97,513
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	65,920
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	51,969
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	8,689
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	380,382

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
HOSPICE NO:	TO	WORKSHEET K-3
16-1567	6/30/2010	

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
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
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPIRE 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)

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-3
16-1567		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
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 - RESPIRE CARE				246,098
VISITING SERVICES				
9 PHYSICIAN SERVICES				6,471
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 HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				34
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				34,808
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				287,411

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/1/2009	11/12/2010
HOSPICE NO:	TO	WORKSHEET K-3
16-1567	6/30/2010	

HOSPICE 1

TOTAL (1)
9

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 - RESPIRE CARE	246,098
	VISITING SERVICES	
9	PHYSICIAN SERVICES	6,471
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	34
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	34,808
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	287,411

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
16-1567		PART 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.				
3 PLANT OPERATION AND MAINTENANCE	71,200			71,200
4 TRANSPORTATION - STAFF	60,232			
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	749,888			71,200
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE	246,098			
9 VISITING SERVICES				
10 PHYSICIAN SERVICES	37,054			
10.20 NURSING CARE-CONTINUOUS HOME CARE	467,872			
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	316,285			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	249,348			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	7,220			
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	423,291			
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING	73,968			
33 OTHER PROGRAM COSTS	19,943			
34 TOTAL (SUM OF LINES 1 THRU 33)	2,722,399			71,200

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	16-0057	PERIOD:	FROM 7/ 1/2009	PREPARED 11/12/2010
HOSPICE NO:	16-1567	TO	6/30/2010	WORKSHEET K-4
				PART 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	60,232			
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	60,232		881,320	881,320
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE			246,098	117,807
VISITING SERVICES				
9 PHYSICIAN SERVICES			37,054	17,738
10 NURSING CARE			467,872	223,968
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			316,285	151,405
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			249,348	119,362
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER			7,220	3,456
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			423,291	202,629
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING			73,968	35,408
33 OTHER PROGRAM COSTS			19,943	9,547
34 TOTAL (SUM OF LINES 1 THRU 33)	60,232		1,841,079	881,320

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
16-1567		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

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 - RESPIRE CARE	363,905
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	54,792
13	NURSING CARE	691,840
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	467,690
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	368,710
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	10,676
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	625,920
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	109,376
42	OTHER PROGRAM COSTS	29,490
43	TOTAL (SUM OF LINES 1 THRU 33)	2,722,399

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	16-0057	PERIOD:	FROM 7/1/2009	TO 6/30/2010	PREPARED 11/12/2010
HOSPICE NO:	16-1567				WORKSHEET K-4
					PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE			100	
4 TRANSPORTATION - STAFF				100
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			100	100
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
9 VISITING SERVICES				
10 PHYSICIAN SERVICES				
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				
31				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 COST TO BE ALLOCATED (PER WKST K-4, PART I)			71,200	60,232
35 UNIT COST MULTIPLIER	.000000	.000000	712.000000	602.320000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
16-1567		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
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	-881,320	1,841,079
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		246,098
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		37,054
13	NURSING CARE		467,872
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES		316,285
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOME MAKER		249,348
23	HH AIDE & HOME MAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		7,220
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		423,291
39	FUNDRAISING		73,968
40	OTHER PROGRAM COSTS		19,943
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)		881,320
42	UNIT COST MULTIPLIER	.000000	.478698

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, 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 - RESPIRE CARE	8	363,905			
4.00 PHYSICIAN SERVICES	9	54,792			
5.00 NURSING CARE	10	691,840			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	467,690			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	368,710			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19	10,676			
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	625,920			
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32	109,376			
28.00 OTHER PROGRAM COSTS	33	29,490			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,722,399			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CRC BLDG - REHAB
	1.03	2	3	3.02
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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 1

	NEW CRC BLDG - LAUNDRY	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN
HOSPICE COST CENTER	3.03	3.04	3.05	3.06
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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				

	NEW CRC BLDG - HHA/HOSPICE	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES LD
HOSPICE COST CENTER	3.07	4	5	6.03
1.00 ADMINISTRATIVE AND GENERAL	140,985	74,165	32,281	1,580
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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)	140,985	74,165	32,281	1,580
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

	UTILITIES - EASTMAN	UTILITIES - MERCY	UTILITIES - KLEIN	UTILITIES - CANCER
HOSPICE COST CENTER	7.01	7.02	7.03	7.04
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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 - REHAB	UTILITIES - LAUNDRY	UTILITIES - HHA/HOSPICE	OPERATION OF PLANT
HOSPICE COST CENTER	7.05	7.06	7.07	8
1.00 ADMINISTRATIVE AND GENERAL			12,253	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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)			12,253	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT KLEIN	OPERATION OF PLANT REHAB	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY
	8.01	8.02	8.04	8.05
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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	OPERATION OF PLANT HHA/HOSPICE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-KLEIN
	8.06	9	10	10.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	17,396	7,487		
3.00 INPATIENT - RESPIRE 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)	17,396	7,487		
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL	10,199	78,985	43,576	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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)	10,199	78,985	43,576	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	RECREATION THERAPY GRMC	RECREATION THERAPY KLEIN	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD
	18.01	18.02	25	26
1.00 ADMINISTRATIVE AND GENERAL			747,882	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE			387,673	
4.00 PHYSICIAN SERVICES			58,371	
5.00 NURSING CARE			737,028	
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			498,238	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			392,792	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00			11,373	
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			666,803	
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING			116,520	
28.00 OTHER PROGRAM COSTS			31,416	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			3,648,096	
30.00 UNIT COST MULTIPLIER				

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-BLDG & FIXT (SQUARE FEET)
	1	1.01	1.02	1.03
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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	OLD CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CRC BLDG - REHAB (SQUARE FEET)	NEW CRC BLDG - LAUNDRY (SQUARE FEET)
	2	3	3.02	3.03
1.00 ADMINISTRATIVE AND GENERAL	73,709			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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				

HOSPICE 1

	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CRC BLDG - REHAB	NEW CRC BLDG - LAUNDRY
HOSPICE COST CENTER	2	3	3.02	3.03
29.00 TOTAL (SUM OF LINE 1 THRU 28)	73,709			
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000
	NEW CRC BLDG - GRMC	NEW CRC BLDG - MERCY	NEW CRC BLDG - EASTMAN	NEW CRC BLDG - HHA/HOSPICE
HOSPICE COST CENTER	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
	3.04	3.05	3.06	3.07
1.00 ADMINISTRATIVE AND GENERAL				8,190
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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
30.00 TOTAL COST TO BE ALLOCATED				140,985
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	17.214286

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (FTES)	NONPATIENT TELEPHONES LD (PHONES)	RECONCILIATION 6A.05
1.00 ADMINISTRATIVE AND GENERAL	73,709	2,740	10	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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)	73,709	2,740	10	
30.00 TOTAL COST TO BE ALLOCATED	74,165	32,281	1,580	
31.00 UNIT COST MULTIPLIER	1.006186	11.781387	158.000000	

HOSPICE COST CENTER	DATA PROCESSING (ACCUMULATED COST)	PURCHASING, RECEIVING AND STORES (PURCHASES)	ADMITTING (CHARGES)	BUSINESS OFFICE (CHARGES)
1.00 ADMINISTRATIVE AND GENERAL	249,011	24,187	3,704,210	3,704,210
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE	363,905			
4.00 PHYSICIAN SERVICES	54,792			
5.00 NURSING CARE	691,840			
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	467,690			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	368,710			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	10,676			
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	625,920			
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING	109,376			
28.00 OTHER PROGRAM COSTS	29,490			

HOSPICE 1

HOSPICE COST CENTER	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	BUSINESS OFFICE
	6.05	6.06	6.07	6.08
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,971,410	24,187	3,704,210	3,704,210
30.00 TOTAL COST TO BE ALLOCATED	73,539	3,505	13,265	17,291
31.00 UNIT COST MULTIPLIER	.024749	.144913	.003581	.004668

HOSPICE COST CENTER	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	UTILITIES - EASTMAN (SQUARE FEET)
	6A.09	6.09	7	7.01
1.00 ADMINISTRATIVE AND GENERAL		289,235		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE		372,911		
4.00 PHYSICIAN SERVICES		56,148		
5.00 NURSING CARE		708,962		
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		479,265		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		377,835		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		10,940		
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		641,411		
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING		112,083		
28.00 OTHER PROGRAM COSTS		30,220		
29.00 TOTAL (SUM OF LINE 1 THRU 28)		3,079,010		
30.00 TOTAL COST TO BE ALLOCATED		121,889		
31.00 UNIT COST MULTIPLIER		.039587	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	UTILITIES - MERCY (SQUARE FEET)	UTILITIES - KLEIN (SQUARE FEET)	UTILITIES - CANCER (SQUARE FEET)	UTILITIES - REHAB (SQUARE FEET)
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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 - LAUNDRY (SQUARE FEET)	UTILITIES - HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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				

HOSPICE 1

HOSPICE COST CENTER	UTILITIES - LAUNDRY	UTILITIES - HHA/HOSPICE	OPERATION OF PLANT	OPERATION OF PLANT KLEIN
HOSPICE COST CENTER	7.06	7.07	8	8.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)		8,190		
30.00 TOTAL COST TO BE ALLOCATED		12,253		
31.00 UNIT COST MULTIPLIER	.000000	1.496093	.000000	.000000

HOSPICE COST CENTER	OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)
HOSPICE COST CENTER	8.02	8.04	8.05	8.06
1.00 ADMINISTRATIVE AND GENERAL				8,190
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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
30.00 TOTAL COST TO BE ALLOCATED				17,396
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	2.124054

HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-KLEIN (HOURS OF SERVICE)	HOUSEKEEPING-REHAB (SQUARE FEET)
	9	10	10.01	10.04
1.00 ADMINISTRATIVE AND GENERAL	12,839			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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)	12,839			
30.00 TOTAL COST TO BE ALLOCATED	7,487			
31.00 UNIT COST MULTIPLIER	.583145	.000000	.000000	.000000

HOSPICE COST CENTER	HOUSEKEEPING-EASTMAN (SQUARE FEET)	HOUSEKEEPING-MERCY (SQUARE FEET)	DIETARY (MEALS SERVED)	DIETARY - KLEIN (MEALS SERVED)
	10.05	10.06	11	11.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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				

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING-EASTMAN	HOUSEKEEPING-MERCY	DIETARY	DIETARY - KLEIN
	10.05	10.06	11	11.01
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	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	NURSING ADMINISTRATION-KLEIN (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (PURCHASES)
	12	14	14.01	15
1.00 ADMINISTRATIVE AND GENERAL	2,740	56,998		24,187
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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)	2,740	56,998		24,187
30.00 TOTAL COST TO BE ALLOCATED	52,337	224,964		10,199
31.00 UNIT COST MULTIPLIER	19.101095	3.946875	.000000	.421673

HOSPICE 1

HOSPICE COST CENTER	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (CHARGES) 17	SOCIAL SERVICE (TIME SPENT) 18	RECREATION THERAPY GRMC (TIME SPENT) 18.01
1.00 ADMINISTRATIVE AND GENERAL	200,356	3,704,210		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE 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)	200,356	3,704,210		
30.00 TOTAL COST TO BE ALLOCATED	78,985	43,576		
31.00 UNIT COST MULTIPLIER	.394223	.011764	.000000	.000000

RECREATION
THERAPY KLEIN

HOSPICE COST CENTER	(HOURS OF SERVICE) 18.02
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPIRE 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	

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

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-5
16-1567		PART II

HOSPICE 1

RECREATION
THERAPY KLEIN

HOSPICE COST CENTER

18.02

29.00 TOTAL (SUM OF LINE 1 THRU 28)

30.00 TOTAL COST TO BE ALLOCATED

31.00 UNIT COST MULTIPLIER

.000000

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

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-5
16-1567		PART III

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	.462217	
2	OCCUPATIONAL THERAPY	51	.488342	
3	SPEECH PATHOLOGY	52	.583902	
4	DRUGS CHARGED TO PATIENTS	56	.323355	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.270919	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.489194	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.458500	
8	EMERGENCY	61	.337858	
9	RADIOLOGY-DIAGNOSTIC	41	.222618	
10	AUDIOLOGY	59	.738199	
10.01	CARDIAC REHAB	59.01		
10.02	WORKFITNESS	59.02		
10.03	PSYCH/PSYCHOLOGICAL	59.03		
10.04	EMG & EEG	59.04	.295902	
10.05	O/P REHAB SERVICES	59.05	.766906	
10.06	O/P DEPENDENCY SERVICES	59.06	1.500063	
10.07	SPORTS FITNESS	59.07	1.383982	
10.08	LIFE CENTER	59.08	.238842	
10.09	RECREATIONAL THERAPY	59.09	.737358	
10.10	HEMATOLOGY/ONCOLOGY	59.10	.592878	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
16-0057	FROM 7/ 1/2009	11/12/2010
HOSPICE NO:	TO	WORKSHEET K-6
16-1567	6/30/2010	

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 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				3,608,579
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.

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,836,584
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	103,886
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	70.06
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,940,470
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)	